

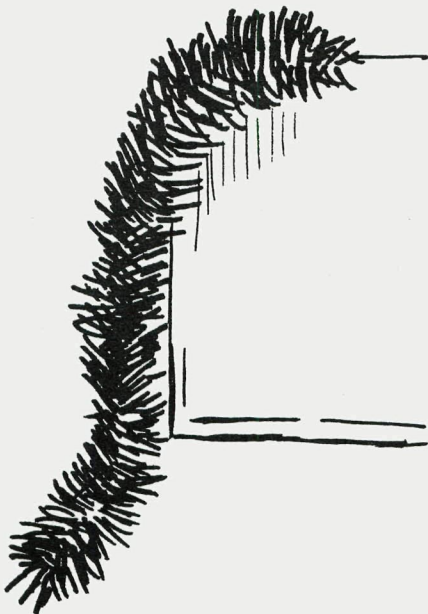
LOOKING AT THE LITE SIDE

"I feed more cats, than I have T-Cells"

Working with young people with AIDS is particularly difficult because they are developmentally unprepared for the chronicity of illness and finality of death. This is the story of my efforts to add laughter and humor to my group work practice with 11 young men with AIDS.

by Normie Kane

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Due to the pervasiveness of loss, health care professionals who attend to the mental health needs of terminally ill patients have a distinct challenge in maintaining their own emotional well-being. Working with young people with AIDS is particularly difficult because they are developmentally unprepared for the chronicity of illness and finality of death. This is the story of my efforts to add laughter and humor to my group work practice with 11 young men with AIDS.

When I took the outpatient social work position with the Department of Special Immunology at a religiously affiliated hospital in August 1992, I already had seven years of clinical experience working in AIDS. I quickly developed a caseload, did assessments, and provided psychosocial counseling to individuals and couples, usually on a weekly basis. My patient population ranged from the "worried well," who were still employed and highly functional, to those who were coping with the end stages of the illness. My caseload included two heterosexual women; the rest were gay men, ranging in age from 21 to 54 years. Most of them fell into the

third decade of life, and as one might expect, a common theme that brought them into therapy was the adjustment to either beginning or ending a significant relationship. Some of them were learning to negotiate safer sex for the first time, while others were dealing with issues of substance abuse.

Many were at the point of disclosing their health status to their families and some were simultaneously coming out of the closet as gay men. This double disclosure was particularly difficult for Hispanic men. As one Colombian man said, translating from his native Spanish, "I don't know how to tell my parents that I have HIV and I'm gay. That's like a knife with two sharps!"

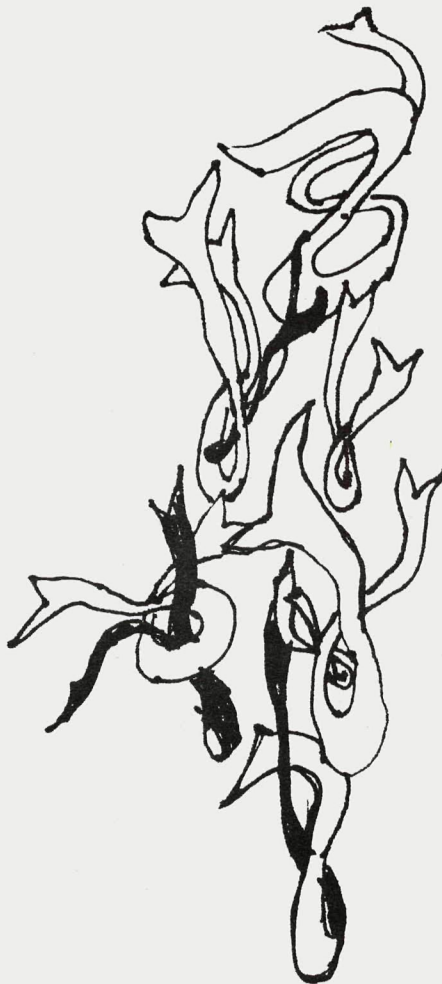
It does not matter what stage of the illness the client is in or what level of acceptance and adaptation the individual has mastered. The emotional common denominator is loss. Even for the asymptomatic person who has moved beyond the crisis and initial shock of learning about his or her HIV seropositivity, there is the anticipatory loss of health and the existential loss of selfhood or consciousness. Of course, the more advanced the illness and

disability, the more profound the losses.

The most common opportunistic infection in people with AIDS is pneumocystis carinii pneumonia (PCP). One of my clients had a single bout with PCP a year earlier, but was currently asymptomatic and working. He was making the very complex decision to take early retirement after 20 years of company service. Simultaneously, he was caring for his terminally ill brother who had just been diagnosed with end stage lung cancer. My client was experiencing a role reversal, in as much as he had anticipated that his brother would someday care for him. He had lost his caretaker. In addition to the loss of his brother, he was losing income, productivity, and social support from his co-workers, two of whom were also HIV positive. His willingness to feel the pain and grieve the loss of his brother in therapy brought up the unresolved grief of his father's death a year earlier. He was able to recognize his previous coping skills and expand them to meet the needs of his current losses.

Other HIV-infected individuals whom I counseled focused on issues of self-worth and learned ways in therapy to more actively participate in the decisions regarding their health care. Instead of being intimidated by the power and authority of the physician, one man learned to assert himself, saying, "Doctor, I have had PCP six times. Can we treat it more aggressively this time?" He worked hard on that behavior

change. It allowed him to experience a greater sense of control and some degree of mastery at a time when he felt out of control in the battle against the virus and the unrelenting progression of his illness.



I generally lump together several paperwork tasks which I call "taking care of business." These include making a living will, naming a health care surrogate, assigning power of attorney, and a writing a last will and testament. On rare occasions, an individual will even make prior funeral arrangements to facilitate this process for the family. I had such a patient. David had taken care

of everything when his former lover died several years ago and he didn't want his family to go through the same ordeal. From his hospital bed, he told me about the fantasy he had for his funeral. He introduced it to me by saying that it was actually fashioned after ancient funeral rites in Egypt. His body was wrapped in muslin and placed on a wood and straw raft. Four villagers clad in colorful feathered headdresses and loin cloths then escorted the raft out into the middle of the river and let it go into the current.

The village warriors returned to the shore and simultaneously shot flaming arrows skyward. These formed an exquisite and brilliant arc of light over the water before falling to ignite the raft, consuming his body in the flames. The raft continued to burn as it drifted out of sight. There are two levels of symbolism here. One is the elaborate funeral rite of a king. The other is symbolic of the infant Moses being placed in a basket on the River Jordan to drift through the reeds and cattails. As he returned from his reverie, David, who had been in the catering business, ended the session by saying, "And I have already made and frozen the rugalah that will be served at the wake!" What a host!

Early in the fall, I began recruiting from my individual caseload to build the membership of an HIV support group which was held on weekday afternoons. I would offer the comprehensive mental health package of individual and group psychotherapy. Many people

with HIV tend to isolate and withdraw to the point that socialization skills "get rusty." Sometimes, protracted isolation results in a regression of social skills. It appears to me that social withdrawal results in lost confidence in the simplest personal interaction. This requires the individual to relearn the basics of listening to others and becoming interested in their lives and activities. The milieu of group provides an opportunity to re-engage with others and to practice social skills. When I began running the group, I did a needs assessment and learned that the patients wanted to focus on stress management and to learn new coping skills and strategies.

In order to heighten their awareness of stress, I developed a routine of starting group with each person plotting his current level of stress on a grid from 1 to 10. A "tuning in" exercise followed wherein each member shared his perception of his level of stress, along with a description of his current stressors and the specific behaviors he was utilizing for coping. It was common for a group member to report increased stress with a drop in T-cells. I encouraged them to understand that T-cell counts are only one indicator of immune functioning and cited cases of PWAs who were doing relatively well with no T-cells. (T-cells are the white blood cells that help the body fight infection. They are destroyed by the HIV virus. The normal number is around 1,000.)

I described some of my discussions with my social work

colleagues who were working on a bereavement study at the University of Miami, Department of Psychiatry. Although unrelated to HIV, the study explored the immune functioning of recent widows and widowers. The loss of the mate and the resulting depression in the subjects resulted in plummeting T-cells. It took most people as long as 18 months for the T-cell count to return to a normal range. I wanted the group to understand both the multiple causes of T-cell depletion, as well as to anticipate the variability of their T-cell counts.

To reduce stress behaviorally, we did progressive muscle relaxation, a variety of meditations, deep breathing exercises, and visualizations. At the close of each group, members were asked to again plot their stress on the grid. Occasionally, a person would come in and leave at the same perceived level of stress, but most often there was a significant drop in scores. I wanted them to see the reduction of their own stress level. Since anxiety is often high in this population, I encouraged them to meditate on a daily basis. I was hopeful that if they disciplined themselves to be still, they would not only feel markedly better, but would also experience a sense of mastery and control in their lives. The inpatient social worker and I discussed the need for another patient support group.

Since my group was held during the day, we decided to schedule a group during the evening to accommodate the needs of those individuals with

HIV who were still working. I was engaged at the time with a wonderful mother-son dyad. He was no longer able to drive and his mother drove him to his frequent medical appointments and support groups. When I learned that he was interested in trying the new evening group, I decided to facilitate a group for caretakers at the same time so that both mother and son could attend their respective groups easily. This provided the "one stop shopping" which is so helpful for disabled patients and their families.

By February 1994, I had lost a half dozen patients and had personally witnessed three deaths. Suffice it to say, there is nothing quite so intimate as sharing someone else's death. I was sad and overwhelmed by the magnitude of the losses. I was grieving. I knew that I needed to learn new coping skills to prevent burn-out, and I wanted to enhance my patient's repertoire of coping styles and strategies. I became increasingly aware of my need to balance some of the loss and grief with laughter and humor. I was determined to find the lighter side to all the suffering, sadness, and loss.

I remembered Norman Cousins's benchmark work on the impact of laughter on his own metastasized cancer. I checked out books from the library on humor in psychotherapy. I read Irvin Yalom's Existential Psychotherapy and highlighted passages that reminded me of my clients. And I asked other clinicians what they did to maintain their own balance

while working with the chronic trauma of AIDS. I attended a conference and selected the workshop on humor. In group, I used self-disclosure to model behavior of laughing at myself, showing my willingness to admit mistakes. I told them about the night that I made corn bread, which looked uncharacteristically pale and flat as a fritter. To my chagrin, I realized that I hadn't put any corn meal in my mixing bowl, because I was holding the box in my hand while I read the corn meal recipe!

My group membership grew steadily, and I accepted referrals from other staff members.

Michael was one of these. He was a young man who came into my office, well groomed and neatly dressed, with an AIDS red ribbon pinned to the collar of his Ralph Lauren shirt. Michael was a good looking man with dark, deeply set eyes. I knew that this tall, thin man with the ashen face was a veteran of the AIDS epidemic. Michael told me about the course of his illness and his current symptoms and medications. His lover of eight years had died just six weeks earlier.

Michael was emotionally exhausted from his bereavement combined with the gradual decline of his own health. He told me about his feelings of immeasurable loss, grief, and aloneness.

Then he shifted in his chair, tossed his head, looked directly at me, and announced, "Now I feed more CATS than I have T-cells!" We laughed

together and I complemented him on his rich sense of humor. I told him about the PWA I had read about in San Francisco who had one T-cell, which he named Vera, and how he would wake up each morning, imagine her in spike heels, and shout, "Go, Girl, Go!" Michael's wonderful line comparing cats and T-cells together with the Vera vignette became the inspiration for me to organize an expressive art project for my afternoon group. Michael joined two weeks later.

The group was held in the Cardiac Rehab Unit, which was basically a gym. We pulled chairs together to form a circle near the bathroom. At the next group therapy session, I told the members about Michael's cats and Vera, and suggested that we plan an art project which would allow them each to find and express their own humor and experience the "lighter side" of living with a chronic illness. I distributed copies of a cartoon showing two elderly women knitting and chatting.

One is saying, "Agnes, this AIDS business makes me think we should stop sharing needles."

There was a twitter of laughter. I explained that this was an example of AIDS humor, and I was convinced that they too could find examples of humor in their lives, despite living with AIDS. I asked them to think about what they thought was funny in their lives and to share it with the group.

Gabriel shouted, "I got one! About two weeks ago, I was looking for my tennis shoes. I looked everywhere in the house

and I still couldn't find them. I looked for 45 minutes and worked up an appetite. When I opened the refrigerator, there were my shoes! Now that's dementia! The virus is in my brain." We were all laughing and I told him that I was hopeful that he could find a magazine picture of an Amana refrigerator with both doors thrown open and that he could also find an ad for Nikes and paste the shoes right next to the milk!



Determined to generate interest, curiosity, and enthusiasm, I scheduled the beginning of the collage two weeks in advance. That way, the members could start bringing in magazines to contribute to the project. It also gave me time to make a

bulletin board to announce the arrival of the activity. I found a 25-year-old orange feather boa in my attic and ironed the velvet ribbons.

The week before the project, I arranged the boa on the bulletin board in a gracefully ascending line of brilliant orange feathers. Then I thought to add my Japanese fold-up fan (the one I use for hot flashes) to the bulletin board, which announced, "Coming Soon... Looking at the Light Side." One man insisted the word be spelled LITE, "like the beer," and I made the correction. Actually, I was trying to expand the membership of the group and I thought that a bulletin board with the high visibility of the orange feathers, combined with their rich, soft texture which invited the viewer to touch them, would help. Since the gym was also used for an HIV exercise program, I knew that the exposure to prospective candidates for the group was high. There was a bulletin board near the circle of chairs and I got permission to use it.

The weekend before the project, I shopped and bought poster board, colored felt squares, glue sticks, colored glue, magic markers, stars, stickers, glitter, stamps, and stencils. I bought two cartoon books from "The Far Side," thinking to invite people to use the cartoons and change the captions to make their own humor.

The first day of the project, I arranged four mats on the floor in a square and heaped the art supplies in the center. Members of the group came in chatting about their T-cell counts

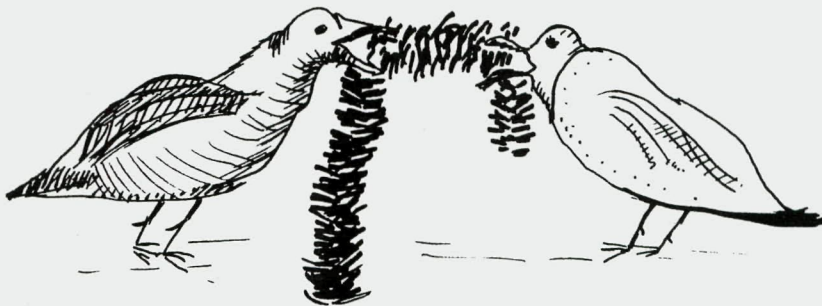
and a variety of anti-viral medication combinations and their side effects. As I greeted each member, I told him that I wanted to take photographs of the activity and asked if he would mind my taking his picture. The responses were mostly enthusiastic and included, "No problem," "What a great idea," and "What kind of camera do you have?" To document their agreement to be seen in the pictures, I asked them to sign photo releases. Two of the 11 chose not to be photographed and I assured them that I would honor their wishes. One of them was pasting a photo of his two Dalmatian puppies to the collage. Having a Dalmatian of my own and being a fan of spotted puppies, I was intrigued and asked if I could photograph over his shoulder. The resulting picture illuminated his activity and work, but not his face.

They sat down and began sifting through the materials, looking for pictures and captions to cut out. I listened to the sounds of conversation mixed with the snipping of scissors and the tearing of paper.

The Polaroid pictures were so much fun and a great enhancement to the group work. I watched as the men huddled together, laughing and pointing

at the pictures of themselves and each other. They looked for all the world like a group of children in art class. Each week of the project, I put a stack of photo releases next to the sign-in sheet and each week someone new was in the growing set of pictures which I carried around in my lab jacket pocket. Every day for about two weeks, I showed the pictures of the group work to staff and patients, feeling like a one-woman public relations firm. Eventually, the Polaroids became a panel of the collage itself. I was proud of the collage and proud of the group members. These men were seen in colorful T-shirts, smiling, playing, laughing, and "looking at the lite side" of their lives, despite living with a chronic, fatal illness. Now that's something to admire.

Stefano brought in brilliantly colored photographs of the exotic birds and orchids that he raised on a bird farm in Hawaii. He arranged a small piece of driftwood and artificial leaves into the scene, providing a wonderful three-dimensional effect. Another man brought in shells from the beach, pictures of his tropical fish, and his Dalmatian puppies playing tug of war. Together these two people made a poster which they titled "The Gift of Nature."



When I entered the group room during the second week of the project, I was startled to see that my boa bulletin board had been taken down. Just before group started, I learned from the director of the unit that one of the cardiac patients had complained that the boa and fan were "offensive." He reminded me that we were not the only group to use the facility and that we had to be sensitive to their people's values and feelings. (It seemed to me that the values and feelings of my group members were negated and that annoyed me.) "And we don't want the cardiac patient to have another heart attack," he was saying. Silently, I had to question whether this was about patients' rights and feelings, or about the hospital's liability. We spoke briefly about the challenge of working in an AIDS program at a conservative, religiously affiliated hospital. As a gay woman and as a professional, I knew that I was facing institutional homophobia. I anticipated that the group would be angry and knew that their responses would provide bountiful grist for the therapy mill that afternoon.

When group members assembled and asked where the orange feathers had gone, I explained what had happened. "That's homophobia at its worst!" one shouted. Then they were all shouting and interrupting. I leaned forward in my chair and held up my hands to get their attention.

I validated their responses. They wanted to know what I thought and felt, both as

a professional and as a lesbian. I acknowledged my frustration as a social worker and explained my professional roles in terms of multiple group systems. I noted my anger as a gay woman as briefly as possible, hoping that by minimizing my responses, I could keep my countertransference in check and thus focus more effectively on the needs of the group. This was a critical moment in group and I was committed to being fully present to guide the group along this emotional roller coaster ride.

Other themes that emerged from that session included how difficult it is to come out of the closet as a gay person, how unwilling most are to hide ever again, and how coming out is a life-long process. I suggested that it was time for the group to let go of the orange feathers and to replace them with their "work in progress" on the bulletin board. At the end of session when we were starting to hang the collage pieces, we were asked to use a different, less visible bulletin board. It was actually a very nice location, right next to one of the large windows, providing both natural and artificial light. The odyssey of the collage was underway.

One afternoon I was going up to the AIDS unit to see David, who had been hospitalized again for PCP. Across the crowded elevator, I heard a young man's voice call my name and ask to join my group. I remember smiling and having that nice feeling of satisfaction from knowing that my work was meeting the needs of some of its members and that I was

developing a following. I spoke with him briefly to assess his appropriateness for group and saw that he was eager to begin.

He was visiting a childhood friend on the unit who had AIDS, and two days later he himself was a patient on the unit, diagnosed with PCP. Although he was not a member of the group by attendance, he was a member of the group by intention and by agreement.

Now I had two group members on the unit and I wanted to make sure they stayed informed, enthusiastic, and connected to the project. I showed them the Polaroid pictures and they were excited to see their friends. I gave both patients a "Far Side" book and asked them to find cartoons for which they could write different captions. David chose two with Carmen Miranda, but by the time I brought back copies for him to make his captions the next day, his health had taken a bad turn and he was too sick to make his cartoon. I showed him a cartoon of a doctor looking down at a hospitalized patient and suggested that he might be saying, "Doctor, I don't want to take the anti-depressant until I'm feeling better." We both laughed. I didn't tell him that a patient had said those very words to me the week before he died. I suspected that the patient's refusal to take his medication was his way of coping with the existential loss of self, and that he wanted to remain fully conscious and in control up until his death.

As the weekly sessions went by, the collage grew. Jorge cut out a cartoon of a dinosaur

skeleton, captioned it, "I lost my appetite!" and told us, "This is how I felt when I left the hospital."

Jorge had been diagnosed with Kaposi's sarcoma (KS) of the intestine. (KS is a type of cancer which some people with AIDS develop and which appears as small pink or purplish patches.) He had undergone chemotherapy, and had lost his shoulder length blond hair. Now he wore a bandanna to cover his bald head. Jorge also selected a picture of a man with tattoos all over his back and provided the caption, "What KS?" He told us that when he was first diagnosed

with KS, he imagined getting tattoos all over to cover the lesions, but he had reached a point of acceptance and decided, "It really doesn't matter... the one tattoo I have is enough."

There was a cartoon of two men on a desert island and one is saying to the other, "I'm the first immune system transplant recipient in the world and I've never felt better in my life!" There was a picture of a man in a T-shirt with German words printed on it, with red, green, yellow, and white jelly beans pasted to his belly. Scott explained, "I selected this picture because I was in Germany when I learned I have HIV... and this

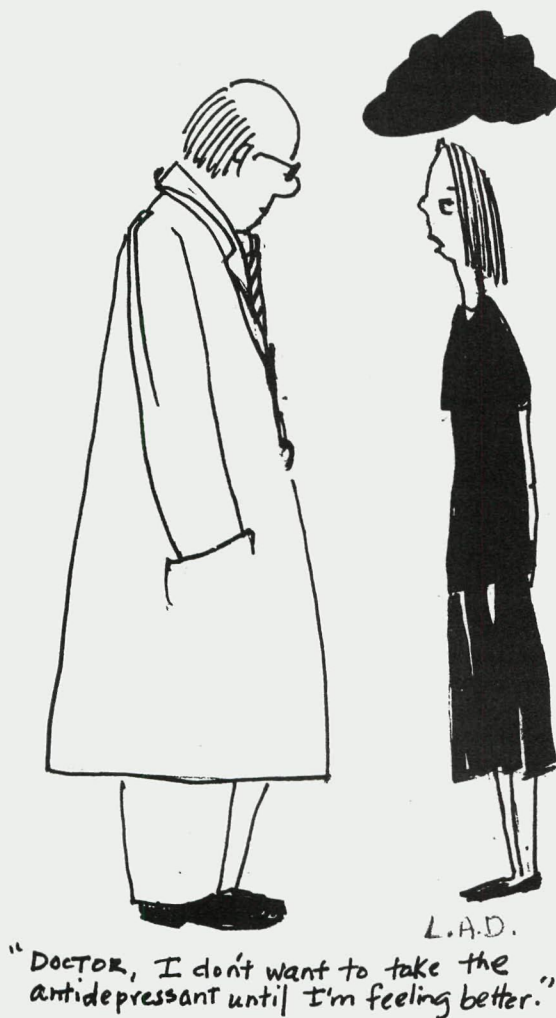
shows how bad my stomach feels sometimes."

Two of the members had previous membership in Alcoholics Anonymous (AA). This meant that they were coping with the dual diagnosis of AIDS and addiction. They knew all too well that alcohol impairs immune system functioning and that it would be disastrous to drink again. This gave them a double reason to stay sober. Some heavy drinkers stay in the bars until closing time and the last call for drink orders is announced, only to move on to another bar whose liquor license allows for a later last call. The man with two and a half years of continuous sobriety in AA contributed the words "last call" to the collage. He was tickled that his last call had been so long ago. Now the words held a new meaning for him as a "last call" to his spiritual heritage.

Another man had just stopped using alcohol and cocaine when he learned of his HIV status. He had also gone through radiation and chemotherapy for internal and external KS lesions.

I'll never forget his enthusiasm and radiance when he returned from attending Mardi Gras in New Orleans. He smiled widely as he told the group, "When I went to Mardi Gras, I did not have any T-Cells, and now I have ONE. New Orleans must have been good for my immune system!"

The recent movie about AIDS, Philadelphia, is a great source of support and understanding for AIDS patients. The star, Tom Hanks, appears twice



in the collage. In one picture he is wearing a Little Mermaid band-aid across his nose to cover a KS lesion and a fresh blue face mask from the hospital. In the other picture, Hanks is flexing his biceps which sports the AIDS red ribbon as a tattoo. The ribbon is also the site of a scotch-taped attachment of IV tubing, which winds through to yet another location and story in the collage. There is a child's drawing, simply titled "To Uncle" which David contributed to the collage.

During the second week of the art project, I made available a box of rubber gloves and some red nail polish. What a hit! They wasted no time in donning the gloves and proceeded to give themselves and each other manicures. Ralph was the first to add the decorative touch of rings, bracelets, and feathers at the wrists. David held up a glove without red finger tips and announced, "This glove belonged to Bette Davis and she didn't wear polish!" Since latex rubber gloves are worn by doctors and nurses to prevent exposure to the virus, they have become a symbol of the social stigma that AIDS patients often feel. Laughing at the gloves gives them a way to control the self-rejection they often internalize.

During the four-weeks that the group worked together on the collage, the members continued to compare anti-viral medications, side effects, and stories about their doctors. A ripple of laughter filled the room of gay men, when one man realized paradoxically, "We're all IV drug users!" (Risk exposure

categories for HIV include homosexual males and IV drug users. The paradox and amusement came from the realization that since they were all currently receiving some form of anti-viral medication by injection, they could classify themselves into an additional risk category.)

One Friday afternoon after lunch, I brought two of my social work colleagues to the Cardiac Rehab Unit to see the completed collage. To my surprise, the green panel with the gloves and the IV tubing had been taken down. My stomach muscles tightened, and I knew I was having a visceral response to my perception of the continuing homophobia. Was the homophobia resulting in an assault on the group's collage? I checked with the unit director and learned that the collage had created more of a stir in the hospital than I had realized. He asked me to take the collage down. I protested, "A critical step in the process of the art project is to discuss the meaning the experience had for the group members and to understand that their participation in such a project might generate some new feelings or insight about themselves." I told him that it was necessary for the bulletin board to remain up until Monday, since we would be discussing its meaning and value at that time. I suggested that instead of taking it down, it might be relocated and made arrangements with the medical director of the Special Immunology Unit to transfer the collage to his waiting room, pointing out that it would actually have

greater exposure to HIV patients there.

The unit director reluctantly allowed the collage to remain up over the weekend and I agreed not to re-hang the green panel until just before my group met.

On Monday morning one of the vice presidents of the hospital summoned me to her office. She was pleasant while she requested that the collage be taken down. She explained that it was offensive to some of the other patients and offered to come to group to explain the hospital's position. I told her that the collage was going to be transferred at the close of group that day and we agreed for her to come to the last 15 minutes of group. At two o'clock when the patients arrived for group, the glove panel was back up, looking none the worse for its travels. We arranged the chairs and sat in a horse-shoe in front of the collage, which was displayed on the wall. As the group leader, I felt it necessary to set the stage with my perception of the day being special since they would be "giving voice to measured thought" and for the first time sharing the meaning of their work. When I told the group that I had been asked to take the collage down, my voice was lost to the tide of their verbal outrage. That I had already made arrangements for its debut in the doctor's waiting room upstairs could only be considered after the rage had subsided. I told them that a vice president would be coming at the end of group to discuss the issue and to answer any questions they might have.

As the protests subsided, I suggested that they hold their comments until the vice president arrived. Each of the 11 members then took a turn, pointing out his art work and saying a few words about it. Although we heard a lot about "the work in progress," there was a distinct richness and depth in the time set aside for the viewing and contemplation of the art form they had created together.

One man identified a picture of a dozen rabbits crouched in various positions. One rabbit was sitting up on his hind legs. He said, "I liked this picture because I feel like one of these rabbits. I really look like all the rest here, but having HIV makes me feel different, like this one sitting up."

The discussion turned to a theme of hope and we saw several clusters of angels in the collage. Jorge had made a scene with three golden angels together. He captioned them saying, "Why do they want to stay down there anyway? It is so nice up here!" Michael's panel is decorated with a variety of cat food can labels and reads, "I feed more cats than I have T-cells!" I continue to appreciate and marvel at his sense of humor.

At this point the vice president joined the group and told the story about the offended cardiac patient and how the hospital was obliged to provide a pleasant healing environment for everyone. I thanked her for coming to group and clarifying the hospital's position, and said that it was important for the group to hear that. The group

members were far more direct than I in responding to her. Their reactions were diverse and ranged from, "That's OK. The collage will be better in the waiting room," to "That's the worst example of homophobia I've ever seen!" to Michael's eloquent response, in which he recited W.H. Auden from memory as he described his grieving process: "He was the North, South, East, West; My week's work, my Sunday rest. Stop all the dogs from barking when they have a bone, Stop all the babies from crying. Unhang the sun, take down the moon. Pour out the oceans, for it can never be right again."

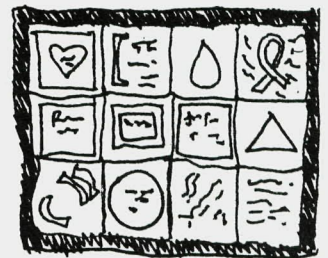
The relocation of the collage went without incident. It filled one whole wall and seemed to belong there. For the next several days, I enjoyed walking through the waiting room, pleased to see many people reading and enjoying it.

The doctor's office manager explained that the collage could only be there temporarily because the office was scheduled to be painted. The odyssey continued. I asked the nurse manager on the AIDS unit if the collage could be put in the patient lounge. When that failed the only alternative was to ask my supervisor if we could give the collage a home in our office, but he had already ordered some art work and suggested that we take it down and give the pieces away.

I couldn't do it. The collage hadn't had its due. I knew the art was not museum quality, but I advocated for it as if it were. I was hopeful that the

message of the collage could continue to inspire people who were fighting for their lives. Not knowing the destiny of the collage, I asked one of the members to photograph it.

These brave young men are living now with AIDS. Despite illness and disability, they are willing to look for the humor and the light side of themselves. Eleven young men shared the art experience together. The collage is the finished product which decorated the walls of the Department of Special Immunology. It was a testimony of their experience, strength, and hope.



Unlike the AIDS Quilt, which is an expression of remembrance by bereaved loved ones, the collage was a celebration of life by those who continue to live with AIDS.

All groups develop a culture and normative behavior. This group was concerned with loss on many levels, the most profound of which was the periodic death of a member. The memorializing of the lost member became part of the group norm. Following each death, I asked the group to share their memories of that person and tell us what they learned from the relationship.

A month after the collage work, one of the participants in

the art project died. Rip's family had flown in from out of town to be with him in his final days. It was gratifying to show the collage to the family, which included photos of their son and brother taken during the construction of the art project. He sat cross-legged with his friends and was passing the glue to someone, obviously enjoying himself. His sister's eyes filled with tears and I heard her say, "Look at him here in his pink shirt. He's smiling... doesn't he look good?" The making of the collage had been both exhilarating and inspirational for the men in the group. It heralds their creativity, individuality, and optimism. It continues to inspire their families and others who know of it by providing comfort and a message of hope.

Some time in May I learned that the grant that funded my social work position did not provide for the continuation of psychosocial care in the second year. I didn't believe it. Surely there was some mistake! It took me several days to move beyond the shock to realize that I had to terminate services with the 46 individuals whom I was seeing for psychosocial counseling. I also had to terminate with the group that made the collage and with the caregiver's group. More loss.

For all of us. It didn't make any sense. I couldn't change it. A few days after I learned that I was being laid off, I made the announcement in group that I would only be employed at the hospital another month. I anticipated their anger but not their tears. The emotional

response to the loss was sadness and anger. Some of their services were being eliminated. I guided them into a cognitive response to the event by asking them to evaluate the time that we had spent together, and to consider what they liked best about the group experience and what they had learned about themselves. The review of the work done allowed us to terminate well.

The night after my last day at the hospital, the group members and their partners were guests for dinner at Jorge's house. It was a delicious Mexican dinner. One of the members of my caregiver's group had written a letter to the County Commissioners, protesting the lack of funding for my position and stating how disruptive the termination of psychosocial services was for the PWAs and their families. Everyone signed it. It was a tribute to my work. But more importantly, they became organized, pro-active, and empowered by this letter. I told them how much my work with them had meant to me, and that I was committed to providing continuity of care and treatment for them. I held up a key and told them that I had rented space from another therapist and in one week would be providing group services again at a new location.

As a social worker, I am constantly amazed by the long-acting effects of some of my interventions. Two months later I learned that one of the former group members had been hospitalized. Jorge had traveled to California to see his family,

but returned quite ill and was readmitted to the hospital. When I went to see him on the unit, he was weak and disoriented, but he recognized me. I told him I was glad to see him and gave him a hug. He recited a Hail Mary in Spanish and trailed off with his eyes closed. His health deteriorated and he was transferred to the Intensive Care Unit. I called every day for a week, hearing the operator's crisp words, "His condition is listed as stable." When he was out of the woods and back on the AIDS unit, I went to see him again.

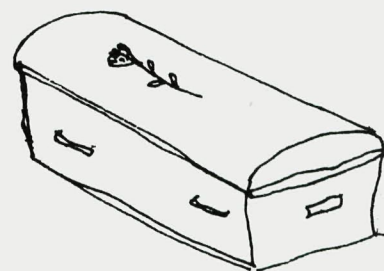
As I approached room 8141, I remembered having attended two deaths with other patients in that same room and wondered if Jorge would also die there. Although I had confirmed the patient's name on the door before entering, I was surprised at my difficulty in recognizing the young man sitting up in the bed looking at me. When I first met Jorge, his beard and hair were blond. He had lost his hair because of chemotherapy and had worn a bandanna all summer. Now his beard and hair had grown in dark brown. He wore rimless spectacles which I had never seen before and his face was slightly swollen. He looked thinner and considerably older than his 33 years. When I went around to the other side of the bed and looked down at the small, worn, stuffed koala bear, I knew this was Jorge. I lifted my eyes to his face, spoke his name softly and put my arms around him. He knew who I was, but asked where he was. We spoke about the changes he was going

through. When he told me that he was afraid, I recalled the work he had done on the collage. "Remember your angels, Jorge? Your three golden angels were together saying, "Why do they want to stay down there any way? It's so nice up here!" My intervention was able to assist him in recalling his own belief system and words of comfort from an earlier, healthier time. This dynamic illustrated how our own answers and truths can come from ourselves. He thanked me and I could feel the slight pressure of a squeeze from both his hands in mine.

I walked around the bed to straighten his pillows, saw a clay sculpture on the night stand, picked up the piece, and examined it. It was a left hand holding an infant, strapped in with a piece of adhesive tape. A gold chain with a crucifix was wrapped around it. "This must be the Baby Jesus. Tell me about it." After taking the gold cross and chain off, Jorge told me that it was a gift from one of his sisters. As he unfastened the tape, I thought how much it looked like swaddling clothes. He took the infant in his right hand, saying "This is Baby Jesus, and this is the left hand of God. My sister went to Italy and saw the Pope. She told the Pope that her brother was very sick and the Pope blessed me." As Jorge placed the infant back into the hand of God, he said, "This is me. I am the Christ child. And I am in the hand of God." I heard myself say, "Yes, Jorge, you are in the hand of God." We sat in silence for a time, just smiling at each other, our hands touching.

He was fully present and looked both radiant and peaceful. I was aware of a slight vibration in my body and breathed deeply to calm myself. I wondered if the vibrations were a form of spiritual energy. I certainly sensed that we were resonating. He thanked me for everything I had done for him and I thanked him for letting me know how fine he was. I told him I'd miss him. Then I leaned over, gave him a hug, kissed his forehead, and said good-bye. As I left the room, I knew I had experienced a profound and transcendent moment with a young man named Jorge. I had been witness to the renewal of his faith, and that in turn had strengthened and deepened my own. Jorge's mother arrived from California the next day and I learned from his sister that he had died in her arms. In order to cope effectively with the losses that life presents, it is helpful to remember earlier losses and build on those previous strengths. My mother, who was a clinical social worker, had explained to me as a young child that our emotions were like a pendulum, swinging equally to the left and to the right. One swing of the pendulum reflects sadness, despair, and losses in life, while the opposite reflects the capacity for excitement, laughter and joy. Just as the recipe for corn bread requires the ingredient of corn meal, the recipe for emotional well-being is dependent on the inclusion of humor in life. The "lite side" requires humor. I've learned that it is sometimes hard work to find the "lite side." Looking back at

the odyssey of the collage through the hospital, I know that it is simply a paper trail of external trappings, because once the "lite side" is fully integrated, it resides internally, becoming part of the human core. It cannot be removed. □



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