

Introduction to the Special Issue

Psychology and AIDS

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From its beginnings in 1981, psychologists have been involved in worldwide efforts to meet the many challenges of the AIDS health crisis. As researchers and practitioners, as consultants and policy advisors, as educators and evaluators, and as activists and concerned members of the community—we psychologists have responded in many ways.

We also have been affected in many ways. The professional work of many has taken new directions. As individuals, we have lost loved ones and colleagues; some of us struggle now with the challenges of living with AIDS or of being HIV antibody positive.

Exactly four years ago, the *American Psychologist* published six articles on AIDS in a "Psychology in the Public Forum" section edited by Walter F. Batchelor. These were among the first publications to describe the personal, professional, and scientific aspects of psychology's role in the epidemic. When those articles went to press, there were only 5,000 people diagnosed with AIDS. By the time this issue is available, there will be over 75,000 diagnosed cases in the United States alone. Estimates are that almost two million Americans are infected with the human immunodeficiency virus (HIV), and perhaps more than 10 times that number are infected worldwide. This is clearly a health crisis of major proportions.

Because helping people and organizations to cope with change is a principal ingredient of much psychological practice, psychologists have been heavily involved not only in AIDS treatment and prevention but also in interventions designed to reduce stigma, relieve stress and burnout, and alleviate the anxieties of the "worried well." We have also needed to apply these interventions to members of our own profession and to other scientists and health care workers—all of whom are in no way immune to the fears, anger, exhaustion, and other reactions the AIDS health crisis inspires.

Psychological research and practice regarding AIDS was slow to evolve at first, because of inattention or resistances on the part of some psychologists, limited funding, and the steady predominance in many arenas of the biomedical aspects of AIDS. Research approaches that demand understanding before intervention are seen as too slow by some observers. However, we have learned from other areas of research that untested interventions can have seriously damaging side effects, and thus some caution is called for. Overall, attention to the psychosocial

aspects of both AIDS and HIV infection has emerged more quickly than for any other major health issue.

Faster than we can catalog them, new issues emerge. How will institutions and individuals cope with the increasing problems of AIDS dementia complex? What backlash can we expect against intravenous (IV) drug abusers, as this population becomes more firmly established in the public mind as a major mechanism for spreading the virus? How can we possibly change, as fast as change is needed, attitudes about intimate aspects of living that have developed over hundreds or thousands of years? How will we pay for all the costs of caring for persons with AIDS in the 1990s?

We have attempted a broad perspective in approaching this special issue. We wanted coverage of the science, the practice, and the social issues that AIDS has brought into focus for psychology. Any attempt to cover *all* the issues is doomed to failure, however. The science changes too quickly, and the disease is spreading too rapidly, for any group of journal articles to ever claim currency and comprehensiveness.

The issue has been divided into six major sections, each with an introduction. We begin with articles that overview the roles of psychology in the AIDS health crisis as seen in our own profession, and from various levels of science, health care, and legislative and government action.

Then we present articles reviewing some of the primary issues AIDS commands us to examine: public health, antibody testing, AIDS and the communities of Black and Hispanic men, IV drug abuse, sexual behavior change, stigma, and psychoneuroimmunology.

Contributions of psychology as a science are next covered in a series of articles on scientific issues. These include setting forth a research agenda for psychology and exploring how we can contribute to the scientific study of sexual behavior, social-psychological factors in AIDS prevention, and the virology of AIDS.

Clinical and counseling issues are reflected in a series of articles about how psychological distress and neuro-

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psychological complications of AIDS affect psychotherapy and about how practitioners need to deal with the ethical and legal aspects of AIDS in their work.

Some special issues in education and prevention are covered next, including those related to minorities, children and adolescents with AIDS, and persons with hemophilia.

Finally, organizational issues are presented—how psychology as a profession and the American Psychological Association as an organization have responded and how psychology can help deal with AIDS in the workplace.

We hope that this special issue will serve as a resource for those interested in the psychological dimensions of AIDS and HIV infection in training, research, and practice settings. Several recent publications are included in a suggested reference list at the end of this introduction, for those desiring some initial access to the growing literature in this field. While several of these references are "early" publications having some outdated statistics and discussion, all are important for those interested in serious study in this field.

This special issue also is intended to motivate greater involvement of social and behavioral scientists in work related to AIDS, for there is still so much to be done. AIDS holds up a mirror, it is said, to all that does not work in our health care system—and psychology is included in that reflection. We identify many unmet challenges here, as well as some real progress that deserves attention and respect. Future articles and special issues of *American Psychologist* and many other publications will continue this effort.

This special issue is dedicated to our friends and colleagues who are fighting a personal war against AIDS. It also is dedicated to all those in psychology and in other fields who have refocused their professional and volunteer efforts to developing education, prevention, and service programs and to finding a cure.

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