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Joel Coburn

“It was nice to wake up from that one”: An exploratory qualitative content analysis of vivid dreams and nightmares reported by people living with HIV/AIDS as side effects of Efavirenz

ABSTRACT

This is an exploratory, qualitative content analysis of 50 vivid dream and nightmare narratives posted to an online forum by people living with HIV/AIDS and taking the anti-HIV drug Efavirenz. It examines thematic connections among the dreams with consideration of how these themes might be linked to and reflective of complex subjective experiences of living with HIV/AIDS. This thesis demonstrates that the phenomenon of vivid dreams and nightmares as purported side effects of Efavirenz is of substantial interest to people living with HIV/AIDS. Furthermore, it argues that vivid dreams and nightmares experienced by people living with HIV/AIDS and taking Efavirenz are not simply medication side effects, but are meaningful experiences that are potentially useful in clinical social work with this population.

**“IT WAS NICE TO WAKE UP FROM THAT ONE”: AN EXPLORATORY
QUALITATIVE CONTENT ANALYSIS OF VIVID DREAMS AND NIGHTMARES
REPORTED BY PEOPLE LIVING WITH HIV/AIDS AS SIDE EFFECTS OF
EFAVIRENZ**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2014

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CHAPTER I

Introduction

In recent clinical literature, the dreams of people living with HIV/AIDS are rarely explored as meaningful subjective experiences, but rather, are framed as undesirable side effects from medication that are dismissed, managed, and pathologized. Most recently, the conception of vivid dreams and nightmares as adverse side effects appears in discussions of the experiences of people living with HIV/AIDS who are treated with the antiretroviral drug Efavirenz, commonly known by its brand name Sustiva or as a component of the fixed-dose combination anti-HIV drug Atripla (e.g., Fumaz, et al., 2005; Kenedi & Goforth, 2011). This thesis aims to take a different approach, examining dreams of people living with HIV/AIDS and taking Efavirenz as contextual and meaningful experiences to be valued and explored. Inquiring about the particular contents of vivid dreams and nightmares reported by people living with HIV/AIDS as side effects of Efavirenz, I conducted a qualitative content analysis of 50 vivid dream and nightmare narratives posted on a publicly accessible online community forum. My findings invite a deeper conversation about dreams, understanding them as meaningful reflections of lived experiences and not simply medication side effects.

A central assumption guiding this study is that while Efavirenz may indeed influence the development of vivid dreams and nightmares by affecting dream activity, medication alone cannot produce dream content. However, due to conceptualizations of vivid dreams and

nightmares as sleep abnormalities or neuropsychiatric symptoms (often negatively denoted as “adverse events”) that are directly linked to medication, there is a lack of research about these vivid dreams and nightmares as complex experiences. Studies have not contextualized these vivid dreams and nightmares in light of other possible contributing factors or considered the ways in which people living with HIV/AIDS might be affected by and make meaning of their vivid dreams and nightmares. Not only is there limited information about the effects of Efavirenz on dreams, but there is also a deficit of inquiry about the impact of Efavirenz-affected dreams on the people who dream them. This study attempts to address this gap in the research and urges clinical social workers to include subjective dream experiences in their conceptualizations of clients.

Two primary missions of social work are to “enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” and attend to “the environmental forces that create, contribute to, and address problems in living” (National Association of Social Workers, 2008, para. 5). In the United States, people living with HIV/AIDS are vulnerable and oppressed, and often live in poverty due to widespread and deeply entrenched social stigmatization of HIV/AIDS as well as racism, misogyny, classism, heterosexism, cisgenderism, ableism, moralization against sex work and substance use, and other systemic forces of discrimination and disempowerment. Facing these kinds of oppressions on a daily basis usually causes and complicates other “problems in living” that often lead people to engage with clinical social work services, whether voluntarily or involuntarily. Clinical social workers, especially those who work with people living with HIV/AIDS and taking Efavirenz, should focus clinical attention on people’s full subjective experiences, which are informed by their waking lives and

often represented in their dreams. Attending to dream content, which is often minimized and underestimated in terms of its clinical relevance, can enrich and give voice to important narratives that may be otherwise silenced or overlooked. Clinicians can begin by asking questions about how people are affected by their vivid dreams and nightmares and how they make sense of and create meaning from them, both individually and in conversation with community members and other treatment providers.

This study demonstrates that it is useful and necessary to broach questions in clinical social work about relationships between living with HIV/AIDS and “being HIV-seropositive,” taking Efavirenz as part of treatment for HIV/AIDS, and having vivid dreams and nightmares. The study can be used to bridge social work research with findings in other relevant fields to fortify more comprehensive and interdisciplinary conceptualizations of an emergent issue that affects people living with HIV/AIDS. This could lead to improvements in clinical social work interventions designed to support people living with HIV/AIDS in all aspects of their lived experiences.

CHAPTER II

Literature Review

This literature review will focus on research germane to the following research question: What kind of content appears in vivid dreams and nightmares reported by people living with HIV/AIDS as side effects of Efavirenz? The first section will address medical research on the occurrence rates and possible etiologies of vivid dreams and nightmares as so-called side effects of Efavirenz as well as some medical research that challenges this notion. The second section will look at psychological literature that focuses on potential relationships between dreams and physical illnesses, particularly HIV/AIDS. The third section will synopsize the reviewed literature and speculate about both the possible literary contributions of and clinical implications for this study.

Vivid Dreams and Nightmares as Side Effects of Efavirenz

Efavirenz-containing regimens are recommended among both first-line (Gulick, Ribaud, Shikuma, et al., 2004) and second-line (Fumaz et al., 2002) treatments for HIV due to their demonstrated efficacy and convenience. In order to suppress viral loads and restore immune functioning for patients, most clinical researchers are united in an investment in keeping HIV-seropositive patients on these regimens. Accordingly, medical studies about Efavirenz have been conducted to determine whether treatment efficacy and adherence are affected by side effects generally, and if so, how to reduce or eliminate side effects. Empirical studies focused on the

relationships between Efavirenz and vivid dreams and nightmares are quantitative and tend to consider vivid dreams and nightmares as side effects within generalized symptom clusters such as sleep disturbances, neurological disturbances, and neuropsychiatric side effects or adverse events. A possible reason for the lack of specific attention to vivid dreams and nightmares might be that they are often considered relatively tolerable or transient side effects for an otherwise robust pharmacological treatment approach.

In a systematic review of 54 randomized and controlled trials, drug comparison studies, and case reports, Kenedi and Goforth (2011) determined that neuropsychiatric side effects were reported by 40-50% of patients taking Efavirenz (p. 1803). Abnormal or vivid dreams were considered one of the two most commonly reported neuropsychiatric side effects of Efavirenz, accounting for 20-50% of complaints, compared to 0% in patients taking protease inhibitors (p. 1804). Overall, neuropsychiatric side effects including abnormal and vivid dreams were characterized by quick onset (generally within the first two weeks of treatment) and often dissipated within 30 days (p. 1815).

To prevent or reduce severe or intolerable side effects, a stepped-dose treatment initiation and morning dosing strategies were recommended by some researchers (p. 1815). In further response to reports that Efavirenz was discontinued by 2-6% of patients due to persistent or severe neuropsychiatric side effects, it was suggested that clinicians should review patients' histories to identify and treat possible confounding conditions or experiences such as sleep disorders or somatization of emotional distress, and only discontinue Efavirenz if comorbidities were ruled out and disabling symptoms remained unmanageable (p. 1816).

Though Kenedi and Goforth's (2011) systematic review included data current only through December 2010, more recent studies seem consistent with their findings. For instance,

Scourfield and colleagues (2012) performed a retrospective case-based analysis of the individuals within their HIV patient cohort who had received Efavirenz as part of their first antiretroviral combination treatment. Data were collected on the evolution of adverse events in 63 patients who discontinued Atripla due to “central nervous system toxicity.” Nightmares or vivid dreams accounted for 44% of these complaints. A pioneering study (To, Lee, Lee, & Lee, 2012) looked at the associations between sleep disturbances and Efavirenz plasma levels, with focus on discovering possible genetic susceptibilities to the development of side effects. In their sample of mostly male Chinese participants, they found that 45% reported bizarre dreams and 35% reported nightmares. As in many studies involving multiple dream terms, there was not a qualified distinction made between the terms bizarre dreams and nightmares. Nevertheless, data suggested that nightmares in particular were specifically and significantly related to Efavirenz plasma levels; data further indicated that some patients might be more susceptible to neuropsychiatric side effects including nightmares because their genotypes were associated with higher Efavirenz plasma levels than other genotypes at the same dosage.

Though the previously reviewed studies seem to uphold the idea that Efavirenz itself causes vivid dreams and nightmares, some studies have pointed to other possible casual relationships between HIV/AIDS and changes in dreams, including other medications. For example, a recent empirical study (Cui, et al., 2012) investigating safety and tolerability of Varenicline Tartrate (Champix/Chantix) for smoking cessation in HIV-infected individuals found that abnormal dreams were the second most frequently reported adverse events (31%) among a sample of 36 mostly white male subjects. Notably, the researchers factored in the potential influence of Efavirenz on their findings and observed that the incidence rate of

abnormal dreams was 29% (5/17) in participants taking Efavirenz versus 32% (6/19) in those not taking Efavirenz.

It is worth mentioning that given Cui et al.'s (2012) relatively small sample size, dream changes, particularly in the form of nightmares, seemed to have had a significant impact on participants, regardless of whether they were taking Efavirenz. Of the 11 participants who reported abnormal dreams, two described them as severe or intolerable; two of the three people who reported nightmares described them similarly. The researchers further considered the role of Efavirenz in their discussion of why both the incidence rates of abnormal dreams and discontinuation rates were significantly high compared to similar studies of Varenicline Tartrate conducted with HIV-seronegative subjects. They explained that HIV-seropositive patients are likely more aware of abnormal dreams due to conversations about side effects of HIV medications including Efavirenz; therefore HIV-seropositive smokers as a whole might report more abnormal dreams than their HIV-seronegative counterparts. The researchers ultimately concluded that there was no association between self-reported abnormal dreams and the use of Efavirenz, indicating that Varenicline Tartrate was the cause of abnormal dreams in their study.

While all of the aforementioned studies provide statistical data substantiating the relationship between medication and dream activity, they fail to acknowledge and explore other possible influences such as the neuropsychiatric manifestations of HIV itself; concomitant side effects, e.g. bad dreams produced by poor sleep due to staying up at night dealing with gastrointestinal pain; and psychosocial and socioemotional aspects of HIV/AIDS including fear of pain and death, introjects of stigma and oppression, and interpersonal relationship changes and challenges. These factors could potentially cause or contribute to the occurrence and the

experience of having vivid dreams and nightmares for HIV-seropositive individuals. There are few studies related to this broader concern.

Though it was designed to assess central nervous system toxicity in HIV-seropositive patients, Rihs et al.'s (2006) study found that 19% of patients in a group treated with Efavirenz reported severe to extremely severe levels of stress and 19% also reported severe levels of anxiety, both of which could impact sleep quality and dream experience. Another study (Chen, Lee, Simoni, et al., 2013), technically unrelated to Efavirenz, explored the association of HIV-related stress and sleep disturbance experienced by women. This mixed qualitative and biomedical study demonstrated a connection between 19 Chinese women's HIV status and high levels of stress, which caused sleep problems. The researchers found that these women experienced varying amounts of sleeplessness and fatigue resulting from nightmares as well as daytime anxiety about disclosures of their HIV serostatus and fear of transmitting HIV to their partners and children.

Importantly, its qualitative approach allowed for self-definition and explanation to be used in the reporting of symptoms and, as such, is the only study referenced in this review section that offers some insight into not just what is happening in terms of HIV-seropositive individuals having vivid dreams and nightmares, but also opens space to discuss how they are being experienced by an individual in treatment and others in that person's life. For me, it begs the following questions: What are these vivid dreams and nightmares about? Why might something be vivid, nightmarish, or otherwise unusual, bad, or scary to one person or community and not to another? I would also be very curious to learn whether HIV-seronegative individuals have reported vivid dreams and nightmares after taking Efavirenz as part of expanded post-exposure prophylaxis regimens (Kuhar, et al., 2013).

Moreover, qualitative studies that allow for more descriptive data about vivid dreams and nightmares and aim to consider the roles of sociocultural, sociopolitical, and socioeconomic identities and experiences; histories of oppression and trauma; and the physiological and neurological effects of HIV itself are needed to advance dialogue and understanding of this phenomenon in the fields of both medicine and social work.

Relationships between Dreams and Physical Illness

In a comprehensive chapter entitled “Dreaming and Illness,” Kramer (2000) pointed out that dreams have long been considered to have an intimate and useful relationship to illness. For instance, he observed that ancient Greek scholars such as Hippocrates, Aristotle, and Galen believed that dreams could help people uncover hidden disease, be used to indicate early symptoms of disease, and indeed “elaborate actual pathogenic stimuli” (p. 74). Kramer also quoted Ernst von Feuchterlen who in 1847 stated that, “Dreaming, as the precursor and accompaniment of diseases, deserves continued investigation [because it is] the unconscious language of coenesthesias (sensations originating within our body)” (p. 75), suggesting that dreams could have the potential to predict and/or help explain illness.

Kramer (2000) summarized that since dreams have been seen as a point of intersection between the mind and the body, attempts have been made throughout history to explore dreaming and physical illness from both psychological and neurophysiological viewpoints. Kramer shared that although no consensus has been made about the psychological and physical functions of sleep, Freud’s basic view that the dream functioned to protect sleep, and thus survival of the human organism, has been supported by neuropsychological studies. Therefore, dreaming remains a phenomenon understood for its essentialness, but not yet its complexities.

Kramer (2000) also reported that changes in dreaming could result from alterations in sleep seemingly associated with illness experiences. For example, he cited studies that found that vivid dreams accompany the transition to sleep in narcolepsy, perhaps due to changes in the control of REM sleep, and increases in nightmares are associated with surgery, the development of illness, and initiation or discontinuation of certain medications (p. 112). Kramer also mentioned a number of studies related to dreams and specific physical illnesses including heart disease, neoplasms, gastrointestinal illness, respiratory disorders, immunological conditions, nervous system conditions, and sleep alterations (p. 100). However, he warned that the reports were questionable as they were almost all anecdotal, and dream data from groups were “unsystematically collected, inadequately quantified, or inappropriately controlled” (p. 100). Nonetheless, I was able to find a number of older studies whose results are at the very least thought provoking and newer studies that seem to have resolved some of the issues raised by Kramer.

Researchers have found that dreams reflect a person’s biological state, so much that illnesses are frequently named or symbolized in the dreams of medical patients (Smith, 1987). Both disease itself and its impacts on functioning seem to have been symbolized in dreams. Sabini and Maffly (1981) suggested that dream images tend to be representative of the physical attributes of particular illnesses while von Franz (1986) saw more metaphorical connections between imagery and illness, observing that people with terminal illnesses sometimes dreamt about clocks and other references to time.

More recent studies have used content analysis to explore dreams supposedly related to illness, particularly cancer. Prince and Hoffman’s (1991) study explored the dream content of eight individuals who had been admitted to a Palliative Care Unit of a Canadian health center.

Participants included six female and two male patients, seven with terminal cancer diagnoses and one with renal failure. A quantitative content analysis supported the continuity hypothesis of dreaming; this theory contends that waking life experiences including activities, thoughts, and emotions are carried over into dreams and that dreams are similarly incorporated into waking life (Hall & Nordby, 1972, Schredl & Hoffman, 2003). Dream content appeared to reflect participants' individual waking life experiences, interests, concerns, and circumstances that were reported during interviews. Noted themes were relevant to career, family, biological functioning, otherworldliness, and information seeking.

A more recent study (DeCicco, Lyons, Pannier, Wright, & Clarke, 2010) used quantitative content analysis to examine the dream content of female cancer patients with breast cancer and also utilized a form of dream interpretation designed for groups to investigate the meanings of their dreams. Their sample included 17 women with breast cancer and 17 women without breast cancer. These researchers' findings also substantiated the continuity hypothesis as all participants' dreams were specific to their waking lives. With regard to illness, the women with breast cancer had significantly more medical figures, torso imagery, pain, disease reference, and death imagery in their dreams, which they associated with their waking life concerns around their disease, medical events and figures, fear, and death.

There is some existing evidence that the dreams of people living with HIV/AIDS have been considered meaningful and possibly disease-specific by researchers since the advent of the HIV/AIDS epidemic, though studies are relatively difficult to find in psychology literature. For example, Calogeras and Alston (2000) refer to an unpublished paper by Alston (1989) who argued that the dreams of a patient living with AIDS showed a close coordination between the course of his physical condition and his dream life. Similarly, Siegel (1996) found that patients

living with AIDS reported dreaming about spreading wildfires as symbolic elements of the disease process. Muff (1996) spoke to the utility of such dreams, sharing that the dreams of patients living with AIDS have been used to promote their understanding of the dying process.

Relatedly, Bosnak (1989) published a blend of memoir and case study about his work with a gay man living with AIDS early into the AIDS epidemic. Though unempirical, the book is an extraordinary relic of sorts in that it contains 46 dreams that the patient recorded in a notebook from the start of his analysis in 1985 until his death more than a year later, and which he explored for meaning in weekly sessions with Bosnak. Bosnak's recollections of their therapeutic work together provided rich context for the dreams in the form of information about the patient's waking life experiences and Bosnak's observations of his psychic processes. These recollections included the patient's own insights about his dreams that reveal such themes as pollution, decay, desire, fear, shame, relationships, positive and negative aspects of medication (the patient was in an initial AZT trial), and death, which both Bosnak and his patient believed were highly representative of daily struggles of living with AIDS, especially at the height of the AIDS epidemic.

Published the same year in which the FDA approved Efavirenz, a doctoral dissertation (Kessler, 1998) used manifest dream reports of gay and bisexual men living with HIV in an attempt to understand their unconscious processes. Kessler hypothesized that the manifest dream content of HIV-seropositive gay and bisexual men, regardless of whether their HIV was symptomatic or asymptomatic, would reflect both direct and symbolic aspects of HIV more than those of HIV-seronegative gay and bisexual men. At the time of its writing, Kessler's study was the first empirical study to explore the unconscious processes of HIV-seropositive gay and bisexual men through their dreams with a large sample and control group. Kessler's sample

consisted of 33 HIV-seropositive men as the experimental group and 32 HIV-seronegative men as the control. Kessler excluded participants who had been diagnosed with AIDS, as Kessler believed that they might face different challenges than HIV-seropositive men who had not developed AIDS.

Using a quantitative content analysis, Kessler (1998) found that themes of morbidity and mortality were more prevalent in the dreams of HIV-seropositive men; these men's dreams were characterized by references to illness and injury, HIV and AIDS, death and dying, health care, contamination and pollution, and threatening or dangerous situations. They also experienced more elements of anxiety and loss of control in their dreams than the men in the HIV-seronegative group.

Another timely doctoral dissertation (Seirup, 1986), written just a few years into the epidemic, is exceptional for its exclusive use of HIV-seronegative participants in a study about the relationship between AIDS and dreams. Seirup (1986) investigated whether there were differences in the manifest and latent contents in the dreams of people whom he considered at risk for AIDS but were in denial of that risk, and people who were aware of their supposed risk for AIDS. He hypothesized that these differences would be indicative of an accelerated Jungian individuation process in those who were not in denial and an "unconscious compensation to conscious content" in those who were in denial (p. 1).

As his title "Dreams as the mirror-image of AIDS: A study of dream symbols in male homosexuals at risk for AIDS" implies, Seirup's understanding of risk for AIDS was predicated on identification as a sexually active gay male. Though certainly uninformed and arguably homophobic given current understandings of HIV/AIDS contraction and transmission, Seirup's assumption was consistent with the early assignation of AIDS as a singularly gay male related

disease. AIDS was initially referred to as GRID (gay-related immunodeficiency) in general press (Altman, 1982); homosexuality remained highly implicated even when some researchers renamed GRID “the 4H disease” in response to symptom reports among not only homosexuals, but also hemophiliacs, heterosexual intravenous drug users, and Haitian immigrants (Gallo, 2006). Though such taxonomies problematically conflated sexual identity and sexual behavior, the association between AIDS and homosexuality was unfortunately seen as logical by many people at the time of Seirup’s writing; just a year earlier in 1985, the Centers for Disease Control estimated that over 73% of people diagnosed with AIDS were gay or bisexual men (Lauritsen, 1985).

Seirup (1986) used a sample of eight gay males whom he divided into “denial” and “not in denial” groups based on whether or not they practiced “safe sex.” Their dreams were scored for manifest dream content using quantitative content analysis; two Jungian dream analysts assessed latent dream content. Quite significantly, Seirup found that dreams in both groups were marked by themes of stasis, avoidance, sexual preoccupation, focus on the outer world, introversion, and health awareness as well as images of the body, threatening characters, light, darkness, war, family, and objects of desire. Given that the participants were not living with AIDS, the content of their dreams speaks to the obvious impact of the social aspects of AIDS and its discourse on the dreams of people considered “at risk” for contracting HIV/developing AIDS, i.e. vulnerable and oppressed populations.

Overall, though there seems to be sufficient evidence that there are complex relationships between dreams and physical illnesses, studies specifically related to HIV/AIDS and dream content are especially limited and very outdated. Although HIV is now considered by many people to be a chronic disease akin to cancer, which has been studied more extensively in

relation to dreams, HIV's sociocultural and sociopolitical conceptualizations are very different from other chronic diseases, and therefore should be studied in contemporary contexts both with intention and in depth.

Summary

This literature review demonstrates that the experience of vivid dreams and nightmares as side effects of Efavirenz has been underexplored. Medical studies have investigated the possible biomedical and pharmacological causes of these side effects as well as the frequency of their reports. However, these studies have not yet addressed the vivid dreams and nightmares as discrete experiences and the content of these dreams is unknown.

A host of psychological studies have been conducted about possible connections between dreaming and illness, including investigations of specific diseases. HIV/AIDS has not been prominent among these studies, though, and the few that have been done are superannuated, especially in a time when Efavirenz and other drugs have redefined the nature of HIV as a chronic life changing, not always death-causing, disease. This study stands to enter a large gap in the literature and hopefully revive curiosity and concern about a unique phenomenon, consideration of which could provide valuable insight into the experiences and needs of people living with HIV/AIDS.

CHAPTER III

Methodology

This study employed an inductive qualitative content analysis of posts in the POZ/AIDS meds Community Forums on the HIV/AIDS resource website Poz.com. Inductive qualitative approaches are recommended when there is limited knowledge about a particular phenomenon and allow for the incorporation of the study population's own perspectives, perceptions, and language (Bent, 1999). There are various definitions of qualitative content analysis, which is generally considered a content-sensitive and flexible research method (Elo & Kyngäs, 2008).

For example, Patton (2002) describes qualitative content analysis as “a data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings” (p. 453). Hsieh & Shannon (2005) also suggest a systematic approach, but highlight the influence of subjectivity in their presentation of qualitative content analysis as “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (p. 1278).

This study's methodological approach was most closely informed by Bryman's (2004) conceptualization that points to the importance of acknowledging not just subjectivity, but also positionality when engaging in identification and meaning making processes. Positionality refers to a person's perspective, partiality, and power based on a particular intersection of personal and

social identifiers such as race, ethnicity, class, age, gender, sexuality, and ability status (Giampapa & Lamoureux, 2011). Bryman (2004) defines qualitative content analysis as:

An approach to documents that emphasizes the role of the investigator in the construction of the meaning of and in texts. There is an emphasis on allowing categories to emerge out of data and on recognizing the significance for understanding the meaning of the context in which an item being analyzed (and the categories derived from it) appeared (p. 542).

In this study, it is especially important for the reader to know that my interpretations were informed by my experiences as a 28 year old white, queer, transmasculine/male-legible, working class (with upward mobility), and HIV-seronegative social work graduate student. Furthermore, Bryman's (2004) attention to context and intentionality spurs a need to consider reasons for and implications for this study, which I will mention briefly and then discuss in greater detail in subsequent chapters.

The forum posts were written as public testimonies about shared experiences in the context of a community discussion. In this study, they have become research data about experiences of a study population in the context of social work discourse. Intentionality cannot be separated from impact. My appropriation of testimony and interpretation of it as information does many things, both intended and unintended. Where I hope my intention and impact align is here: Social work must be informed by the experiences of the individuals and communities whom it serves. At present, social work theory and research, which guides social work interventions, reflects an ignorance of a mental health-related phenomenon that has been studied in medical fields, and then, only quantitatively. Social work interventions for HIV/AIDS communities should respond not only to awareness that people are experiencing vivid dreams

and nightmares as side effects of Efavirenz, but also inquiry about the qualities of these experiences and how they might affect people's lives.

This study addressed the research question: What kind of content appears in vivid dreams and nightmares reported by people living with HIV/AIDS as purported side effects of Efavirenz?

Sample and Data Collection

I first looked for relevant forum posts using a set of search term combinations that I entered into the search bar on the main page of the HIV/AIDS forums. These initial searches yielded an overwhelming amount of linked threads, the results of which are represented in Appendix B.

I then used purposive sampling (Singleton & Straits, 2005) to filter the threads for posts that met the following criteria: 1) Posts were written confidentially (identified with a username) by Poz.com forum users; 2) Posts were written by forum users who have self-reported living with HIV or AIDS; 3) Posts were written by forum users who have self-reported taking Efavirenz as part of their treatment of HIV; 4) Posts were written by forum users who self-reported having vivid dreams or nightmares as a result of taking Efavirenz; 5) Posts were available on the website Poz.com public forums in the public domain, freely accessible without a username or password; and 6) Posts included narratives about individual dreams and nightmares (not synopses or summaries of multiple themes across many dreams) that were experienced by the forum users themselves.

Though this sampling method significantly reduced the immense number of relevant posts, it became evident that analyzing all posts that met the stated inclusion criteria was not appropriate for the scope of this study. In consultation with my research advisor, I decided that I would aim to find between 35 and 75 dream narratives in order to ensure richness of data and

maintain feasibility. I did not aim to reach theoretical saturation (Morse, 1995), as this study did not intend to necessarily develop a theory, but rather to continue asking questions about and inspire further dialogue about an unexplored phenomenon. I started coding and analyzing themes on February 1, 2014 and ended on April 1, 2014, at which point I had created a sample size of 50 posts from which collective themes emerged. There were many active threads in which some users posted multiple times (either about the same dream in different threads or different dreams in the same thread); in either case, I chose one of their posts at random so that each forum user had only one dream narrative included in the final sample.

Ethics and Safeguards

To ensure the overall ethical soundness of this study, I sought and received confirmation from the Smith College School for Social Work Human Subjects Review Committee that my research was in accordance with Federal Human Subjects Review Guidelines, and that formal review by the committee was not indicated. In response to the ethical concern that explicit consent was not gathered from forum members for the use of their posts, I relied on the general research acceptance that one offers implicit consent for anyone to think, talk, and write about information that they release into the public domain, especially when it exists as published material.

The moderators of the POZ/AIDSmeds Community Forums corroborate this notion. They issue this warning to all users:

Please realize that these forums are open to all, and are fully searchable via Google and other search engines. If you are HIV positive and disclose this in our forums, then it is almost the same thing as telling the whole world (or at least the World Wide Web). If this concerns you, then do not use a username or avatar

[sic] that are self-identifying in any way. We do not allow the deletion of anything you post in these forums, so think before you post (Poz.com, 2014, para. 2).

To further protect the identities and privacy of forum users, I have anonymized their usernames in subsequent chapters, as several usernames included references to users' actual names and other identifying information.

Data Analysis

My analysis was guided by Bryman's (2008) four stages of analysis. The first stage involved reading through all of the dream narratives in my sample both individually and as a whole to familiarize myself with the texts and obtain a sense of what the posts were about. During the second stage, I reread the texts and made notes in the margin of each dream narrative with my initial thoughts about things that were appearing and happening in the dreams and began to look for themes to describe the data. I continued to read the texts and highlighted themes as they emerged and linked these themes to my margin notes. Throughout the third stage, I systematically identified codes throughout the dream narratives and made an index of many codes, which I then reduced into groups of codes that shared similar characteristics. In the final stage, I interpretively assessed these groups of codes for interrelatedness until I created a set of themes that seemed to describe the qualities that were most prominent and salient in my sample of dream narratives.

Throughout my coding process, I also created a coding manual with category names, criteria for categorization, and examples (Weber, 1990) that I applied to individual posts and the sample as a whole. As Glaser & Strauss (1967) advise, in order to promote the trustworthiness of my study, I had five other social work researchers analyze sections of dream narratives to confirm my codes (2 white, heterosexual cisgender women; 1 biracial, queer cisgender woman; 1

Latina, queer cisgender woman; and 1 white, queer cisgender male); maintained an organized and complete record of my research; compared my interpretations with raw data; and engaged in ongoing consultations and debriefs with my research advisor and two other social work researchers.

CHAPTER IV

Findings

This study aimed to address the following research question: What kind of content appears in vivid dreams and nightmares reported by people living with HIV/AIDS as purported side effects of Efavirenz? Although there are research data about the incident rates and possible etiologies of vivid dreams and nightmares as side effects of Efavirenz, it is unclear what about their content might qualify them as more “vivid” or “nightmarish” than other dreams. However, dynamic conversations about these particular dreams and nightmares take place among members of HIV/AIDS communities. This study aimed to bridge community dialogues and social work research in an effort to help social workers and other mental health care providers better understand this emergent phenomenon. Such understanding may better enable providers to support people living with HIV/AIDS.

This chapter presents data collected from a qualitative content analysis of 50 dream and nightmare narratives posted to community forums on a publicly accessible HIV/AIDS resource website. Each dream or nightmare narrative belongs to an individual forum member. In the subsequent analysis, these 50 forum members will be anonymously referred to as Dreamer 1, Dreamer 2, Dreamer 3, and so on.

Demographic data about the forum members were not collected because they were not explicitly revealed in the analyzed posts, I did not register for membership on the forums (which

would have granted me access to view personal profiles containing identifying information), and I did not communicate with any of the forum members. Based on the nature of the forums and the website's terms of use, it can be assumed that each of the quoted forum members is living with HIV/AIDS, has taken or is taking an Efavirenz-based HAART regimen, is fluent in reading and writing English, and is at least 18 years old.

Four major themes emerged in my coding and analysis of the dream narratives: 1. Community and Membership, 2. The Body and Survival, 3. Change and "Blurred Lines," and 4. Misfortune and Danger. The full sample of 50 dream and nightmare narratives is included as Appendix A. Typographical errors in the dream narratives appear as they were published in the forums.

Theme 1: Community and Membership

Almost all of the dream narratives contain a character or characters other than the dreamer themselves. These characters include people, animals, insects, and unspecified figures that appear both as individuals and in groups. They also vary in terms of disposition, degree of familiarity to the dreamer and/or other characters in the dream, and state of existence (living or dead). People are the most frequently appearing characters and include friends, peers, family members, professionals, celebrities, and strangers, though all characters' presences imply communities to which the dreamer and other characters belong or encounter.

Unfamiliar people.

Overall, the majority of people who appear in the dreams are unfamiliar to the dreamer. Unfamiliar characters are referred to fairly generically, e.g. "someone" (Dreamer 20) and "a woman" (Dreamer 38), though a few have somewhat specific qualifiers, e.g. "those who hurt her and others people" (Dreamer 12) and "one of the clerks" (Dreamer 24). Unfamiliar characters are

frequently associated with an undesirable situation or act, particularly invasion. For instance, Dreamer 6 dreams that “this one guy” transgresses their physical and sexual boundaries by continuously touching them on the thigh although the dreamer does not want him to. In Dreamer 23’s dream, “a bunch of elementary school kids” breach the dreamer’s personal boundaries by peering and shining flashlights into their window at night while they are in bed, which disturbs the dreamer and eventually makes them feel powerless.

Dreamer 17 dreams of “a masked man on horseback riding into [their] room through [their] window.” This dream illustrates not just invasion, but also the link between foreignness, i.e. something outside of a community, and badness that is suggested in a few of the dreams. Other examples of the vilification of foreignness are more explicit. For instance, in Dreamer 9’s dream in which “... ‘they’ were rounding up most of the citizens of St. Cloud MN to gas and execute them.” The dreamer’s narration of these anonymous yet threatening outsiders as “they” while naming the exact city in which the citizens live distinctly contrasts victimizers from victims.

The pervasive influences of racism and xenophobia —oppressive forces that ultimately act to divide communities—seem remarkably present in three dreams in which characters’ ethnicities are mentioned. These characters are associated with abnormal or wrongful behavior: “Some Aussie dude” wants the fur of a pet cat and tries to kill the dreamer (Dreamer 4); “this tough looking Mexican guy in a tee-shirt and tighty whities underwear” jumps on a bed in the dreamer’s brother’s “old room” (Dreamer 6); and “the oriental guy” throws “the head” that hits the dreamer “straight in the chest.” Dreamer 30 recalls:

Last night’s dream (the one I remember) had me going to London on business.

David went with me, and they gave us a room with two single beds. We had to

explain to the lady at the front desk that we were a couple and wanted one big bed. She didn't speak English very well (strange) and had a hard time understanding.

The lady at the front desk's assumption that two men would not share a bed as well as the dreamer's apparent opinion that she should be more fluent in English show how both heterosexism and xenophobia disconnect and marginalize people within communities, often insidiously.

Likewise, people who are not just unfamiliar, but whose gender is ambiguous are often seen as deceptive, defective, and aggressive. Dreamer 29 states:

I made it to this house and proceeded to get into a fight with someone who I thought was a man. After throwing my first punch, he ripped off his shirt and it became obvious that this was a woman. Strange thing was she had no arms and had these plastic prosthetics. She tore my ass to hell.

In this dream, as soon as a character is revealed to be something other than a man, the character becomes someone who is missing organic, human body parts and uses other[ed] parts to destroy the dreamer, which suggests devaluation of women and gender variant people and thus evokes sexism and transphobia toward certain community members.

Differences not just in social identities, but also in agency and power assigned to unfamiliar people's social roles are also explored in the dreams. This is most evident in the appearances of police, prison staff, and judges. For instance, Dreamer 18's dream about State Police opening a substation in their bathroom offers a clear example of power differentials among community members, which is encapsulated in the dreamer's defeatist response: "But what could i do." The dehumanizing impact of disempowerment in a community is poignantly

conveyed in Dreamer 25's dream in which a sick prisoner feels invisible and gets "grief" from and is increasingly ignored by prison staff and other ostensibly healthy prisoners as their sickness gets worse.

Familiar people.

For the most part, familiar community members are positively depicted as intimately involved in and beneficial to the dreamer's life. For example, Dreamer 3 dreams of a party where they make food and laugh with "all [their] friends – from all the years of [their] life." A brother is heroized when he "beat[s] up" someone who threatens the dreamer (Dreamer 6). Other familiar people engage in valuable or favorable activities that help the dreamer and other members of their community, e.g. the "ID doctor" who "see[s] his patients" (Dreamer 6) and "the besties" who go shopping with the dreamer (Dreamer 24).

Nevertheless, there are some familiar characters that are clearly associated with unpleasant circumstances for the dreamer. For instance, Dreamer 43 dreams that they build a beautiful house, but their brother ends up living in it instead of them. They become so "jealous and angry" that they have to ride their bike to the beach to relax.

Of the relatively few dead characters that appear throughout the dreams, most are very familiar to the dreamer, i.e. a father, a grandmother, and a former neighbor (Dreamer 2; Dreamer 20; Dreamer 25). Nonetheless, even the unfamiliar dead characters have a particular relevance to or identification with the dreamer. This identification is graphically exemplified by Dreamer 46:

Laying down in a white room with a friend who was talking and watching a dead man hanging from a noose with his open eyes watching me. I said he's not dead and my friend said oh yes he is. To which one eye blinked at me and I woke in a sweat.

Dreamer 46 and the “dead man” seem to share some mysterious attunement and mutual recognition that allows the dreamer to connect with and rouse the “dead man” while the friend cannot.

Famous figures.

There are a number of references to celebrities and famous media characters that include musicians, political figures, and movie characters. Musicians are the most prevalently appearing of these public figures and interactions with them seem to influence the dreamer’s emotions. For example, an interaction with Cher causes Dreamer 16 to experience severe anxiety about carrying the singular burden of disclosing a widely held criticism of her body:

She had come to visit me to show me her rocking body she had just whipped into shape to go on tour. The problem was she had big fat kankles that everyone seemed to be ignoring but me. I was worrying myself to death about how I was going to tell poor Cher she had enormous fat ankles.

Conversely, in Dreamer 34’s dream, anxiety is evidently mitigated by a message delivered by Freddie Mercury who “[comes] to” the dreamer to tell them that “everything” will “be alright.” This particular musician’s appearance in the role of a comforter, and perhaps even mentor, seems especially significant. In 1991, Freddie Mercury was the first major rock star to die of AIDS, and in fact, died just one day after publicly announcing that he had developed AIDS four years earlier (BBC, 1991).

Political figures that appear in pairs also seem to have significant influence on the dreamer. In one dream, the dreamer is denied access to things that seem to be considered extravagant and outside of their budget by two famous feminists:

I was in the Men's Store of Macy's on Union Square (I go there frequently), Gloria Steinem and Alice B. Toklas were working the cash register on the 5th floor and Ms. Steinem said, "Michael, you can't afford Art or Clothes" she then cut up my Macy's card (Dreamer 27).

Interestingly, there appears to be a deeper sense of rejection in the destruction of the dreamer's Macy's card. It's not just that they can't have art or clothes inside the Macy's store; the Macy's card seems to function like a key, and without it, the dreamer loses entry to the Macy's store itself as well as their personal routine of visiting it frequently. Furthermore, if an assumption is made that the dreamer is male-identified or male-legible because they are referred to with a traditionally masculine name, then the politicized genders of Gloria Steinem and Alice B. Toklas and the specification of the Men's Store of Macy's seem especially consequential. The dreamer stands to lose both a sense of their identity as someone who either belongs or is allowed in the Men's Store and the resources that are afforded to that privileged identity. Meanwhile, two women stand to gain them.

Dreamer 11's dream is particularly striking in its references to and depictions of two incontrovertibly consequential figures in HIV/AIDS history, Ronald and Nancy Reagan. The dream begins with the dreamer being placed in a position of both responsibility for and subservience to the Reagans: "I was in charge of caring for Ron and Nancy Reagan. They were in this huge mansion and I was to serve them dinner." Ronald Reagan's later years in which he suffered from Alzheimer's and was taken care of by his wife are then alluded to in the assignation of Nancy in a role of care coordinator and Ronald in a role of patient: "Nancy was very bossy and just a total bitch (true in real life I imagine). She demanded that I had feed Ron who was in a wheelchair looking out a window with his back to me."

Startlingly, the dream plot reaches its climax, as Ronald Reagan essentially becomes the face of AIDS: he turns toward the dreamer and reveals a face “full of KS sores” and has “death in his eyes.” This is certainly an ironic and arguably retaliatory portrayal of Ronald Reagan, whom many have blamed for the deaths of tens of thousands of people due to his failure to appropriately acknowledge and address the HIV/AIDS epidemic during his presidency. It also alludes to a doctored and highly politicized photograph of Ronald Reagan with many lesions on his face that was published by the Italian clothing company Benetton in its magazine *Colors* (Benetton, 2014). Ultimately, the last scene in Dreamer 11’s dream suggests the survival of the dreamer and their community and the impotence of those who once made an escape from the horror of HIV/AIDS seem impossible:

As horrible as he looked, I remember smiling as I took his food and begin feeding him. This dream seemed to last for hours until Nancy came up behind me and asked me if I enjoyed feeding her decrepit husband. To which I answered “It has been an honor and a pleasure to see Mr President” before I picked up the tray and laughed all the way back to their kitchen.

The dreamer’s smile in response to Reagan’s “horrible” look makes the dreamer seem amused, relieved, and perhaps even smug as he is truly taking care of Reagan, not serving him. Nancy Reagan appears embittered; this may recall the opinion that she had been unsuccessful in convincing her husband to respond more quickly to the epidemic, especially after she lost her friend, actor Rock Hudson, to AIDS-related complications in 1985 (Berger, 1985).

Non-human beings.

Notably, with the exception of pets, non-human or nonspecific beings are consistently characterized as abnormal, malevolent, and oppressive. The less human a figure is, the more

menacing it seems. For instance, an “open mouthed guttural hissing” alligator blocks the dreamer’s only escape (Dreamer 46); “crazy bugs flying around all bloody” pursue the dreamer while they are “trying to relax” (Dreamer 10); and “a dead entity” routinely rises “from the grave” to go on a “violent, torturous killing spree” (Dreamer 1).

Furthermore, even pets are associated with some undesirable circumstance, trait, or behavior. Examples include a cocker spaniel that runs around the house uncontrollably with its poop spraying from a colostomy bag (Dreamer 8) and “a pet flying mini hippo” whose overall goodness is compromised by getting caught “swimming in the fishtank” causing the dreamer to get “really mad at it” (Dreamer 24).

Membership.

Membership within community is a particularly relevant subtheme. There are numerous references to images of and scenes among community members that connote congregation, joining, belonging, shared characteristics, inclusion and exclusion, and accompaniment. For example, Dreamer 28 gives birth to twins who lie “next to each other” and sing a “2 part harmony.” The “family and friends” who surround the dreamer on their deathbed while “crying and consoling each other” exemplify people united in a shared experience and also literally place the dreamer at the center of this experience and the community that it impacts (Dreamer 33).

Many dreams depict membership in a particular community as something that is unwanted and nonconsensual. Forced categorization and removal of a community is highlighted in Dreamer 50’s dream in which “a lot of people” are “told to pack” and each person is “given a number” before they are all “rounded up in a train station.” Similarly, Dreamer 6 is “caught” by people who are “similar to the people that were on the TV show LOST.” In Dreamer 6’s dream, association with these people is ominous and the dreamer wants to escape from their company:

“They made me go down these steps that led to the ocean and get in. They also got in. I was trying to fall behind a little so I could swim back towards the stairs and get out.”

There is an even more powerful and disturbing implication of deceptive and nonconsensual initiation into a group in Dreamer 37’s dream:

I had a dream that I was being tickled by lots of men. I asked them to stop. They laughed at me, and told me not to worry, that there wasn’t really that much blood. When I looked down, I saw that the men weren’t tickling me at all. The men were cutting chevrons into my skin.

Dreamer 37 is essentially tricked into accepting bodily marks suggestive of uniform and rank in a hierarchical organization, which as they will likely scar, are permanent. The dream narrative concludes: “I watched my skin and fat separate from the cuts into my flesh before I became horrified and woke up,” which can be interpreted as a depiction of the deep, rippling, and destructive effects of this membership.

Theme 2: The Body and Survival

Many dreams focus on the body and the way it functions in and is impacted by the world. Consequently, there are frequent allusions to body parts, physical appearance, health, and medicine. There are also numerous narrations of physical sensations and activities that are meant to meet the body’s basic needs and ensure its survival.

Body parts.

Throughout the dream narratives, body parts appear unusual, damaged, or entirely dismembered from the rest of the body. Though not necessarily flawed, the stomach in Dreamer 28’s dream is weird and unnatural with its “medical device door.” Other examples are indeed more evocative of deformity: A face is outright diseased with Kaposi’s sarcoma (Dreamer 11),

the thumb has been bitten off of a rotten hand (Dreamer 2), arms are missing and replaced with prosthetics (Dreamer 29), and a decapitated head gets pelted at someone's chest (Dreamer 29). In a comparable way, it is implied that something inside the dreamer's body is dirty and harmful when they take a bite of food in someone's house but "[don't] want to get [their] spit on the fork" (Dreamer 6).

Suffering and illness.

There is also a prevailing sense of suffering and inefficiency of the body. The body clearly suffers when it comes under attack by an outside force. For example, people are hit "closed fist in the face" (Dreamer 20), have their "ass" beaten (Dreamer 29), and are shot with a bullet (Dreamer 42). They also suffer both physically and emotionally from illness. Isolation and loneliness experienced in illness are plaintively conveyed in Dreamer 33's dream: "Had this horrible horrible dream that I was on my death bed surrounded by family and friends, and all the while none of them knew the truth as to why I was so sick and dying..But I knew why.. ..."

Illness and infirmity are also implied through the appearance of wheelchairs, catheters, breathing masks, and medications. Atripla is specifically mentioned in a dream in which the dreamer needs to arrive to a certain location by a certain time in order to take their daily dose (Dreamer 5). This is certainly evocative of dependency and urgency associated with needing to maintain adherence to HIV medications.

Sensations.

There are several references to the body's senses throughout the dreams, both in terms of perception of external stimuli and having a visceral reaction to something. The majority of these feelings are unpleasant. For example, a dreamer thinks that they have been shot because they are "in pain the entire dream" (Dreamer 15). One dreamer smells gunpowder and hears glass

breaking (Dreamer 20) while another feels themselves “sinking” in the middle of the ocean (Dreamer 31). Multiple intense sensations including paralysis are illustrated in Dreamer 23’s dream:

... in my dream I could feel the intensity of them staring in and see the beams of the lights.... I decided to try to jump up from the bed and scare them away..... but when I tried to jump up, I was stuck down onto the bed and couldn’t move ... this scared me awake.

This dream demonstrates not just the physical sensation of not being able to move, but also a more visceral sense of panic and fear inherent in being paralyzed and unable to protect oneself.

Survival.

Eating may be the process most integral to survival since all other life processes depend on the body having enough energy to perform them. Access to food is implied when characters make, order, and serve food. Dependency not just on food, but on its availability, is especially emphasized in Dreamer 42’s dream in which the dreamer’s friend makes food and the dreamer is “worried there [isn’t] enough.” Other dreams similarly convey a sense of other people influencing someone else’s access to food. For example, one dreamer finds a dish of food in a communal space, though only takes “a bite” because they don’t want to get their spit on the fork, suggesting that others would not be able to eat it then (Dreamer 6).

Curiously, dreamers seem to be in movement when the safety of their environments is compromised, and they must then remobilize to get back to a safe environment. For example, while walking from “somewhere in southern California” to “a Realm in San Diego,” the dreamer in Dreamer 6’s dream notices “a severe storm coming extremely fast” and then must move to a “parking lot” to “find shelter.” Similarly, the dreamer in Dreamer 9’s dream is “walking back”

to their car when they “[end] up walking” into a pit in which they become trapped before finding a way to “get out” to “ground level.” These dreams highlight how dreamers feel that they have to be constantly careful and vigilant as threats to survival can be sudden and ubiquitous.

Theme 3: Change/ “Blurred Lines”

There are numerous depictions of change and ambiguity throughout the dream narratives. Appearances, characteristics, functions, times, and locations seem altered or metamorphic to various degrees. Similarly, characters behave and events occur in atypical, creative, and pioneering ways, revealing what one dreamer suggests are the “blurred lines” between the possible and impossible.

As previously discussed in Theme 1, transformation is manifest as characters switch from dead to living and vice versa. However, living characters also assume new identities from moment to moment and behave in incongruous ways. Two explicit transformations occur in Dreamer 36’s dream:

I dreamed I was at the dentist office and the hot dentist was sedating me for a root canal and he started morphing into a male stripper, it was like out of body while out of body! And I dreamed I was looking for my car, forgetting where I parked it, only to look into a mirror to learn that I had turned into a car myself!

These transformations of identities also yield transformations in experience to the obvious benefit of the dreamer. As the dentist “morphs” into the male stripper, the circumstances for the dreamer improve substantially. Being sedated and having a root canal are associated with physical insensateness, vulnerability, and pain; conversely, watching a stripper has connotations of physical stimulation, power, and pleasure. In the same way, the frustration anticipated by

looking for and possibly losing the car is totally ameliorated when the dreamer becomes exactly the thing for which they are searching.

Incongruousness between what is expected of a character and what they actually do is evident in Dreamer 6's dream. A "tough looking Mexican guy" does not seem tough at all and in fact appears childish and innocuous as he jumps on a bed wearing "a tee-shirt and tighty whities underwear." Dreamer 28 seems to symbolize not just unexpectedness but implausibility in a number of ways. Presumably cisgender and male-bodied, they dream that they are pregnant with twins whose actual birth is even unlikelier than the dreamer's pregnancy. First, labor is not signaled by contractions or the release of amniotic fluid, but by "a loud ding sound." Then the twins "climb out" on their own from "a medical device door" on the dreamer's stomach rather than being delivered vaginally or via Caesarian section by someone else. The twins seem to acknowledge the miraculousness of their genesis and instead of crying as most new babies do, they sing a rendition of a popular Robin Thicke song: "Blurred Lines. See Daddy, you showed the Blurred Lines. You gave birth to us. Blurred Lines." Interestingly, no one else seems shocked by this occurrence as the doctor and delivery room staff merely applaud and compliment the babies as "talented." Even the dreamer minimizes the twins' innovative performance with sarcastic criticism: "That was good but we have to work on the downbeat."

Theme 4: Misfortune and Danger

Both perceived and actual threats to convenience, comfort, control, and safety prevail throughout the dream narratives. There are a couple of instances in which a dreamer witnesses or actually causes some type of misfortune for another character. However, it is generally the dreamer who experiences annoyance, adversity, and harm.

Relatively minor inconveniences include interferences with a dreamer's locomotion. Some dreamers offer very straightforward examples of compromised travel: "I dreamed that my car rear left tire was flat for some odd reason..." (Dreamer 47) and "I was on this highway and trying to climb over this giant rock in the road with like ropes and stuff" (Dreamer 17). The circumstances of other dreamers' detainments are more detailed and involve disruptions in the completion of specific tasks. For example, while on their way to find their car after work, Dreamer 9 "ends up" walking into and becoming trapped in a mining pit and must play a sort of guessing game to find a door through which they can escape. Their inconvenience is temporary, however, as their perseverance is ultimately successful: "Finally found a door to get out, and lo and behold, was on ground level again in the sun light."

Dreamer 6 faces even more successive and quite complex obstacles in their efforts to traverse a distance and perform a particular task:

I was somewhere in southern California and Gandalf (from Lord of the Rings) gave me this special book that I had to take to a Realm in San Diego. I had to walk though. I didn't know which way to go. I spotted the ocean and knew that I would be able to travel north. I noticed a severe storm coming extremely fast and I needed to find shelter, because a Tsunami could come. I found this parking lot with a couple of RV buses. I was looking in the windows and looking in a compartment to see if I could hide there but it was way too small. I opened the door or the window and there were two people in there. They had brown, pointy teeth and were like rabid animals. I wanted shelter but they were dangerous. Then the door was closed and it's like they put in dentures or something because they

suddenly had nice shiny white teeth. They were trying to coax me into the RV by acting like they were nibbling on dog or cat treats (mini pig ears) ...

Moreover, Dreamer 6 epitomizes struggle as a continuous action; every time they seem to find a way to progress on their journey, something derails and indeed endangers them, yet they continue looking for options. Like Dreamer 19's dream of being "in an earthquake" and riding "a six story building down as it collapse[s]", Dreamer 6's dream shows the influence of accidental hindrances caused by nature. However, it also shows the effects of intentional menace by an outside source.

Other dreams further demonstrate how someone's abilities, efforts, and resources are intentionally jeopardized through deliberate acts of trespass and trickery: "I retreated back to my bike and unbeknownst to me someone stole the front tire and replaced it with a square piece of wood..." (Dreamer 29) and, "I dreamt that some switched out my kitchen appliances for old crummy ones, and I was really pissed about it! (Dreamer 32)" Similarly, intentions of causing unease, loss, and harm for a dreamer are certainly apparent in scenarios in which dreamers are spied on, pursued, stolen from, and outright assaulted by other people, creatures, and even objects. These acts vary considerably in terms of the degree to which and the number of times the dreamer is targeted as well as the level of awareness of the assailants' identities and intentions. Most assailants' identities are either vaguely known or unknown and they commit acts that frequently involve the threat of bodily harm, especially death, to the dreamer.

In a vivid example, Dreamer 1 dreams that a "dead entity" is about to rise from the grave and go on its annual "violent, torturous killing spree"; a magician then informs the dreamer that they are "one of the first that the entity would be coming after" and therefore tries to help them "avoid the entity." It is clear that Dreamer 1 is specifically targeted by a very dangerous and

presumably ongoing (at least yearly) threat, although it is unclear who this “dead entity” is or was and why it wants to kill the dreamer. In the end, both the dreamer’s fate and the entity’s identity are left uncertain:

[The magician] handed me a scroll of life and a scroll of death. Each had to be accompanied by the proper symbol, and the correct spelling of the entity’s name. What woke me from the dream was I was stuttering with the entity’s name, and I couldn’t change how I was spelling it...

The magician seems to show the dreamer that life and death cannot be separated and not even a magic trick can help the dreamer escape certain death by identifying and qualifying its cause.

A distinct threat to the dreamer’s life is similarly portrayed by Dreamer 42, though the aggressor’s identity and intentions are either unmentioned or altogether even more unknown: “I had a dream where I was shot, and yes the bullet hit.” In another dream, an unknown group is attempting to kill “most of the citizens of St. Cloud MN” (Dreamer 9). Remarkably, Dreamer 9 seems to believe that their involvement in this tragedy is somehow inevitable, and not just a matter of being in the wrong place at the wrong time: “Of course I somehow got mixed up in the horror, and was running and hiding for my life.” Their sense of obvious or expected involvement, if not targeting, in the killing is especially curious because the dreamer notes that they don’t “even live anywhere near” St. Cloud MN.

Another dream specifies an unusual attacker and like Dreamer 9’s dream, it involves an unfortunate sort of mix up: “I dreamt that a coke machine was hitting on me because it thought I was a girl. When it discovered otherwise, it freaked out and exploded green slime on me” (Dreamer 44). This dream stands out as it demonstrates a change in an attacker’s intentions from one that might have fortunate outcomes to one that is definitely unfortunate; nevertheless, as in

many other dreams, it still places some sort of blame on the dreamer—in this case, as their “real” self—as an object or a deserver of misfortune.

CHAPTER V

Discussion

This study employed a qualitative content analysis to explore the content of vivid dreams and nightmares reported by people living with HIV/AIDS as purported side effects of Efavirenz. In this chapter, I will contextualize my findings within medical, psychology, and social work literatures, with emphasis on how the findings both corroborate and complicate previous research relevant to relationships among HIV/AIDS, Efavirenz, and vivid dreams and nightmares. I will then comment on the significance of this study and its particular implications for clinical social work practice. Finally, I will discuss limitations inherent in the scope of this study and offer recommendations for future research.

My findings suggest that among the 50 dreams in this study's sample, there were common tropes of community and membership, the body and survival, change/ "blurred lines," and misfortune and danger. These findings fortify the observed medical phenomenon that HIV-seropositive people who take Efavirenz commonly report vivid dreams and nightmares (Kenedi & Goforth, 2011). Moreover, they broadly demonstrate that dream content is meaningfully influenced by living with and receiving pharmacological treatment for HIV/AIDS. With regard to current psychology and social work understandings that living with illness affects dream content thematically, my findings are comparable to studies of dreams of people in palliative care (Prince & Hoffman, 1991); women living with breast cancer (DeCicco, et al., 2010); a gay

man living with AIDS (Bosnak, 1989); and HIV-seropositive gay and bisexual men (Kessler, 1998).

In the case of palliative care, Prince and Hoffman (1991) found that patients' dream content was marked by themes of family, biological functioning, and otherworldliness. DeCicco et al. (2010) noted that medical figures, torso imagery, pain, disease reference, and death imagery were apparent in dreams of women with breast cancer. With attention to dreams affected by living with HIV/AIDS specifically, Bosnak (1989) concluded that themes of pollution, decay, desire, fear, shame, relationships, positive and negative aspects of medication, and death characterized the dreams of his gay male patient living with AIDS; similarly, Kessler (1998) saw illness and injury, death and dying, health care, and threatening or dangerous situations symbolized in dreams of gay and bisexual men living with HIV.

Additionally, this study's findings echo those of research done early in the HIV/AIDS epidemic (Seirup, 1986) on the dreams of gay men who were not living with HIV, but were thought to be at risk for contracting HIV and developing AIDS, and were thus affected by HIV/AIDS by their association with it. These men's dreams were characterized by seemingly HIV/AIDS-related themes such as health awareness, images of the body, threatening characters, war, family, and objects of desire. The thematic parallels between the dreams in this study, Seirup's study, and the aforementioned HIV/AIDS related studies suggest that HIV does not necessarily have to be present in someone's body to be present in their dreams.

Social constructs of HIV/AIDS can influence the self and psyche as much as the body. In fact, this seems inevitable through the lens of person-in-environment, a core social work concept that views individuals in relation to their physical and social environments (Barker, 2003). As Ullman (1996) argued,

Dreams have a range that takes into account the fact that the individual is a point of concentration in a complicated array of social forces, many of which operate outside of awareness. Just as personal referents in the dream reflect issues unique to the dreamer, social referents reflect issues that remain unsolved in a given society. Racism, sexism, ageism, and other isms are still with us. Swept under the rug, they find their way into our dreams (para. 19).

Ullman's reference to the impacts of dominant social discourses, "isms," and oppressions—some of which are swept under the rug and most of which are constantly out in the open—reinforces convictions that I argue are at the crux of this study's findings: HIV/AIDS and HIV medications affect more than the organic body. Vivid dreams and nightmares are not simply a physiological effect of Efavirenz.

The ways meanings are made around HIV seroconversion, treatment, and prognosis (by both oneself and others) matter. Such meanings—in tandem with various individual identities and histories—create and affect the ways that people living with HIV/AIDS and taking Efavirenz see and are seen in the world. These perspectives seem to be reflected in the dream content considered in this study.

Specific dream content seemed to explore ways in which the dreamers felt both threatened and supported in various communities and types of relationships, with particular attention to levels of intimacy, interpersonal dynamics, shared experiences, and power differentials. The disproportionate number of characters that commit acts of surveillance, invasion, manipulation, and violence against the dreamers are strongly evocative of forces of marginalization and oppression faced by people living with HIV/AIDS. It underlines the needs that people living with HIV/AIDS have for comrades and allies who can appreciate, connect

with, and empower them, especially as they are exploited, abused, and traumatized by those that seek to overpower, control, and ultimately get rid of them. This point has also been made repeatedly in HIV/AIDS community practice literatures (Alonzo & Reynolds, 1995; Duffy, 2005; Earnshaw, Lang, Lippitt, Jin, & Chaudoir, 2014; International Federation of Social Workers, 2012; Parker & Aggleton, 2003).

My findings also reveal a tension between personal experience and public and political lives, another theme frequently referenced in HIV/AIDS literatures (Beckmann & Bujra, 2010; Gould, 2009; Plummer, 2003; Watney, 1987). As articulated by Jacoby (1975): “The social does not ‘influence’ the private; it dwells within it” (p. 104). Dream references to famous HIV/AIDS icons highlight the ways in which celebrity and authority can have both beneficial and detrimental impacts on individuals and communities of people living with HIV/AIDS.

Dream content also depicted bodies as abnormal, sick, dependent, and constantly at risk, while also active, desirous, resourceful, and ultimately transformable and capable of extraordinary feats. This content seems to recall a common narrative about HIV-seropositive bodies. HIV treatment can effectively maintain high counts of CD4 cells (white blood cells that fight infection) and suppress HIV viral loads so that they are “undetectable,” i.e. so low that they cannot be reliably detected by HIV tests. However, even when HIV is asymptomatic and the risks of contracting opportunistic infections and transmitting HIV to another person are minimal, the HIV-seropositive body is never fully protected, self-sufficient, or harmless. Because HIV is a chronic and communicable disease, the HIV-seropositive body’s survival and other people’s safety and wellness are contingent upon constant vigilance, carefulness, and adherence. The influence of this narrative is evident in how people living with HIV/AIDS sense the world and their locations within it. Moreover, my findings that this narrative is also evident in dream

content of people living with HIV/AIDS has significance for understanding how people in this population often experience themselves as ill-fated, targeted, threatened, punished, and attacked within a world that is harsh, hard to navigate, and often unpredictable.

Implications for Clinical Social Work Practice

Professional—and therefore dominant —discourses currently medicalize the experiences of vivid dreams and nightmares during Efavirenz treatment. Vivid dreams and nightmares are referred to primarily as central nervous system/psychiatric responses to medication that can be identified, classified, diagnosed, and treated just like any other physical or mental disorder that is considered to be localized in the self. As Jacob, Gagnon, & McCabe (2014) articulated, this conceptualization “only accentuates the burden of disease by situating the problem within the person, rather than [engaging] in the difficult task of addressing the contextual elements that may be at the source of distress” (p. 257). It is our responsibility as clinical social workers to inquire about and to work with our clients to address such contextual elements that reflect the social and cultural realities that cause distress for our clients.

It is undeniable that vivid dreams and nightmares are emotion laden psychological experiences with significant consequences, especially for individuals who are already highly impacted by living with a chronic, life-threatening disease and, more, who likely belong to a community disproportionately affected by HIV/AIDS. For instance, men who have sex with men (MSM), people of color, women, transgender people, intravenous drug users, sex workers, and incarcerated individuals all face structural oppression regardless of their HIV serostatus. If we dismiss or simply normalize vivid dreams and nightmares as medication side effects that can be managed or eliminated with dose titrations, regimen switches, or sleeping aids, then we foreclose

the possibility for making meaning around the content of the dreams, which as this study shows, is richly thematic and meaningful.

Horton (1995) made a similar point in a reflection on Canguilhem's work:

Canguilhem asks us to examine the content of a patient's experience rather than to begin with a biological translation of that experience. If physicians begin by suspending their prevailing scientific ideologies about disease, they are more likely to discover the qualitative intentions of their patients' symptoms. To allow our conceptions about a "disease" to be governed only by the amount of objective data that can account for that condition is to undermine the project of medicine. The conflict over the truth or falsity of Persian Gulf syndrome in the face of genuine subjective illness is a recent example. We seek biological meaning, but that end-point may not be what our patients seek; indeed, it may be what they fear (p. 319).

Clinical social work practice continues to be guided—and constricted and compromised—by a capitalistic medical model that emphasizes productivity, efficiency, and symptom reduction. As such, social workers often have overwhelming caseloads and are increasingly pushed to work only in the manifest and conscious, i.e. the visible, the obvious, and the symptomatic. This study underscores the importance of preserving space and time in clinical work to reflect on unconscious social and psychological experiences in the world, emerging consciousness, and how people live with HIV/AIDS and how their experiences affect the ways they see and are seen in the world.

The sheer amount of active forum threads about vivid dreams and nightmares experienced while taking Efavirenz suggests that whether these dreams are side effects of

medication, concomitants of a stigmatized and historically deadly disease, or some combination thereof, they are of substantial interest to communities of people living with HIV/AIDS. To remain curious about and provide opportunities to make meanings of the dreams, if clients so choose, is to value them as contextual experiences and to disrupt narratives that fail to see people living with HIV as anything more than people with a disease with symptoms and treatment side effects.

Moreover, if dreams are narrative simulations of autobiographical episodes, as Montangero (2012) insists, then it seems clear that when considering vivid dreams and nightmares reported by people living with HIV/AIDS as side effects of Efavirenz, clinical social workers might learn more about how to support people living with HIV/AIDS by asking questions about the dreams and working to link them to our clients' lives—not just their bodies—in treatment. We should create and hold space for clients to discuss their dreams and nightmares as contextual and meaningful experiences that reflect salient thoughts, feelings, relationships, and social forces, and we should advocate that other providers consider them similarly.

Clinical social workers should also be aware that there are online spaces such as the HIV/AIDS forums where individuals can connect and get peer support around their experiences. They should further collaborate with clients to develop other accessible resources for discussing their dreams and other aspects of treatment experience both in and out of clinical settings.

Limitations and Recommendations for Future Research

There are some considerable limitations inherent in this study. First, I employed a qualitative content analysis based on my own positional interpretations of a selection of dream narratives. Another researcher might have found different themes and/or understood them

differently than I did. In order to address this concern, I consulted with both my research advisor and other social work researchers whose positionalities differed from mine when analyzing the posts and developing my findings. Nevertheless, future studies might expand findings through qualitative content analyses performed by researchers with other positionalities that reflect greater diversity in racial, ethnic, gender, class, and sexual identities and backgrounds. Research conducted by clinicians with more experience working with individuals living with HIV/AIDS and/or who are living with HIV/AIDS themselves is especially recommended in order to provide more knowledge, richer context, and increased representation of diverse identities/voices in social work research.

Second, in order to respect the study population's privacy and control over the accessibility of their posts, I collected my sample from publicly accessible posts on an Internet forum that did not require site membership or registry. It is plausible that some forum users were selective about the dreams that they shared and purposely left out more personal, graphic, or other certain kinds of dreams, or alternately, submitted only the dreams that they felt to be most unresolved or likely to elicit response. This self-censoring by the forum users may be similar to the way in which a client in individual and/or group psychotherapy might carefully select what to share with their therapist and/or fellow group members. Thus, I do not believe that the forum users' self-censoring has impacted the findings in a way that is unique to this study. However, it is important to note it here. Future researchers might consider using direct, explicit solicitation of dream narratives for a study about HIV/AIDS, Efavirenz, and vivid dreams and nightmares. Furthermore, awareness of this phenomenon as a clinical/research issue could make participants feel more inclined to offer richer data for analysis.

Third, although I know the timeframe during which forum users initiated and responded to forum threads, I do not know the geographical locations of the forum posters. Therefore, I can contextualize findings temporally in relationship to global sociocultural and sociopolitical climates and understandings about HIV/AIDS; trajectories of HIV/AIDS research, treatment developments, and discourse; and current social work tenets and interventions. However, I cannot contextualize the findings with consideration of where the forum posters live and what conditions and resources are specific to those places. Again, future research might consider more explicit and localized solicitation of dream narratives; a sample from the same region would allow for the incorporation of information about participants' living conditions and physical and social environments.

Finally, I did not collect demographic data and therefore could not contextualize any of the dreams in terms of how the dreamers' various positionalities and histories might have influenced and been reflected in their dream content or the dream narrations. It is possible that the sample is disproportionate in its representations of diverse racial and ethnic identities, genders, class statuses, sexual identities, ages, etc. Furthermore, although some assumptions could be made about how shared characteristics appear meaningfully throughout the dream narratives, caution should be exercised in generalizing this study's findings beyond the 50 dreams included in its sample. Future studies should consider the use of interviews with participants who could provide demographic data as well as waking life context for their vivid dreams and nightmares side effects.

Summary

Despite the limitations inherent in a qualitative content analysis, this thesis offers substantial contributions to the field of clinical social work. First and foremost, it made

relationships between HIV medication and dreams more explicit. It also raised questions about how living with HIV/AIDS and/or affiliations with key populations at higher risk for HIV could influence dream content. This thesis emphasized the importance of context in its understanding of vivid dreams and nightmares as complex and meaningful experiences, and not simply side effects of medication. It underlined the importance of exploring these topics with clients in clinical work. Furthermore, this thesis reflected subjective experiences of people living with HIV/AIDS, taking Efavirenz, and having vivid dreams and nightmares and indicated a need for future research about this emergent phenomenon.

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Appendix A

Dream Narratives

1) Apparently, there was a dead entity that rose from the grave once a year and began a violent, torturous killing spree. That time of year was fast approaching. This magician was trying to tell me how to avoid the entity since I was one of the first that the entity would be coming after. He handed me a scroll of life and a scroll of death. Each had to be accompanied by the proper symbol, and the correct spelling of the entity's name. What woke me from the dream was I was stuttering with the entity's name, and I couldn't change how I was spelling it. I woke up to find I was still stuttering!

2) I was driving in a car with my father and wow was he driving fast. It was like flying in the Bat Mobile with super Bat turns. Well, in any case, we finally got to where he was headed. I got out of the car and notice a store front with stuff I could not identify. Then I took a good look at my father. I could not make out his face, but I had a good look at his hand. His thumb was bitten off and the rest of his hand was rotten. I freaked out and just before waking up, I remembered Dad was dead for over eleven years now.

3) The best one so far was kinda sad, I was living in a big house, I was having a party, all my friends - from all the years of my life, were all there. I was in this big kitchen with a lot of them, making food and laughing.

4) Some Aussie dude was trying to kill me and Lucifer my cat). He wanted Lucifer's fur for something. I woke myself out of the dream, went to the loo and when I returned to be it picked up where I left off.

5) My brother and I were visiting a friend in Savannah and somehow we went to an insane asylum (I know.. that part is weird but thats what happened in the dream) I wanted to play the piano for the patients. They all gathered around and I sat down at the piano then proceeded to play this wild Billy Preston like tune w/o missing a note. (you know how he use to tear up those keyboards back in the day) Then all of a sudden we were in the historic district at my friend's home and in this dream I knew I was dreaming but somehow needed to get to LA before midnight to take my daily dose of Atripla. Now the weird part to me is this was my first Atripla dream where I knew in the dream that I was dreaming AND that I had to take my Atripla.

6) #1 My older brother and I were pulling into the drive way at the house we grew up in, driving our Dad and Stepmother's red camarro. The curtains were open in my brothers old room and there was this tough looking Mexican guy in a tee-shirt and tighty whities underwear on jumping on a bed. There was also (I'm assuming) his girlfriend in the room. We go inside. My brother had to talk business or something with these people so I went into the living room. There were more people in here and I sat on the couch with them. This one guy was looking at me in a way that made me uncomfortable. He came and sat next to me and put his hand on my thigh. I didn't want him to but he kept touching me. I yelled for my brother to come and help me. He came out and beat this guy up. I think I may have apologized to the guy, LOL. There was also a table in the hallway that had a dish of Hamburger Helper in it. I took a bite but didn't want to get my spit on

the fork.

#2 This one involved my ID Doctor. There was this strange building where he would see his patients. When he was ready to see patients he had a crew loading in his equipment but it was like music recording equipment. I also had people after me and they finally caught me (these people were similar to the people that were on the TV show LOST last night). They made me go down these steps that led to the ocean and get in. They also got in. I was trying to fall behind a little so I could swim back towards the stairs and get out.

#3 Now this one is really strange. I was somewhere in southern California and Gandalf (from Lord of the Rings) gave me this special book that I had to take to a Realm in San Diego. I had to walk though. I didn't know which way to go. I spotted the ocean and knew that I would be able to travel north. I noticed a severe storm coming extremely fast and I needed to find shelter, because a Tsunami could come. I found this parking lot with a couple of RV buses. I was looking in the windows and looking in a compartment to see if I could hide there but it was way too small. I opened the door or the window and there were two people in there. They had brown, pointy teeth and were like rabid animals. I wanted shelter but they were dangerous. Then the door was closed and it's like they put in dentures or something because they suddenly had nice shiny white teeth. They were trying to coax me into the RV by acting like they were nibbling on dog or cat treats (mini pig ears). I knew something wasn't right and that's all I remember, LOL.

7) Especially the one where jay leno is chasing me with a tub of cool whip and a paint brush...

8) I dreamed my cocker had a colostomy that had to be changed frequently and she would NEVER be still long enough for me to change the bag and would run around the house with poop going everywhere!

9) One was walking back to my car after work (or trying to find it), and ended up walking in a big deep in the ground gravel/mining pit, that had a roof on it. There were doors all around the edges, and myself and a few others were trying to find one that would open so we could get out. Got in through a door, thinking it was just a big building. Finally found a door to get out, and lo and behold, was on ground level again in the sun light.

Another was, "they" were rounding up most of the citizens of St. Cloud MN (I don't even live anywhere near there!!!) to gas and execute them. Of course I somehow got mixed up in the horror, and was running and hiding for my life.

10) Last night I had a dream I was 11 years back in high school and we were at some sort of meeting but it was in a record store where I saw that Nine INch Nails were playing (one of my favorite bands). Trent Reznor and I were face to face (yea, I have many dirty thoughts about that man) and it was just heaven. Like high school, many of the people were disgusted by the type of music NIN produce. Which put me in my glory.

The night before that I was at my mother's house and she had a hot tub and there were these crazy bugs flying around all bloody. It was so vivid. Me trying to relax in a hot tub with all of

these dripping bloody bugs that I've never seen before flying into glass and trying to get us.

11) The only dream I remember is that I was in charge of caring for Ron and Nancy Reagan. They were in this huge mansion and I was to serve them dinner. Nancy was very bossy and just a total bitch (true in real life I imagine). She demanded that I had feed Ron who was in a wheelchair looking out a window with his back to me.

I slowly walked with tray in hand to him and put the tray down next to him. At that point he had his head down and slightly turned away from me. I told him I was going to help him with his dinner and he slowly....turned his face towards me only to reveal it was full of KS sores. He looked at me with death in his eyes and did not say a word.

As horrible as he looked, I remember smiling as I took his food and begin feeding him. This dream seemed to last for hours until Nancy came up behind me and asked me if I enjoyed feeding her decrepit husband. To which I answered "It has been an honor and a pleasure to see Mr President" before I picked up the tray and laughed all the way back to their kitchen.

I woke up and thought I was still in their mansion and had the laugh of my life at 3 AM waking my partner who also thought the dream was amazing and probably something that I had in the back of my mind.

12) It was about my gf who were in trouble, and I had spent a fair amount of my night (I am guessing), trying to save her.

I was progressing till I find her and delivered her after a shooting (again) those who hurt her and others people.

13) Last night in my dream I was planning my own funeral while on a reality show. For example, one night I dreamed of giant centipedes and several days later at the gym I thought about not wanting to sleep in the bed because of their were centipedes...it took me a moment to realize that there were NO centipedes, that it was a dream.

14) In one dream I was driving the Blue Ridge Parkway and for the first time actually noticed how many shades of green there were in nature. It was a bizarre dream, but nice at the same time.

15) Last week I had one that was like an action packed movie....it was alot of fun except that I thought I got shot in a military fire fight and was in pain the entire dream. When I woke up, I found that I actually had a charlie horse which was causing the pain, and thus caused my mind to incorporate the pain into the dream . Another dream was guided by my patners snoreing....I spend the entire dream trying to find out what the heck the pbnoxious noise was coming from.

16) My favorite Atripala dream was the one I had about Cher .

She had come to visit me to show me her rocking body she had just whipped into shape to go on tour . The problem was she had big fat kankles that everyone seemed to be ignoring but me .

I was worrying myself to death in that dream about how I was going to tell poor Cher she had enormous fat ankles .

17) I dreamed about a masked man on horseback riding into my room through my window last week. Last night I dreamed I was on this highway and trying to climb over this giant rock in the road with like ropes and stuff. I also dreamed I was in like Narnia or something last night, and the final battle was about to begin.

18) Waking up to find that the State Police had opened a substation in my bathroom, and they were drinking all my coffee. But what could i do.

19) I dreamt i was in an earthquake, and rode a six story building down as it collapsed. Weird but not really scary.

20) Woke up once screaming for my dead grandmother. in one I hit my son, closed fist in the face, i've never done that, never come close. About a week ago, I swore someone shot out my window, I could smell the powder, heard my old drill sgt yelling about a rem 700 .308 (memories of drill sgt are unwanted in dreams) heard glass breaking.

21) I was sent to jail for a crime I didnt commit. The dream lasted forever. Finally I was able to see a judge who set me free.

22) i had a dream last night i was a co-pilot on a korean air flight

23) The latest one involved me being in a room, it was night time and I was in bed.... my brother was in the room also, sleeping in another bed.... when all of a sudden a bunch of elementary school kids were peering in the window - shining flashlights and trying to see in the room..... I laid very still and they kept trying to look in..... in my dream I could feel the intensity of them staring in and see the beams of the lights.... I decided to try to jump up from the bed and scare them away..... but when I tried to jump up, I was stuck down onto the bed and couldn't move --- this scared me awake --- and when I first woke up I was making the motions of trying to get up out of the bed, but not being able to.....

24) Day 1:Me and the besties went shopping in New York City, we took my new Phaeton, which somehow could fly. When I went in the Armani store I got a BJ from one of the clerks :PDay 2:I was dreaming I had a pet flying mini hippo, how weird is that? It slept next to my bed, had a bath on the balcony. Though I caught it swimming in the fishtank one morning and got really mad at it.... It sometimes went for a swim in the sea on its own and was overall a good Little hippo.First thing I did when I woke up was check if it was next to my bed :S

25) In it I was in jail. I don't recall why, I don't think it really matters. Anyway a period of time seemed to pass where I kept to myself, took my meds and generally got along.Then I started to get sick. Every time I turned around, something else was wrong. As my health declined and I got more and more grief from both the prison staff and other prisoners. Actually that's not quite accurate. It was more as if I wasn't there, and my frustration level increased along with my perceived invisibility. Until one point where I was in a wheelchair, with a catheter, being taken to some place unknown by another prisoner who got into an discussion about me with a staffer, both of whom were talking as if I wasn't there. At this point in my dream, I snapped a bit and grabbed the guy who was pushing me in the wheelchair buy his shirt collar and started shaking

him and screaming "I'm right here, don't ignore me!" That feeling if not those exact words. Then I noticed that the person I was shaking was hooked up to oxygen and looked very much like a very nice neighborhood gentleman who died recently. In fact the tavern around the corner from my house is named after him. I immediately felt an appropriate amount of guilt for assaulting him and woke up. I've had one other dream, that I don't remember, from which I woke with a start with the same sort of unease.

26) I wear a breathing mask at night and had a dream within a dream woke up and the mask had attached itself to my face and I could not pull it off. Woke up for real and pulled the mask off and screamed

27) In my dream, I was in The Men's Store of Macy's on Union Square (I go there frequently), Gloria Steinem and Alice B. Toklas were working the cash register on the 5th floor and Ms. Steinem said, "Michael, you can't afford Art or Clothes" she then cut up my Macy's card.

28) I had an incredibly vivid dream that I was in my 9th month of pregnancy and gave birth to beautiful twins that weighed 10lbs each--a boy and a girl (I am a twin and had a twin sister).

Here is the the "T". The twins were delivered through a medical device door on my stomach. When the twins were ready to be delivered, the door made a loud ding sound like an elevator door and the babies climbed out.

The babies didn't cry but lay next to each other and did a short 2 part harmony singing the words "Blurred Lines. See Daddy, you showed the Blurred Lines. You gave birth to us. Blurred Lines." Every one in the delivery room applauded and the Doctor said, "You have two talented kids there." I grinned, thanked him then turned to my new babies and said "That was good but we have to work on the downbeat." 😊

29) Night before last night the dream was absolutely a nightmare and started with me trying to break into BET headquarters (That's Black Entertainment) in Miami... I know for sure such a place does not exist in Miami, but anyways it seemed someone ended up dead. The police caught me and like typical Metro Dade Cops they beat my ass and let me get away in the process. I ended up on a bike pedaling my get away! I made it to this house and proceeded to get into a fight with someone who I thought was a man. After throwing my first punch, he ripped off his shirt and it became obvious this was a woman. Strange thing was she had no arms and had these plastic prosthetics. She tore my ass to hell. So I escaped on my get away bike and was caught by a group of guys in my old hood. I still don't know who the oriental guy was carrying the head, but he threw the head with such accuracy Dan Marino would have been envious... Caught me straight in the chest! I retreated back to my bike and unbeknownst to me someone stole the front tire and replaced it with a square piece of wood... Not easy to ride a bike with a square front tire! My phone rang and I woke up! On the phone was this guy asking me if I owned a house on 10th avenue. I said yes and his exact words were, "Man your shits all over the place and I just got me a bad ass outfit out of your closet! There are people taking all your shit out of the house and there is an orange lock box on the front door because the state is taking yo shit!"

30) Last night's dream (the one I remember) had me going to London on business. David went with me, and they gave us a room with two single beds. We had to explain to the lady at the front desk that we were a couple and wanted one big bed. She didn't speak English very well (strange) and had a hard time understanding. Finally, we got it worked out then David woke me up saying goodbye, as he was going to work, so I don't know what else would have happened.

31) Last night, I dreamt I was in the middle of the ocean.....- and sinking since I couldn't swim. The other night I dreamt I was in a cult and trying to escape but couldn't.

32) Last night, I dreamt that someone switched out my kitchen appliances for old crummy ones, and I was really pissed about it!

33) Had this horrible horrible dream that I was on my death bed surrounded by family and friends, and all the while none of them knew the truth as to why I was so sick and dying..But I knew why..These dreams seemed so freakin real when it was happening, I still remember what they were all saying around me and crying and consoling each other..

34) The best was when Freddy Mercury came to me and told me that everything was going to be alright.

35) except for one where I was attacked by escalators

36) Last night I dreamed I was at the dentist office and the hot dentist was sedating me for a root canal and he started morphing into a male stripper, it was like out of body while out of body! And I dreamed I was looking for my car, forgetting where I parked it, only to look into a mirror to learn that I had turned into a car myself! But the kicker was near the end of my dream when I dreamed I was seducing a WWE wrestler and it was so real that when I woke up I actually felt my body to see if there was any sex marks LOL!

37) I had a dream that I was being tickled by lots of men. I asked them to stop. They laughed at me, and told me not to worry, that there wasn't really that much blood.

When I looked down, I saw that the men weren't tickling me at all. The men were cutting chevrons into my skin.

38) Hell last night I had a dream I was making out with a woman.

39) I fell asleep and had a sweet delightful dream of me and a cousin having a lot of fun at the silliest little waterpark-type house of these 2 women.

40) I had a dream once where I had a pet whale... the other night I dreamed that I couldn't find my shoes, so I went to a shoe store and the only shoes I could find were these red, alligator 5" heels...I slipped them on, and they were the most comfortable things I ever had on my feet...then I had to buy pants that would go down and cover them...so I could wear them always without notice.

41) Last night i drempt that while my ex boyfriend and I were having dinner I went out to retrieve somethnig from the car and discovered a couple of kids were siphoning gas from cars in the parking lot. I joined up with sort of a vigilante gang and we chased them down. Afterwards the gang stood around in a circle and a guy who looked like Bruce Willis handed out these small joints for everyone to smoke. I refused mine because I have recently become sober and went back to the table to join my ex and instead of being finished with dinner he was ordereing more food and his whole family was there too and.....it just goes on an on and on. 😊

42) I had a dream where I was shot, and yes the bullet hit. I had a dream a friend was making french toast with slices of italian bread and I was worried there wasn't enough, and yes when I awoke i was really hungry.

43) First happened on night two, I had constructed an octagon house made of concrete. It had beautiful beams of hand oiledl walnut for a ceiling, but no walls. And worse, my brother lived in it! I was so jealous and angry that I rode my bike to the beach to relax, (I live in Dallas, TX. and I don't own nor have I ridden a bike in thirty years.)

44) When I first started Sustiva, I dreamt that a coke machine was hitting on me because it thought I was a girl.

When it discovered otherwise, it freaked out and exploded green slime on me.

45) a couple in their 70's had arrived home from a vegas junket at 1am and after the bus took them to their car they started driving home. when the car got to a set of RR tracks he slowed to a crawl as not to damage his car. as he passed the warning gate and got on the tracks the gate in front of him went on and immediately came down. he stopped the car, thru it in reverse, and tried to back away from the tracks. unfortunately the gate behind him was down and not wanting to damage his car, decided to sit there and let the train go by.

he and his wife looked both ways to see where the train was coming from but to one side there was a bend in the tracks and, not knowing how fast the train might be coming choose not to chance crossing to the other side.

when the train showed up they sat there petrified wondering if they were far enough away from the tracks..... imagine their fear as the train passed by hitting the front end of the car spinning it around but away from the tracks.
needless to say, they both survived this horrific event.

that night i was to start my first round of sustiva. after going to sleep around midnight i woke up at 3:30 to go to the bathroom. i remember walking down the hallway thinking i must be hallucinating cause the hallway seemed longer than i remembered it. standing over the toilet i became fixated on the texture of the walls thinking i must be tripping cause i haven't seen patterns like this since that frog blotter i took in 1969.

when i got back to bed i remember telling my wife what strange feelings i am getting on this new

medication. as she laughed i began to dose off again. the deeper i got into sleep the more i began to hear the sound of a far off train heading toward our town. as i fell deeper and deeper this train kept getting louder and louder. at some point i was now seeing myself in the front seat with this elderly couple sitting next to the tracks as that damn train was approaching our car. just as it was about to make impact i leaped out of the side of our kingsize water bed and went crashing into the wall next to our bed.

46) 1) needing to get out of my apartment's front door but confronting a n open mouthed guttural hissing allegator and I backed up over my couch(out of place) and about to be eaten.

2)laying down in a white room with a friend who was talking and watching a dead man hanging from a noose with his open eyes watching me. I said he's not dead and my firend said oh yes he is. To which one eye blinked at me and I woke in a sweat.

3) I turned off the computer late at night to go to bed and in the dark I could see an electric green diamond backed rattler winding in upon itself like on a movie screen, and when I closed my eyes it was still there. A little unsettling

47) I dreamed that my car rear left tire was flat for some odd reason and the next morning before work I was already thinking about getting the tire repaired before work.

48) A while back I had a vivid and colorful dream that I walked through a doorway and was in the party scene from *The Shining*. I realized how crazy this was and that I was dreaming. I ended up staying + having fun and managed to avoid those creepy twins!

49) I dreamt last night that I was in Billings, MT!!!! Of all the places in the world - why there???

50) just last night, I dreamed that a new world war had started and I with a lot of people were being told to pack, each given a number (I still remember mind, 1901) and rounded up in a train station. It was exceptionally lucid, like a film set and I was having conversations with all sorts of people in languages that I couldn't speak (I was speaking a lot of Polish).

Appendix B

Search Term Combinations and Numbers of Linked Threads

<i>Search Term Combination</i>	<i>Number of Linked Threads</i>
Atripla Dream	198 threads
Atripla Dreams	100 threads
Sustiva Dream	145 threads
Sustiva Dreams	446 threads
Efavirenz Dream	6 threads
Efavirenz Dreams	67 threads
ARV Dream	8 threads
ARV Dreams	14 threads
Medication Dream	69 threads
Medication Dreams	100 threads
HAART Dream	29 threads
HAART Dreams	55 threads
Atripla Nightmare	50 threads
Atripla Nightmares	122 threads
Sustiva Nightmare	51 threads
Sustiva Nightmares	100 threads
Efavirenz Nightmare	3 threads
Efavirenz Nightmares	17 threads
ARV Nightmare	2 threads
ARV Nightmares	2 threads
Medication Nightmare	30 threads
Medication Nightmares	25 threads
HAART Nightmare	20 threads
HAART Nightmares	7 threads
Dream Side Effect	62 threads
Dream Side Effects	171 threads
Nightmare Side Effect	19 threads
Nightmare Side Effects	61 thread