

also be put together to focus on different techniques of directing, such as concretizing, mirroring, doubling, the use of balcony or auxiliary chair, or certain specific forms of directing, including management of dreams, of vignettes, or of an encounter.

A last observation has to be made about the more traditional theoretical content of training. It should comprehend the systematic exposition of Morenean theory and method, its principals and its aim, and also include the Morenean approach into a more general psychological and sociological theory of personal development.

In our experience, the establishment of training groups that include people who belong to different levels of courses presents some difficulties in organizing the theoretical part. In fact, it means giving up the homogeneous presentation of theoretical contents, graded into set schemes, that in the traditional didactic work consists in the passage from general notions to more complex concepts. In our training organization, we create some "unities of study" arranged according to the subdivision of the material into fundamental themes. This allows the rotation of different study units in order to avoid repetitions for the members of the same level of the course. The advantages of groups that are heterogeneous exceed the relative complexity of this training structure. These advantages can be observed in the vivacity of these groups as therapy group, as well as in the opportunities for the participants to experience gradually different roles of direction within dynamic conditions.

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## Psychodrama's Response to AIDS

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THIS ARTICLE PRESENTS SUMMARIES of two different work at the May 1989 meeting of the psychodrama association. One was conducted by Irwin Stahl and led by Peter Pitzele, director of Psycho Services at Four Winds Hospital; Raymond Jacobs, AIDS project administrator, Young Adult Institute, and an early program developer of Gay Men's Health Crisis Network; and Lo Sprague, cofounder, Gu and Sprague Associates. The other was led by Lo Sprague with Zerkeno and Raymond Jacobs. Both workshops were dedicated to Nicola Passariello, Irwin Stahl and all others in and out of the psychodrama community who are living with AIDS.

Rene Marineau, in his discussion of Moreno's life story, aptly pointed out that there is always a profound difference between one's knowledge of historical or scientific facts and one's psychological experience of facts. With AIDS, the scientific fact is: We are dealing with a deadly disease that is easily preventable. Yet it continues to spread throughout the nation of the world because the psychological experiences are so overwhelming that they encourage repression and denial. We are in a crucial, unparalleled proportion that urgently requires a way to break through dysfunctional psychological rigidity. Psychodrama, sociometry, group psychotherapy provide some of the best tools for reinstilling spontaneity into rigid perceptions. If Moreno were alive today, there is no doubt that he would be in the middle of the AIDS crisis—directing, challenging, confronting, creating new ways to cope.

#### The Reality of AIDS

The facts about acquired immune deficiency syndrome (AIDS) are relatively simple:

*AIDS is a global disease.* According to the World Health Organization, an estimated 5 to 10 million people worldwide (1½ to 2 million of them in the United States) are currently infected with human immunodeficiency virus (HIV), the causative agent. Many of them have no symptoms and do not know that they are infected and capable of transmitting the disease.

*AIDS is acquired.* One can contract the disease only through intimate contact with bodily fluids that are infected with HIV. These include blood and blood products (from open wounds and menstrual blood as well as transfusions), contaminated semen, sexual fluids, and weeping sores. Although the virus is most often transmitted during high-risk sexual behavior with HIV+ individuals or through use of contaminated needles by intravenous drug users, it is also increasingly spread to the unborn children of infected mothers during pregnancy.

*AIDS is preventable.* The disease is preventable only if one is willing to take the steps required to prevent it. Those steps include avoiding such high-risk behaviors as IV drug use/abuse with unsterilized needles, anal intercourse with an infected person, intimate sexual behavior with an infected person without a properly used condom with nonoxyl-9 (a viricide) in the tip.

*AIDS is treatable.* Although not curable at this time, the disease responds to many treatments. These treatments attack the opportunistic infections that are the real dangers to the HIV+ person, hinder the replication of the virus itself, and make living with AIDS much more bearable.

*An AIDS diagnosis is not an automatic death sentence.* At present, HIV+ persons can carry on without debilitating symptoms for an average of about 8 years. That number of years of quality life will continue to increase as scientific knowledge advances. The expenses and complications of continued care will also continue to grow as life expectancy increases.

*AIDS carries a social stigma.* Persons with AIDS continue to be the targets of discrimination and harassment. Those who have AIDS or are HIV+ regularly risk losing jobs, health insurance, custody of their children, and access to opportunities that the rest of us can safely take for granted.

*AIDS affects everyone.* In the United States today, an estimated 1½ million carry the AIDS virus. Of those, over 100,000 already had full-blown AIDS by June 1989. For every infected person, there is a social atom—mothers, fathers, siblings, children, lovers, colleagues, friends, doctors, accountants, cabbies, school pals, bus drivers, shopkeepers, fellow grocery shoppers, ministers, etc. In addition, all the people who are afraid they might have the virus but do not know it—the “worried well”—have their social atoms. Then there are all those angry people who are fearful for themselves and their children and their loved ones. They want barriers and quarantines and protection from the contaminants. There are others who say, “This doesn’t affect me,” who pay higher insurance premiums, who expect their kids to be “good” and nonsexual. There are burned-out nurses whose families say, “Don’t endanger us by treating them!” There are bankers who see loans going unpaid as people lose jobs. There are some preachers who say, “They deserve it anyway. Perverts and junkies. Serves

them right.” There are cashiers who are afraid to take money and beauticians who are afraid to cut nails. Whether consciously or unconsciously, directly or indirectly, whether we like it or not, whether we admit it or not, are *all* living with AIDS.

### Dealing with the Facts

AIDS angers and frightens us. It enrages and terrifies us. It triggers old “fight or flight” reflex. We become overwhelmed and tend toward polarization, self-righteousness, and denial. We are aware of the basic facts about AIDS. How we deal with those facts depends upon how we feel about our own issues with AIDS. Do we deal with our fear through ignorance or denial, or do we arm ourselves with accurate information that gives us successful tools for coping? Do we create a sense of our safety by seeing a person with AIDS as a social isolate who is nothing like us, or do we have the courage to reverse roles with the person who is HIV+ or has AIDS? These are choices for the psychodramatist as well as for the patient. Raymond Jacobs and Lo Sprague urge us all to become “AIDS expert” which means that we get clear, current facts with which to face the fears and fantasies that cripple at a level deeper than the virus. (A current bibliography is included at the close of this article.)

### The Role of the Psychotherapeutic Community

Zerka Moreno, one of the strongest voices in the psychodrama community, urges us to get involved and to bring our skills and creativity to bear against the traumas of AIDS. We are needed on every level where AIDS makes an impact. As psychodramatists, sociometrists, and group psychotherapists, we have very powerful tools for coping with the psychological realities of AIDS. Role reversal and doubling give us ways, when appropriate, to reintegrate the social isolate. The healing circle described by Joseph Moser and Anne Hale can give us a map for the need for times of isolation and being the social rejectee and rejector. It provides a place for healthy expression and necessary denial. It also helps us understand the cyclical nature of the continuing journey between the roles of isolate and star. Such an understanding helps health care workers, including therapists, discern when clients are experiencing healthy or dangerous denial and when they need to grieve or rest.

Role rehearsal, as well as role reversal, helps us to understand and expand the role of anyone dealing with AIDS and thus to serve them better. As Zerka Moreno explained, social atoms and psychodramas that include the disease itself expand our understanding and spontaneity. For hospi-

staffs, pencil-and-paper sociometry may be private enough to be helpful in their professional settings.

Role training can help sexually active individuals rehearse safe-sex negotiations. At the workshop, Lo Sprague spoke to this issue, noting that women, particularly minority women, are under a great deal of pressure not to use safe sex. Thus, they need specific training and a great deal of group support to negotiate safe sex and to follow through with the negotiation. Raymond Jacobs spoke of the need for the disabled and for disturbed teens to get coaching and training in the proper use of condoms. A workshop participant spoke of a half-dozen AIDS cases in her small town in the Midwest and of the school's reluctance to teach sex education and safe sex. At the same time, recent studies indicate that one in three heterosexual college students in the Midwest has engaged in anal intercourse. Clearly, we need to banish this closed-mindedness about the disease.

Peter Pitzele vividly demonstrated the use of psychodrama in dealing with a different kind of closed-mindedness. In his supervision of therapists, he found them caught in a moral conflict sometimes found in therapy. The group was discussing a hypothetical HIV+ individual who came for therapy but continued to act out by being irresponsibly sexually active in ways that endangered his or her unsuspecting partners. These therapists repeatedly got "stuck" in countertransference until they reversed roles with the clients. The same thing happened with hypothetical clients who rigidly and self-righteously condemned persons with AIDS. The therapists tended to pull away from these clients, but discovered that role reversal ended this polarization and reopened the therapeutic process.

Psychodramatic and sociometric skills can help us develop better ways to cope with AIDS. Our own social atom as a professional community has to include AIDS from now on. AIDS is currently experienced most often as a psychological reality that is dehumanizing and soul-deadening. At the core of psychodrama is the profound belief in spontaneity and creativity. If we have the courage to look into the heart of the AIDS problem, we will need the spiritual qualities of compassion and transformation that J. L. Moreno spoke of in his most famous work, whose title has particularly poignant meaning for those dealing with AIDS—*Who Shall Survive?*

On the 100th anniversary of Moreno's birth, we find ourselves left with great gifts from a true genius. How we use them to deal with problems and a virus unknown 100 years ago is up to us.

NOTE: For further information, please refer to the following annotated reading list, and for free AIDS information packets, write to Dr. Lo Sprague, Guibord and Sprague Associates, 4525 Wilshire Blvd., Suite #204, Los Angeles, CA 90010.

## RECOMMENDED READINGS

- AIDS/HIV experimental treatment directory.* New York and Los Angeles: American Foundation for AIDS Research (AmFar). Published every 90 days.
- AIDS information resources directory. (1989). New York and Los Angeles: AmFar. The most comprehensive compilation of AIDS information available.
- Baleson, M. C., & Goldsby, R. (1988). *Thinking AIDS: The social response to biological threat.* New York: Addison-Wesley. A beautifully written philosophical and sociological perspective about how cultures change in coping with a crisis that affects their niche.
- Helquist, M. (Ed). (1987). *Working with AIDS: A resource guide for mental health professionals.* Issued in cooperation with University of California—San Francisco AIDS Health Project, P.O. Box 0884, San Francisco, CA 94143-0884. An excellent clinical resource that covers treatment issues, key concerns, sample cases and counseling plans. Highly recommended for therapists.
- James, J. (Ed). *AIDS treatment news.* Available from the editor, P.O. Box 411 San Francisco, CA 94141. Published biweekly at low cost to HIV+ people. Not traditional issues and support information, technical.
- Moffatt, B. C. (Ed). (1987). *AIDS: A self-care manual.* APLA, Santa Monica, CA: SIBS Press. A good, simple, helpful manual for anyone HIV+ or with someone who is.
- Pierce, C., & VanDeVeer, D. (1987). *AIDS, ethics and public policy.* Irvine, CA: Century House. A fascinating view of how public policy around sexually transmitted diseases (STDs) has been developed and enacted in this country.
- Shilts, R. (1987). *And the band played on: Politics, people and the AIDS epidemic.* New York: St. Martin's Press. A wonderfully written history and context of the unfolding epidemic by a perceptive journalist. Explains many of the current confusions about the disease and how they evolved.