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FOCUS

A Guide to AIDS Research and Counseling

Challenging Psychiatry

George Harrison, MD

Treisman GJ, Angelino AF. *The Psychiatry of AIDS: A Guide to Diagnosis and Treatment*. Baltimore: The Johns Hopkins Press, 2004. Paper: 256 pages; \$19.95.

HIV is the cause of a psychiatric epidemic; and the field of psychiatry needs to be reborn as a medical subspecialty. These are the theses of *The Psychiatry of AIDS: A Guide to Diagnosis and Treatment*, the latest volume to consider the area of HIV psychiatry.

Glenn Treisman and Andrew Angelino have produced this volume with the goal of directly improving the mental health care of people with HIV and indirectly improving their medical care. Treisman directs the AIDS Psychiatric Service at the Johns Hopkins Medical Institutions. Angelino is an assistant professor of Psychiatry and Behavioral Sciences at Johns Hopkins School of Medicine. From this experience comes a book written for relatively sophisticated providers of psychiatric or medical care. While *The Psychiatry of AIDS* focuses mainly on the practice of HIV-related psychiatry, the authors also make a case to re-envision and revitalize the field of psychiatry by re-establishing it as a subspecialty of medicine.

Psychiatry by Diagnosis

In the first chapter, the authors provide an overview of the dynamic between mental health and the HIV epidemic, beginning with a brief review of HIV-related medical practice. They then review the history of psychiatry. They trace the problems of current psychiatry to the divergence of medicine and psychiatry at the end of the 19th century. At that time, medicine changed its focus from treating symptoms to identifying the etiology and physiology of disease and more effectively treating these underlying causes. Over time, science clarified the relationship between disease and physiology. Psychiatry, however, was left behind, because it had not

been able to demonstrate the physiological abnormalities that were responsible for the symptoms of mental illness.

Treisman and Angelino state that, "Almost all of the confusion and misadventures in psychiatric practice of the 20th century" are a result of focusing on treatment rather than focusing on what is wrong with the patient. According to the authors, another problem with 20th century psychiatry was the effort to explain all psychopathology as determined by the patient's social environment.

The authors champion the work of fellow Johns Hopkins psychiatrists, Paul McHugh and Philip Slavney, who propose a reorganization of the field in their text, *The Perspectives of Psychiatry*. This approach consists of four categories of disorders that should be addressed by the field of psychiatry. First are disorders that are produced by "one's life story or experience," a continuation of the psychological explanation of symptoms. Second are disorders such as schizophrenia, bipolar disorder, or dementia that may be postulated to be the result of brain lesions. Third are disorders of excessive or inadequate emotional or cognitive endowments. The most common of these are the personality disorders: emotionality is an example of a personality trait that can be problematic if it is excessive or absent. Fourth are disorders that derive from "motivated behaviors," primarily, addictive behaviors.

This deceptively simple outline of the causes of psychiatry disorders elegantly resolves the variety of competing theories of psychiatry as we enter a new century. Its advantage is that it allows clinicians to move beyond only a single theory for psychopathology and, therefore, to more accurately define treatment interventions. Most contemporary providers make distinctions among the causative factors for different disorders, but they may not do so in the simple and clear manner that Treisman and Angelino propose.

The book moves on in separate chapters to cover the relationship between HIV and

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the key psychiatric diagnoses: major depression; a grouping of disorders affecting cognition, including delirium, AIDS dementia, Minor Cognitive Motor Disorder, Bipolar Disorder, Schizophrenia, Panic Disorder, and Obsessive/Compulsive Disorder; personality disorders; substance-related disorders; sexual disorders; and “life story” or adjustment disorders. The book also includes a chapter on the “Special Problems” of hepatitis C and the issue of adherence to HIV antiviral treatments.

The final chapter—“How to Fight AIDS”—focuses on the authors’ philosophy about the management of an HIV-related mental health service. Treisman and Angelino recommend accepting that the doctor-patient relationship is inherently paternalistic: “The generally implied view in medical literature is that paternalism is bad. It often begets apologies and a description as a holdover from an earlier era of medicine. This stance is unsupported by data to suggest that the outcome of paternalism is worse than the outcome of care that places patient autonomy first.” The authors propose that physicians be required to make decisions for their impaired patients using the guideposts of treatment goals and risk to benefit ratio. They stop short of stating that all patients should have treatment forced on them. Rather, they suggest that social systems need to be restructured to “incentivize” good decision making, for example, by linking social supports and resources to “successful engagement in treatment and improved functioning.”

The authors supplement their discussion of the psychiatric disorders with rich case material. Six of the chapters offer extended case studies that highlight the multiple issues raised by the particular diagnostic issues. Some of these cases also have additional commentary by the client from whom the clinical information was derived. The words of the clients offer a more direct avenue to the case material than is usually seen in case presentations. For example, the chapter on substance abuse is illustrated by “Mr. E,” a 47-year-old White man with a history of polysubstance dependence, dyslexia, and bipolar illness, who describes hitting bottom when his children were put into foster care. Mr. E poignantly describes this event in a manner that could come only from a father who has lost his beloved children.

Personality Disorders and Personality Traits

The authors are joined by Heidi Hutton, a psychologist and an assistant professor at Johns Hopkins, for the chapter on personality disorders. The three take a difficult sub-

ject, present it within a clinical framework, and offer a rational treatment structure, making this one of the most helpful chapters of the book. The chapter begins by describing the ways in which personality has been treated by psychiatry. It notes that early psychodynamic theories portrayed personality as determined by biologic drives and early childhood experiences, while the mid-century behaviorist saw personality as formed by environmental rewards and punishments.

As an alternative to these ideas, the authors promote a dimensional model based on the trait theory of Gordon Allport among others: “There are core personality traits and... these traits vary in individuals along a continuum.” The chapter examines the continuum of the traits of introversion/extraversion and stability/instability. By juxtaposing these two continuums, the authors describe four personality types: unstable extraversion, stable extraversion, unstable introversion, and stable introversion. They state that, of the four, the blend of extraversion and emotional instability is seen in 60 percent of Johns Hopkins AIDS Psychiatric Service clients (it is not clear in the text how the authors derived this statistic). They describe these clients as “preoccupied by and acting on their feelings which are evanescent and changeable.” This group is “present oriented, driven, reward seeking” and as such are not successful at planning ahead for things like having condoms at the ready or tolerating diminution of sensation when condoms are available. This group is also at greater risk for substance dependence because of the desire for an immediate change in mood. Substance addictions further complicate effective safety or planning. Finally, the authors assert that this is the group most at risk for poor adherence for medications.

Of the AIDS Psychiatric Services clients, 25 percent are stable extraverts: “present oriented and pleasure seeking, however, their emotions are not as intense.” For these individuals, emotional stability may manifest as a source of indifference to HIV risk or as optimism that they will not become infected.

The authors suggest that understanding personality traits in this manner can lead to tailored interventions. For example, there are four principles that guide the treatment of people who are classified as “unstable extraverts.” First, encourage clients to understand how their emotions govern their behavior and how focusing on their thoughts may lead to more stability. Second, decrease dramatic eruptions by using behavioral contracts, which will solidify an understanding

between the clinical team and the patient about the goals of treatment. Third, emphasize positive rewards as part of the contracts, since rewards appeal to the pleasure-seeking tendency of these clients. Finally, coordinate with medical providers to facilitate a coherent treatment plan.

Sexual Problems

The chapter on sexual problems, including paraphilias, gender identity issues, and sexual dysfunction, demonstrates some of the weaknesses of the book, the times when political issues undermine clinical recommendations. The authors define paraphilias as: "Disorders of motivated behavior similar to addiction. . . . characterized by a craving for and a consuming interest in a particular type of sexual activity that is out of control and that displaces interest in other activities." While it mentions particular behaviors, the chapter focuses on the level of dysfunction the addiction causes in a person's life.

Part of the chapter addresses gender identity and transgender issues. Treisman and Angelino encourage clinicians to look for functional disorders caused by the sexual identity issues. They state that these disorders "may require treatment," but they do not specify the type of treatment. They do say, however, that "the limited data on the outcomes of various sexual reassignment procedures give us pause about recommending the practice." Instead, they encourage clinicians to "advocate for treatments that have a desirable ratio of benefit to risk."

Treisman and Angelino state that "Issues of judgment are always difficult to discuss but behaviors that lead to injury, risk, and impairments in functioning must be discussed with patients and considered as potential disorders." They fail to offer guidance about defining the line between personal judgment and impartial diagnosis of a

problem. This is where the authors' politics seem to undermine their clinical perspective.

The section on men who dress as women and work as prostitutes highlights this issue. For these men, the authors state, "the numbers of partners each year are often in excess of 1,500 with high rates of unsafe sexual practices." While the authors acknowledge that few studies determine if the behavior was even associated to a paraphilia, they state, "These studies may be interpreted to suggest that men with this paraphilia have high rates of both HIV and risky behavior." This extrapolation seems to be based more on assumption than on impartial science.

Similarly, Treisman and Angelino say, "Our experience in working with gay patients does not support the view that all homosexual behavior leads to paraphilia." This statement seems to imply that homosexuality, itself, causes paraphilia. The authors go on to say that "although the research is poor, there may well be increased risk for the development of paraphilia in men who have sex with men." Again these conclusions seem to be reflective of a sociopolitical viewpoint, rather than an evidence-based observation. Further, the authors fail to discuss the larger cultural forces that determine sexual practice or the issues of variation in social and sexual practices in different communities, issues that are crucial to understanding sexual expression and its relationship to HIV-related risk.

Conclusion

The Psychiatry of AIDS is a passionate and thought-provoking book. Treisman and Angelino are obviously dedicated physicians. Their book is most valuable in forcing readers to confront challenges to the reigning paradigm of treatment, further inspiring us to consider the reasons we chose to practice in the manner that we do.

Authors

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The XV International AIDS Conference Online Conference Coverage

Rachel Billow

Over the years, the biannual International AIDS Conference has become less and less focused on mental health and psychosocial issues, making it much less attractive to researchers and providers working in these areas. Since *FOCUS* normally relies on this pool of experts, this

situation has made it more difficult to find authors to report on the conference. The Bush administration decision to restrict participation of U.S. government researchers in the July 2004 Bangkok conference only exacerbated this trend.

The conference, however, still provides a forum for the dissemination of a great deal of important information, particularly in terms of HIV-related treatment. With more than 8,500 presentations, dozens of events, and almost 20,000 participants, the Bangkok conference hosted a robust and extensive exchange of data. Relying

primarily on AIDS.org, Inc. as a source (<http://www.aids.org/atn/a-402-01.html>), this article provides a list of selected web sites, each of which presents a unique focus or avenue of conference coverage.

Official Conference Sites

Operated by the International AIDS Society, the conference web site, itself, features a complete listing of abstracts of conference presentations, as well as archives of the official daily conference newspaper, *The Correspondent* (<http://www.aids2004.org/>). The site also makes available the conference program of events, daily summaries of all conference sessions, press releases, and information on relevant projects and programs.

Health and Development Networks, which produced *The Correspondent*, operates a web site that hosts international discussions on topics relevant to the conference (<http://www.hdnet.org>). The e-forums are categorized by topic,

such as stigma or sex work, also including regional divisions, with forums specific to Africa and Southeast Asia.

The Kaiser Family Foundation's site functions as the official conference webcast site. It includes links to video highlights and transcripts from selected lectures and ceremonies during the conference, as well as links to the daily conference coverage as posted on the conference web site (<http://www.kaisernetwork.org>). Webcasts focus on a variety of topics, including resources and funding to fight the epidemic, challenging stigmatization, and youth access to HIV services. The site also features a transcript of *Science* correspondent Jon Cohen's views on the accomplishments of this year's conference.

Treatment-Focused Sites

A variety of other web sites include conference coverage or material relevant to the conference. The UNAIDS site features its biannual Report on the Global AIDS Epidemic, published prior to each International AIDS Conference (<http://www.unaids.org/>). The report provides an overview of global epidemic trends, as well as the latest global, regional, and country epidemiological data.

Body Health Resources Corporation's conference site offers a handful of webcasts of presentations on such topics as prevention strategies, access to treatment, and funding issues (<http://www.thebody.com/confs/>

[aids2004/aids2004.shtml](http://www.thebody.com/confs/aids2004/aids2004.shtml)). Additionally, the site offers a comprehensive set of summaries of studies on HIV treatment. For example, a pilot study found promising results for a five days on/two days off antiviral treatment regimen. The site also features summaries of presentations on some key issues involving women and HIV, including pregnancy and menopause. Editorial Director Bonnie Goldman's photo journal of her experiences attending the conference is a unique addition to the coverage.

The Center for HIV Information of the University of California San Francisco HIV InSite web site includes conference reports, conference news, links to Kaiser Family Foundation's webcasts, and conference reporters' blogs and reports (<http://hivin.site.ucsf.edu/>). While covering many topics, this site seems to have more extensive coverage on themes related to the global epidemic and to women's role in the epidemic. HIV InSite also has a link to a digital media documentary entitled *Face of AIDS: A Global Visual History of the Epidemic*, which includes interviews with a variety of people affected by HIV and working with HIV.

WebMD's Medscape web site offers a complete listing of abstracts presented at the conference, as well as webcasts, a video clip, and a PowerPoint slide presentation of treatment highlights (<http://www.medscape.com>). The site includes expert interviews and commentary on various treatment issues in addition to daily conference news stories.

iMedOption's conference site offers summaries of studies related to treatment topics such as resistance, treatment interruption, metabolic complications, adverse effects of therapy, opportunistic infections, coinfection, and HIV pharmacology (<http://www.clinicaloptions.com/hiv/conf/iac2004/>). The site also includes PowerPoint presentations from selected conference presenters with audio commentary, graphs and charts, and documents detailing the methodology and results of the studies.

Finally, HIVandHepatitis.com features a variety of study summaries, most of which focus on treatment options, particularly for HIV-hepatitis C or HIV-hepatitis B coinfection (<http://www.hivandhepatitis.com>). It also includes selected study posters and slides.

Conclusion

Conference coverage is high quality and, using the internet, easily accessible. Further, the coverage takes full advantage of the electronic medium to communicate sights and sounds as well as words.

Coverage of the Bangkok conference is high quality and, using the internet, easily accessible.

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Rachel Billow is a Research Health Science Specialist at the U.S. Department of Veterans Affairs. A former AIDS Health Project intern, she also compiles and writes the Recent Reports in each issue of FOCUS.

Childhood Abuse and Adult Risk

Jay P. Paul, PhD

Koenig LJ, Doll LS, O'Leary A, et al. *From Childhood Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization and Intervention*. Washington, D.C.: American Psychological Association, 2004. Cloth; 336 pages; \$49.95.

The result of a 1998 meeting, co-hosted by the Centers for Disease Control and Prevention and the National Institute of Mental Health, *From Childhood Sexual Abuse to Adult Sexual Risk* offers a rich compilation of data on childhood sexual abuse, theoretical perspectives on the links between childhood sexual abuse and sexual risk, and ideas about potential interventions for combating what has become recognized as a major health problem. The list of contributors to this volume is impressive, adding to the sense that this book will be a valuable resource for some time to come.

Review of the Literature

After an introduction and overview of both the topic and the book, there are three basic sections: a review of the research on the links between childhood sexual abuse and adult sexual risk and revictimization; a discussion of the theoretical understanding of these associations; and a review of interventions for those who have been sexually abused.

While thorough, the first section is dry, and there is duplication of information from one chapter to the next. This repetition is most evident in the review of limitations to current research findings. However, this section is an excellent resource

for people preparing overviews of the field.

These chapters describe the tremendous variability in key factors that contribute to long-term psychosocial adjustment after childhood sexual victimization experiences. This variability extends to the very nature of the experiences labeled "childhood sexual abuse" (the sexual acts involved, the degree of force or type of persuasion used, the length of the coercive relationship, the relationship of the perpetrator to the victim). While there are responses that are primarily associated with this type of trauma, for example, dissociative tendencies, there are also general effects that may follow such victimization, for example, depression and anxiety.

These review chapters re-emphasize the findings that the experience of childhood sexual abuse can lead to multiple outcomes and that the symptoms experienced by some survivors are not specific to any given aspect of the childhood victimization itself. The impact of sexual abuse may be either exacerbated or mitigated by prior or subsequent life events. In addition, a survivor's subjective perceptions of the victimization event or relationship also influences its impact.

The first section's chapter on male victims of childhood sexual abuse is unfortunately the book's sole contribution devoted to men. The authors of this chapter, however, do an excellent job of summarizing the data and providing a framework within which to interpret the findings.

Towards Theoretical Models

On the whole, *From Childhood Sexual Abuse to Adult Sexual Risk* becomes far more engrossing when it builds upon

Clearinghouse: HIV-Related Books

Bowser BP, Mishra SI, Reback CJ, et al. *Preventing AIDS: Community-Science Collaborations*. Binghamton, N.Y.: Haworth Press, 2004.

Cannon CP, Keigher S. *Midlife and Older Adults and HIV: Implications for Social Service Research, Practice, and Policy*. Binghamton, N.Y.: Haworth Press, Inc., 2004.

Clark RA, Maupin RT, Hammer JH. *A Woman's Guide to Living with HIV Infection*. Baltimore: Johns Hopkins University Press, 2004.

Critzler T. *HIV and Me*. San Francisco: Firsthand Books, 2004.

EngenderHealth Staff. *Reducing Stigma and Discrimination Related to HIV and AIDS: Training for Health Care Workers*. New York: EngenderHealth, 2004.

Gostin LO. *The AIDS Pandemic: Complicity, Injustice, and Unfulfilled Expectations*. Chapel Hill, N.C.: University of North Carolina Press, 2004.

Green EC. *Rethinking AIDS Prevention*. Westport, Conn.: Greenwood Publishing Group, Inc., 2003.

Grodeck B, Falloon J. *HIV: An Essential Guide for the Newly Diagnosed*. New York: Avalon Publishing Group, 2004.

Leonard B. *Young People and HIV/AIDS:*

Opportunity in Crisis. Collingdale, Penn.: DIANE Publishing Company, 2004.

Mancoske RJ, Smith JD. *Practice Issues in HIV/AIDS Services: Empowerment-Based Models and Program Applications*. Binghamton, N.Y.: Haworth Press, Inc., 2004.

Pattyn S. *HIV/AIDS Resources: A Nationwide Directory*. Longmont, Colo.: Guides for Living, 2004.

Winiarski MG. *Community-Based Counseling for People Affected by HIV and AIDS*. Johannesburg: Maskew Miller Longman; Windhoek, Namibia: Catholic AIDS Action, 2004. (Note that after printing, Catholic AIDS Action deleted several pages on alternatives to penetrative sex as contrary to Church teaching.)

existing research to articulate models that define the ways in which childhood sexual abuse may result in adult sexual risk and sexual revictimization. As the title of the book suggests, these models lean towards explanations for sexual risk-taking based on a survivor's sense of diminished interpersonal power and his or her likelihood of subsequent partnering with others who will revictimize them.

Researchers, educators, and clinicians alike will find these chapters useful. They draw upon a variety of research areas to enrich an understanding of the processes through which childhood sexual victimization influences subsequent psychological development and interpersonal relationships in such a manner as to put an individual at risk. Given the book's focus on women, however, these models are limited in their ability to describe the behavior of male sexual abuse survivors.

Each of these five chapters in this section has a different focus. The first chapter identifies cognitive and attitudinal elements that interact with coping strategies and experiential elements to increase the likelihood of HIV risk. It builds upon the well-known conceptual "traumagenic" model—a good way to open the section—and foreshadows some of the dynamics detailed in later chapters.

The second chapter in this section focuses on the impact of dissociative tendencies on vulnerability to sexual risk situations. Given the authors' individual areas of specialization, this chapter offers a well-rounded discussion of both clinical phenomena and laboratory studies of selective attention, divided attention, and dissociation. It goes on to suggest how these cognitive factors can result in inadequacies in the identification of risky relationships, environments, and behavioral risk.

The third chapter emphasizes the subjective experience of the victim. Using "social narrative" concepts, it describes the ways in which dissociation may function for a survivor to manage contradictions between his or her subjective experiences and the "reality" that the social world imposes. This model, while a cognitive one, also draws on the control-mastery model. Further, it locates the "pathology" or problem within the social environment, not within the abuse victim.

The fourth chapter looks at one of the most frequently identified intermediate links between childhood sexual victimization and adult sexual risk: substance use. It restricts its attention to alcohol use, using a national longitudinal sample exploring antecedents and consequences of drinking

among women. This permits them to undertake "path analytic" approaches that lead to some unexpected findings.

The fifth chapter focuses on the process of coming to a personal understanding of a traumatic experience, the creation of an internally coherent narrative or story of an emotionally distressing event. The authors view this narrative as useful to the survivor, simply because it can fill in gaps in the emotional experience. It thereby provides the individual with a sequence of events and causality, however subjective, to guide future behavior. In contrast to the third chapter in this section, the fifth chapter does not consider the issue of potential internal world/social world discrepancies. This suggests a less sophisticated theoretical framework. Furthermore, the chapter ties this intervention to childhood sexual victimization only in a limited way, while recognizing that this process may be less applicable to more severely traumatized individuals.

Intervention Strategies

The final set of chapters covers interventions for survivors of childhood sexual abuse. The four chapters here review the key clinical issues, for example, learning emotional self-soothing and self-regulation, rather than reliance upon external factors, addressing cognitive distortions and impairments, and developing improved boundaries and relationship skills. They also note how key HIV intervention goals can be incorporated into treatment plans.

These chapters highlight the need for models of intervention that go beyond constructs of sexual decision-making as a rational, empowered, individually-determined choice. While the section only skims the surface of potential interventions, readers with some expertise in developing risk reduction approaches will be able to put the book to good use in generating ideas.

Conclusion

No matter what their background or emphasis, readers with an interest in childhood sexual victimization and its impact on adult sexual functioning and risk-taking will find this book useful. The chapters that emphasize theoretical models of risk associated with childhood sexual abuse are likely to be cited and utilized in further work on both risk formulations and appropriate interventions. I would hope that the editors see fit to collaborate again and put out a much-needed book that focuses on interventions and on both male and female survivors of childhood sexual abuse.

Authors

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HIV and Older Adults

David Vance, PhD

Emlet CA, ed. *HIV/AIDS and Older Adults: Challenges for Individuals, Families, and Communities*. New York: Spring Publishing Company, 2004. Cloth; 199 pages; \$35.95.

HIV/AIDS and Older Adults successfully summarizes the literature and provides suggestions for research and program development.

The advent of effective HIV treatment in richer countries has led to a dramatic decrease in HIV-related mortality. The result is that, for the first time, many people living with HIV can expect to reach old age. This phenomenon—the aging of HIV—is exacerbated by the rising number and rate of older people contracting HIV.

As we witness a “graying” of HIV, we face new challenges and questions. How many older adults are infected? What kinds of services do they need? What prevention programs will work for them? *HIV/AIDS and Older Adults* addresses these questions.

The book is best at providing an overview of some of the issues relevant to this “hidden epidemic.” Its literature reviews and studies inform the reader as much about topics that need further research as they do about existing data.

Comprehensive Review

The first chapter of *HIV/AIDS and Older Adults* offers an excellent introduction to the subject, providing the necessary facts to understand the changing demographics and transmission characteristics of this extremely heterogeneous population.

The second chapter discusses the difficulties in developing effective prevention efforts in this population. Since there is little research on this topic, this chapter relies heavily on basic models of prevention. Later in the book, Chapter 9 addresses the prevalence of recreational drug use in the older population, describing the effects of substance use on HIV transmission and sexual relations, and the role of service providers in acknowledging taboo topics including both heterosexual and homosexual behavior.

The next three chapters delve into mental health-related issues. Chapter 3 examines several factors and their complex relationships with depression in HIV-positive adults over 50 years old. The chapter's authors surveyed 83 older HIV-infected people about a number of psychosocial factors. Using statistical modeling, the chapter found partial

support for the Chronic Illness Quality of Life Model. This theoretical framework asserts that emotional distress is caused by a combination of AIDS-related stigma, barriers to health care and social services, lack of social support, poor physical well-being, and the absence of active coping strategies. To ensure that the findings are generalizable, however, researchers must compare the results with either a younger or HIV-negative age-matched sample.

Chapter 4, on HIV-associated dementia, reviews the literature on the synergistic effects on cognition of aging and HIV infection. The complex model the chapter proposes, for example, emphasizes the causal pathways through which normal age-related changes such as cardiovascular disease can interact with HIV neuropathological insults to increase the probability of developing HIV-related dementia.

Two chapters focus on HIV-related services. Chapter 5 reviews the literature on the neglected and growing population of older women with HIV and focuses, in particular, on issues such as spirituality and depression. Chapter 6 compares the experiences of younger and older adults with HIV. It states that while the older adults experience more physical and sensory impairments than younger adults, they have a “life perspective” that enables them to be more stable and active in caring for their health.

Two chapters apply qualitative methods to uncover experiences that are unique to aging and HIV. One focuses on the experience of nursing home residents and a second beautifully evaluates the experiences of grandparents as they learn to love their way through the stigma of HIV.

The final chapter reviews the history of an AIDS service organization in New York that specifically targets older adults living with this disease. The chapter provides advice about agency structure, membership, meetings, and activities necessary for creating such an effective organization.

Conclusion

Although *HIV/AIDS and Older Adults* examines a wide array of relevant topics, it fails to attend to others. Among these topics are: sexuality, the experience of gay men with HIV, physical and medical complications of aging with HIV, daily functioning for older people with HIV, and successful aging. Despite its shortcomings, the book is a welcome addition to a sparse literature: it successfully promotes the topic, summarizes the literature, and makes suggestions for research and program development.

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Brief Reviews

Klitzman R, Bayer R. *Mortal Secrets: Truths and Lies in the Age of AIDS*. Baltimore: Johns Hopkins University Press, 2003. Excerpted from Kertzner R, *American Journal of Psychiatry*, 2004; 161(7): 1315.

The behavioral dynamics underlying HIV transmission remain a critically important topic as new cases of HIV infection continue to occur in the United States. In this book, Robert Klitzman and Ronald Bayer bring their expertise to a key element of these dynamics: the disclosure of health and serostatus by HIV-positive men and women. Writing from the perspective of ethics, moral philosophy, and mental health, Klitzman and Bayer provide an engaging consideration of the competing and sometimes contradictory values that influence disclosure decisions in the lives of HIV-positive adults. How, for example, do adults with HIV infection protect their privacy, avoid harm to others, optimize emotional support and coping, and interpret the sometimes ambiguous guidelines for "safer" sex when deciding whether to disclose their HIV states to intimate partners?

... Klitzman, a psychiatrist, and Bayer, a medical ethicist and historian, draw on the responses of 77 participants in their study of serostatus disclosure decisions. ... The heterogeneity of participants' stories is an asset of this book, although the inclusion of too many excerpts detracts from the authors' examination of moral philosophy and truth-telling as revealed in participants' lives. Nonetheless, the concluding sections of this book provide a stimulating and deeply satisfying discussion of the tensions inherent in disclosure stories. Klitzman and Bayer argue that HIV disclosure is at its most interesting and vexing level a matter of what we define as good: individual autonomy as expressed in privacy, the ability to assume risk, and the freedom to make choices, as well as the proper role of the state and professions in protecting distinctions between public and private concerns.

... As stated by the authors, the importance of understanding disclosure decisions will only increase as HIV accelerates in the developing world and as advances in medical genomics, closer to home, create new tensions between individual privacy rights and the needs of public and private health sectors.

Cooper A, ed. *Sex and the Internet: A Guidebook for Clinicians*. London: Brunner-Routledge, 2002. Excerpted from Noar SM, *AIDS Care*, 2004; 16(1): 129-130.

The Internet has emerged as a dynamic, interactive medium from which individuals can seek sexuality-related information,

interact with safer sex interventions, and access numerous sexuality-related web sites. At the same time, the Internet is an environment that can be used to facilitate unsafe sex and sexual addictions, increasing HIV/AIDS risk and negatively impacting individuals, sex partners, and families in various ways. . . .

This impressive volume . . . explores numerous issues related to the Internet that, until now, had not been explored fully and certainly had not been aggregated in a single book. Fourteen chapters strong and written by researchers and clinicians, [it includes chapters on women, men who have sex with men, disabled and chronically ill people, children and adolescents, compulsive sexual behaviors, and using the Internet to improve sexual relationships].

... One fascinating aspect of the book is discussion of novel concepts such as "cyberinfidelity" and "Internet pedophilia," which can be quite different than their offline counterparts. Many such phenomena are only beginning to be understood and defined in the research literature.

For researchers, clinicians, and others interested in and/or working in the area of sexuality and the Internet, this book is a "must read." Your vocabulary will be expanded, your understanding of the issues will be broadened, and your appreciation for the complexity of the study of sexuality-related issues on the Internet will be greatly expanded.

Next Month

The risk of HIV transmission has traditionally been described in terms of the behavior that occurs between two individuals. Over the past several years, however, researchers have recognized the importance of an individual's social and sexual "networks" in determining susceptibility to HIV. In the January 2005 issue of *FOCUS*, **Maureen Miller, PhD**, Assistant Professor of Epidemiology at Columbia University, **Alan Neaigus, PhD**, Adjunct Associate Professor at Columbia University and a researcher at National Development and Research Institutes (NDRI) in New York, review the literature on HIV and networks.

Also in the January issue, **Samuel R. Friedman, PhD** and colleagues from NDRI discuss the ways in which healthy behavioral norms, as well as HIV susceptibility, may travel through networks and be harnessed as "network interventions."

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