

PROOF COVER SHEET

Author(s): Isak Niehaus

Article title: Seeing Through Dreams: On the Efficacy of Antiretroviral Drugs in the South African Lowveld

Article no: CJSS_A_1561810

Enclosures: 1) Query sheet
2) Article proofs

Dear Author,

1. Please check these proofs carefully. It is the responsibility of the corresponding author to check these and approve or amend them. A second proof is not normally provided. Taylor & Francis cannot be held responsible for uncorrected errors, even if introduced during the production process. Once your corrections have been added to the article, it will be considered ready for publication.

Please limit changes at this stage to the correction of errors. You should not make trivial changes, improve prose style, add new material, or delete existing material at this stage. You may be charged if your corrections are excessive (we would not expect corrections to exceed 30 changes).

For detailed guidance on how to check your proofs, please paste this address into a new browser window:

<http://journalauthors.tandf.co.uk/production/checkingproofs.asp>

Your PDF proof file has been enabled so that you can comment on the proof directly using Adobe Acrobat. If you wish to do this, please save the file to your hard disk first. For further information on marking corrections using Acrobat, please paste this address into a new browser window: <http://journalauthors.tandf.co.uk/production/acrobat.asp>

2. Please review the table of contributors below and confirm that the first and last names are structured correctly and that the authors are listed in the correct order of contribution.

This check is to ensure that your name will appear correctly online and when the article is indexed.

Sequence	Prefix	Given name(s)	Surname	Suffix
1		Isak	Niehaus	

Queries are marked in the margins of the proofs, and you can also click the hyperlinks below.

General points:

1. **Permissions:** You have warranted that you have secured the necessary written permission from the appropriate copyright owner for the reproduction of any text, illustration, or other material in your article. Please see <http://journalauthors.tandf.co.uk/permissions/usingThirdPartyMaterial.asp>.
2. **Third-party content:** If there is third-party content in your article, please check that the rightsholder details for re-use are shown correctly.
3. **Affiliation:** The corresponding author is responsible for ensuring that address and email details are correct for all the co-authors. Affiliations given in the article should be the affiliation at the time the research was conducted. Please see <http://journalauthors.tandf.co.uk/preparation/writing.asp>.
4. **Funding:** Was your research for this article funded by a funding agency? If so, please insert 'This work was supported by <insert the name of the funding agency in full>', followed by the grant number in square brackets '[grant number xxxx]'.
5. **Supplemental data and underlying research materials:** Do you wish to include the location of the underlying research materials (e.g. data, samples or models) for your article? If so, please insert this sentence before the reference section: 'The underlying research materials for this article can be accessed at <full link>/ description of location [author to complete]'. If your article includes supplemental data, the link will also be provided in this paragraph. See <<http://journalauthors.tandf.co.uk/preparation/multi-media.asp>> for further explanation of supplemental data and underlying research materials.

AUTHOR QUERIES

No Queries

How to make corrections to your proofs using Adobe Acrobat/Reader

Taylor & Francis offers you a choice of options to help you make corrections to your proofs. Your PDF proof file has been enabled so that you can mark up the proof directly using Adobe Acrobat/Reader. This is the simplest and best way for you to ensure that your corrections will be incorporated. If you wish to do this, please follow these instructions:

1. Save the file to your hard disk.
2. Check which version of Adobe Acrobat/Reader you have on your computer. You can do this by clicking on the "Help" tab, and then "About".

If Adobe Reader is not installed, you can get the latest version free from <http://get.adobe.com/reader/>.

3. If you have Adobe Acrobat/Reader 10 or a later version, click on the “Comment” link at the right-hand side to view the Comments pane.

4. You can then select any text and mark it up for deletion or replacement, or insert new text as needed. Please note that these will clearly be displayed in the Comments pane and secondary annotation is not needed to draw attention to your corrections. If you need to include new sections of text, it is also possible to add a comment to the proofs. To do this, use the Sticky Note tool in the task bar. Please also see our FAQs here: <http://journalauthors.tandf.co.uk/production/index.asp>.

5. Make sure that you save the file when you close the document before uploading it to CATS using the “Upload File” button on the online correction form. If you have more than one file, please zip them together and then upload the zip file. If you prefer, you can make your corrections using the CATS online correction form.

Troubleshooting

Acrobat help: <http://helpx.adobe.com/acrobat.html>

Reader help: <http://helpx.adobe.com/reader.html>

Please note that full user guides for earlier versions of these programs are available from the Adobe Help pages by clicking on the link “Previous versions” under the “Help and tutorials” heading from the relevant link above. Commenting functionality is available from Adobe Reader 8.0 onwards and from Adobe Acrobat 7.0 onwards.

Firefox users: Firefox's inbuilt PDF Viewer is set to the default; please see the following for instructions on how to use this and download the PDF to your hard drive: http://support.mozilla.org/en-US/kb/view-pdf-files-firefox-without-downloading-them#w_using-a-pdf-reader-plugin

Seeing Through Dreams: On the Efficacy of Antiretroviral Drugs in the South African Lowveld

ISAK NIEHAUS

(Brunel University)

In Bushbuckridge, South Africa, persons receiving Highly Active Antiretroviral Treatment (HAART) for AIDS often recounted their experiences of vivid, frightening dreams. Drawing on the results of long-term fieldwork and on biographical interviews, I explore the meanings of these dreams in local discourses. Contrary to the biomedical fraternity, which depicted such dreams as a simple biochemical side-effect of the compound Efavirenz, research participants represented them as integral to the working of anti-retroviral drugs (ARVs). Through narrating the content of such dreams, research participants were able to broach topics and concerns otherwise suppressed from social intercourse. These included social isolation, exposure to extreme danger and death, and hopes of recovery. Moreover, users claimed that ARV-induced dreams aided their recovery, hardened them against misfortune and provided glimpses into transcendent realms. I show how gendered experiences, fears and aspirations were important subtexts to the narration of ARV dreams.

Keywords: dreams; HIV/AIDS; antiretroviral drugs; symbolic meanings; narratives; South Africa

Introduction

In 2004, Jane Nyalungu, a 35-year-old instructor of diviners in Bushbuckridge, South Africa, tested positive for HIV antibodies.¹ Eight years later she became severely ill: Jane felt exceptionally weak and slept nearly all day long, and the gums of her teeth were swollen and bled profusely. Her partner, who was a teacher, terminated their relationship. In 2012, staff at the Rixile Clinic informed Jane that her CD4 count² was only 124, and immediately placed her on a regimen of Highly Active Antiretroviral Therapy (HAART). They also provided elaborate information about all possible side effects.

She none the less failed to anticipate how the drugs would affect her body and mind. 'I think the tablets burst – it was as if they were bombing my body. They made me drunk and I saw many different things'. 'The first night', Jane recalled, 'I heard a sound – like someone breaking furniture in my home'. The next morning she went to investigate, but

1 I use pseudonyms for all personal names to protect the identity of research participants. All local terms are in Northern Sotho, unless specified otherwise.

2 In molecular biology, CD4 (cluster of differentiation 4) is a glycoprotein found on the surface of immune cells. Since these cells are destroyed by HIV, the CD4 count in a blood sample of an HIV-positive person is the most important laboratory indicator of how well their immune system is working. Adults who are in good health generally register a CD4 count of 500–1,200 cells/mm.

to her surprise found that nothing had been broken. Hereafter, Jane experienced the following sequence of perplexing dreams.

I dreamed that my friend Thandi married and I passed by her wedding. I saw many children playing. There were hundreds of them. I asked: 'Can't you see it's my friend's wedding?' and chased them [away]. I chased them all night long, but they kept returning and laughing at me.

A few nights later, Jane saw a body of poisonous, green, water in her dream.

Two men came towards me. Each held me by an arm and pushed my whole body into the water. They soaked me ... I could taste the water. It was bitter. The men then pulled me out of the water and pushed an iron [rod] from my mouth through my anus. Next they put me in an oven and roasted me on flames. I turned like a chicken [being spit-roasted]. I screamed, but there was nobody to help me.

In her final dream, Jane encountered her deceased father.

He sat on the floor with his legs crossed. He held a blue plastic bag containing old, blue R100 notes, and gave me some of the money. I was excited to see my father. I wanted to call my bother and tell him that my father had returned. But then my father's looks changed, and he became angry. I saw white doves – or pigeons – on his shoulders. They came towards me and bit my face. Hereafter I could no longer see my father. It was seven o'clock in the morning. I found myself on my knees crying strange cries, and shouting, 'Father! Where are you?'

After three weeks, Jane's nightmares ceased. She regained her energy, her gums no longer bled, and she again woke early each morning to proceed with her daily tasks. Jane believed that the tablets not only cured her, but also bestowed upon her the ability to foresee the future through her dreams. She told my research assistant and me that she had dreamed about our visit the previous evening. In her dreams, she said, snakes were an omen of trouble, and dreams of men building homes with stone bricks foretold death.

Jane's story captures common themes in the narratives of the 19 residents of Bushbuckridge that my three research assistants and I interviewed about their experiences of HAART between 2008 and 2014. Previous anthropological studies, such as those by Robins³ and Fassin and colleagues, document how residents of Cape Town and Johannesburg portrayed HAART as a journey from near death to renewed life and from isolation to acceptance⁴. Many of our research participants gained similar advantages from therapy. But they did not only deploy biomedical vocabularies, associated with 'therapeutic citizenship',⁵ to describe their experiences. In addition to speaking about physical recovery and social re-integration, they recounted bizarre, frightening and uniquely realistic dream experiences. From the perspective of biomedicine, vivid dreams and nightmares are a biochemical side-effect of the compound Efavirenz, which affects the central nervous system. These effects are self-limiting: they usually occur within the first few days or weeks

3 S. Robins, "'Long Live Zackie, Long Live': AIDS Activism, Science and Citizenship After Apartheid', *Journal of Southern African Studies*, 30, 3 (2004), pp.651–72; S. Robins, 'From "Rights" to "Ritual": AIDS Activism in South Africa', *American Anthropologist*, 108, 2 (2006), pp. 312–23.

4 D. Fassin, F. le Marcis and T. Lethata, 'Life and Times of Magda A: Telling a Story of Violence in South Africa', *Current Anthropology*, 49, 2 (2008), pp. 225–46.

5 See V. Nguyen, 'Antiretroviral Globalism: Biopolitics, and Therapeutic Citizenship', in A. Ong and S. Collier (eds), *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems* (Oxford, Blackwell, 2005), pp. 124–44; and V. Nguyen, *The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS* (Durham, Duke University Press, 2010).

of therapy.⁶ For research participants, these dreams were integral to the working of all ARVs and attested to their therapeutic power.

In this article I explore the meanings of ARV-induced dreams in Impalahoek – a village of Bushbuckridge of about 20,000 people. During the era of apartheid, this region of the South African lowveld formed part of the Lebowa and Gazankulu bantustans for Northern Sotho and Shangaan people. Economically, its residents relied upon remittances sent home by migrants employed in South Africa's centres of mining and industry. Many were members of the Zion Christian Church (ZCC). Following South Africa's first democratic elections in 1994, Bushbuckridge became a municipality in the newly constituted province of Mpumalanga. Democratic governance has facilitated the growth of a small middle class and has brought shopping malls, social housing and improved welfare.⁷ There has also been a growth in Pentecostal-type churches, sporting names such as Living Purpose Ministry, Hope Fellowship and Waters of Life. But residents of Bushbuckridge had to contend with de-industrialisation and job losses in South Africa's cities. Villages such as Impalahoek still had a distinctive rural appearance. Roads were of gravel and sand and were poorly maintained. There was no garbage removal system, and homes were more likely to have fridges and television sets than on-site water and sewerage. Goats grazed on unoccupied residential stands and cattle on camps on the outskirts of the village.

HIV/AIDS first appeared in Impalahoek during the early 1990s and then spread rapidly.⁸ By 2006, sero-prevalence among pregnant women receiving antenatal care at the Tintswalo hospital stood at 32 per cent.⁹ For more than a decade, interventions by the public health sector and non-governmental organisations (NGO) emphasised prevention rather than therapy. Hospitals and clinics provided voluntary counselling and testing and treated solely the symptoms of AIDS-related diseases.¹⁰ Not until October 2005 could people who had registered CD4 lymphocyte counts of below 20 access free HAART at the Rixile ('rising sun' in Tsonga) clinic in Tintswalo. Statistical information compiled by medical personnel show very slow uptake of HAART and late sickness presentation. In September 2007, Rixile's services reached only about 20 per cent of those in need in its catchment area.¹¹ Yet, even in this resource-poor setting, the clinic attained reasonable treatment outcomes. After 24 months, of 1,353 patients, 1,131 (83.6 per cent) were retained on treatment, 124 (9.2 per cent) had died, 63 (4.7 per cent) had been transferred out and 35 (2.6 per cent) could not be traced.¹²

Through time, ARVs have become more accessible and, by 2013, the number of patients receiving HAART at Rixile had grown to roughly 8,000. The CD4 count threshold for eligibility increased to 350 in 2009 and to 500 in January 2015.¹³ Moreover, as the clinic

6 A. Carr and D. Cooper, 'Adverse Effects of Antiretroviral Therapy', *Lancet*, 356, 9239 (21 October 2000), pp. 1423–30.

7 I. Niehaus, 'Doing Politics in Bushbuckridge: Work, Welfare and the South African Elections of 2004', *Africa*, 76, 4 (2006), pp. 526–48.

8 K. Kahn, M. Garenne, M. Collinson and S. Tollman, 'Mortality Rates in the New South Africa: Hard to Make a Fresh Start', *Scandinavian Journal of Public Health*, 35, 69 (2007), pp. 26–34.

9 P. MacPherson, M. Moshabela, N. Martinson and P. Pronyk, 'Mortality and Loss to Follow-up among HAART Initiators in Rural South Africa', *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 103, 6 (2009), pp. 588–93.

10 Under President Thabo Mbeki's presidency, South Africa's health department fiercely opposed providing antiretroviral drugs as a strategy for combating HIV/AIDS. This controversial policy forms an important context to local experiences and has been widely criticised and analysed. See N. Natrass, *Mortal Combat: AIDS Denialism and the Struggle for Antiretrovirals in South Africa* (Pietermaritzburg, University of KwaZulu-Natal Press, 2007); D. Fassin, *When Bodies Remember: Experiences and Politics of AIDS in South Africa* (Berkeley, University of California Press, 2007).

11 MacPherson *et al.*, 'Mortality and Loss', p. 589.

12 *Ibid.*

13 As of September 2016, all persons who test positive for HIV antibodies are eligible to receive HAART.

became more capable of handling a faster roll-out of medication, waiting times have decreased drastically, seldom exceeding an hour. Yet low government spending on medical staff and the politics of neo-patrimonialism have impeded the quality of care in hospital wards. For example, senior management transferred Tintswalo Hospital's only HIV specialist to the outpatients' department after he filed grievances against them.¹⁴ In this context, seriously ill persons have come to rely on home-based care provided by local volunteers employed by different NGOs.

Theoretically, this article establishes connections between two different bodies of anthropological literature, one on pharmaceuticals and the other on dreams. Following Appadurai's¹⁵ analysis of the social life of things, anthropologists have shown how pharmaceuticals circulate through distinct phases – production, marketing, distribution, prescription and consumption – in each phase entering different networks of relations and regimes of value.¹⁶ This approach allows us to discern how the meanings that consumers bestow on pharmaceuticals might differ from those that the producers intended. Consumers regularly classify drugs in terms of vernacular understandings of colours or categories of 'heat' and 'coolness'.¹⁷ Pharmaceuticals are also vehicles for identity. In China, for example, Viagra evokes an ethic of sexuality centred upon individual desire.¹⁸ Moreover, consumers do not simply assess in terms of biochemical effects. The mere act of prescription turns sickness into something concrete and communicates concern that might enhance patient well-being.¹⁹ More significantly, South African beliefs about the effects of ARVs appear to be continuous with perceptions of the spiritual underpinning of herbal medicines.²⁰ Throughout the country, certain herbs are believed to have the capacity to induce powerful dreams, ensure ancestral protection and reveal the identity of witches. Herbs and pharmaceuticals alike are believed to work in conjunction with the words of healers and with agencies such as the ancestors and the Holy Spirit.²¹

Scholars of dreams recognise their intensely personal nature: they are seen to provide a self-scape and to indicate unresolved conflicts in the dreamer.²² At the same time, scholars identify profound social influences on dream experiences and discern socially shared

14 M. Versteeg, M. Heywood, T. Maseko and D. Kegakilwe, 'No Improvement in Tintswalo Hospital Prompts Open Letter to Mpumalanga Department of Health', *SANGONet*, 29 August 2013.

15 A. Appadurai (ed.), *The Social Life of Things: Commodities in Cultural Perspective* (Cambridge, Cambridge University Press, 1988), pp. 1–46.

16 For the biographical approach to pharmaceuticals, see S. van der Geest, S. Reynolds Whyte and A. Hardon, 'The Anthropology of Pharmaceuticals: A Biographical Approach', *Annual Review of Anthropology*, 25 (1996), pp. 153–78. More recent studies on the circulation of pharmaceuticals include A. Petryna, A. Lakoff and A. Kleinman (eds), *Global Pharmaceuticals: Ethics, Markets, Practices* (Durham, Duke University Press, 2006); J. Biehl, *Will to Live: AIDS Therapies and the Politics of Survival* (Princeton, Princeton University Press, 2007); J. Dumit, *Drugs for Life: How Pharmaceutical Companies Define our Health* (Durham, Duke University Press, 2012); and K. Peterson, *Speculative Markets: Drug Circuits and Derivative Life in Nigeria* (Durham, Duke University Press, 2014).

17 K. Senah, 'Blofo Tshofa: Local Perceptions of Medicines in a Ghanaian Coastal Community', in N. Etkin and M. Tan (eds), *Medicines: Meanings and Contexts* (Quezon City, Health Action Information Network, 1994), pp. 83–101.

18 E. Zhang, 'Switching between Traditional Chinese Medicine and Viagra: Cosmopolitanism and Medical Pluralism Today', *Medical Anthropology*, 26, 1 (2007), pp. 53–96.

19 D. Moerman, *Meaning, Medicine and the 'Placebo Effect'* (Cambridge, Cambridge University Press, 2002).

20 S. Feierman, *Peasant Intellectuals, Anthropology and History in Tanzania*. (Madison, University of Wisconsin Press, 1990); S. Langwick, *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania* (Bloomington, Indiana University Press, 2011).

21 A.-I. Berglund, *Zulu Thought-Patterns and Symbolism* (Uppsala, Swedish Institute of Missionary Research, 1976), p. 114; T. Dold and M. Cocks, 'The *iNtelezi* Plants of the Eastern Cape: Traditional and Contemporary Medicines', *Aloe*, 37, 1 (2000), pp. 10–13; R. Thornton, *Healing the Exposed Being: The Ngoma Healing Tradition in South Africa* (Johannesburg, Wits University Press, 2017) p. 257.

22 See D. Hollan, 'Selfscape Dreams', in J. Mageo (ed.), *Dreaming and the Self: New Perspectives on Subjectivity, Identity and Emotion* (New York, SUNY Press, 2003), pp. 61–74; and J. Mageo, *Dreaming Culture: Meanings, Models, and Power in US American Dreams* (New York, Palgrave Macmillan, 2011).

frameworks for interpreting their meanings.²³ Holy contends that, for Berti people of Dafur in the Sudan, dreams indicate symbolically what people might get.²⁴ For example, a dream of a goat shows prosperity. Such dream symbols can be interpreted literally or in terms of a reversal of content. In other contexts, dreams are seen to communicate messages from the ancestors and Holy Spirit. Curley shows how, for Pentecostal Christians in Cameroon, the narration of dreams attests to the dreamer's faith and provides a 'striking repository of images' that help to establish religious truth.²⁵

Building on these insights, I contend that, through narrating the content of ARV-induced dreams, research participants were able to broach topics related to the self, sickness and death usually suppressed from everyday social intercourse. They usually narrated a sequence depicting a journey from near death to renewed life, which resonates with the recovery of sick persons and with their reintegration into kinship and social networks. They claimed that these dreams attested to the therapeutic power of antiretroviral drugs; the dreams battle-hardened them against sickness and misfortune, and provided glimpses into the nature of transcendent realities. I also show how gendered experiences, fears and aspirations were important subtexts to the narration of ARV-induced dreams.

Experiencing AIDS, Using HAART

Between 2008 and 2013, I interviewed 19 recipients of HAART at the Rixile clinic, about their experiences of sickness and therapy. The existence of AIDS-related stigma rendered the issues under discussion extremely sensitive and precluded any form of sampling. Instead, I relied on 'snowballing', starting with friends and acquaintances of my three fieldwork assistants. Those who agreed to be interviewed were confident persons, with dramatic stories to tell. Eleven research participants were women and eight were men, their ages varying from 28 to 53. At the onset of sickness, nearly all were employed in the lower echelons of the labour market. The women worked as seasonal labourers on commercial farms, sold dough cakes, operated a small telephone business or were unemployed; the men worked as security guards, general labourers or taxi drivers. At the time of interviews, only six research participants were married and resided with their spouses. Others were deserted by their domestic partners owing to their health status, and lived alone or resided in domestic units also including parents, aunts, siblings and, in one case, only children.

Research participants initially encountered diffuse symptoms – aches and fevers, tinnitus, a sore throat, sudden loss of appetite, diarrhoea, numb limbs, coughing, weakness and exhaustion. These became increasingly severe and were followed by opportunistic infections such as herpes and shingles. Eventually, some came to see their bodies as rotting away while they were still alive. Ten persons first consulted diviners or Christian healers because they suspected mystical causes to their sickness. Julia Monareng was convinced that a senior male farm worker bewitched her because she had rejected his sexual advances. Khotsi Nxumalo's parents suspected that he had broken a taboo by engaging in sexual intercourse during the period of mourning following his wife's death. The healers they consulted administered emetics, strengthened them with steaming and recommended prescriptions from the ancestors or Holy Spirit. Two research participants underwent apprenticeships to

23 Also see S. Lee, 'Social Influences in Zulu Dreaming', *Journal of Social Psychology*, 47, 2 (1958), pp. 265–83; B. Tedlock (ed.), *Dreaming: Anthropological and Psychological Interpretations* (Cambridge, Cambridge University Press, 1987); M. Jedrej and R. Shaw (eds), *Dreaming, Religion and Society in Africa* (Leiden, Brill, 1992).

24 L. Holy, 'Berti Dream Interpretation', in Jedrej and Shaw (eds), *Dreaming, Religion and Society*, pp. 86–99.

25 R. Curley, 'Dreams of Power: Social Process in a West African Religious Movement', *Africa*, 53, 3, (1983), pp. 20–38.

256 become diviners. These therapies proved prohibitively expensive – training cost up to
257 R3,500 – and ineffective.

258 Being pronounced ‘HIV-positive’ crystalised sickness and brought fears of death. Twelve
259 research participants co-infected with tuberculosis first received treatment at Tintswalo
260 hospital.²⁶ Here they were provided with all-round nursing and asked to ‘drink’ up to seven
261 tablets each day.²⁷ There were also preachers who read from the Bible and prayed each day.
262 But conditions were spartan, and research participants were traumatised by the deaths of
263 fellow patients. Reggie Ngobeni recalled:

264 more than six people died in the ward when I was there. One of them died this side of my bed.
265 The next one died that side of my bed. Other patients came, but they also died. They [the
266 nurses] put something like a tent at the place where someone had died, and removed the dead
267 bodies with noisy trolleys. I was so scared. I feared that I might follow them. I shivered. After
268 the deaths there was a bad aura [*seriti*] and I feared that the aura might come to me.
269

270 Medical staff at Rixile clinic always prescribed a combination of three different ARVs -
271 known by the names Stavudine, Lamivudine, Tenofovir DF, Evavirenz and/or Stocrin.
272 Nurses provided elaborate instructions: the drugs had to be taken at 12- or 24-hour intervals;
273 and patients should never delay nor skip medication. They also forewarned patients about
274 the possible side effects of ARVs but reassured them that these would disappear after about
275 three weeks.²⁸ Nurses advised patients to disclose their status to a friend, spouse or relative
276 at home, who could assist them in adhering to treatment. After the initial meeting, patients
277 visited Rixile clinic each month to undergo medical check-ups, receive refills and attend
278 HIV support-group meetings.²⁹

279 Medical personnel and patients alike mentioned nausea, dizziness, insomnia and
280 swellings of the limbs as side effects of HAART. But they described vivid, frightening
281 dreams as integral to the workings of ARVs. ‘Everyone taking ARVs must have these
282 dreams’, I was told. ‘Your immune system is down, and the tablets fight the virus. The
283 dreams are a sign that they are working’. These effects were anticipated. Doreen
284 Maluleke recalled that nurses at Rixile told her that ARVs might cause her ‘to see
285 ghosts’. Another research participant, Dan Khosa, said: ‘when you take these tablets
286 and go to sleep, you have been forewarned’.
287

288 **Serious Dreams of a Special Kind**

289
290 The research participants’ focus was a product of general attentiveness to dreams (*ditoro*) in
291 everyday life, which preceded the advent of HIV/AIDS. At an elementary level, residents of
292 Impalahoek distinguished between ‘mundane’ and ‘serious’ dreams, neither of which ARVs
293 induced. They recognised mundane dreams as part of everyday mental processes.
294 ‘Everybody dreams’, I was told. ‘If you dream, your brain works. If you don’t, you’re dead’.
295 These dreams either recalled past experiences or expressed well-known wishes. Because
296

297
298 26 In Bushbuckridge, tuberculosis was the single most common cause of death among HIV-positive persons.
299 See MacPherson *et al.*, ‘Mortality and Loss’, p. 588.

300 27 In the South African lowveld, people are said to ‘drink’ (*enwa* in Northern Sotho) tablets, whereas, in
301 standard English, people ‘take’ tablets.

302 28 Nearly all ARVs cause nausea, vomiting and diarrhoea. Other specific reactions are mitochondrial toxicity;
303 hypersensitivity, including rash, fever, fatigue and mucosal ulceration; lipodystrophy syndrome; anaemia;
304 poor concentration; alopecia; bone marrow suppression; dizziness; impaired concentration and hepatitis.
305 Besides vivid dreams, patients using Evavirenz, might also experience mania and impaired concentration.
306 Carr and Cooper, ‘Adverse Effects’, pp. 1423–30.

307 29 See Mfecane’s description of clinical procedures at Rixile: S. Mfecane, ‘Negotiating Therapeutic Citizenship
308 and Notions of Masculinity in a South African Village’, *African Journal of AIDS Research*, 10, 2 (2011),
309 pp. 129–38.

307 their meanings were obvious, one could narrate them to everyone. One of my research
 308 assistants, a retired teacher, told me that he regularly dreamed he was back in school. In a
 309 slightly different vein, a childless woman related that she dreamed of caring for children.
 310 She described her dream as ‘wish fulfilment’.³⁰

311 By contrast, villagers described serious dreams as bizarre or frightening. They were
 312 mindful of the possibility that their content might reveal hidden dangers, predict the
 313 occurrence of future events or convey messages from the ancestors or Holy Spirit.
 314 Dreamers shared such dreams only with trusted kin and acquaintances and took great
 315 care not to narrate their content to rivals, who might set out to harm them. Sometimes
 316 the dreams were seen to be in code, and dreamers consulted diviners or Christian
 317 ministers to interpret their meanings. Because dream images were cryptic and
 318 ambiguous, their interpretation provoked debate and compelled dreamers to scrutinise
 319 known facts in the light of novel perspectives.

320 There were, nevertheless, well-known dream symbols. Images indicating good fortune
 321 included crossing rivers, picking fruit, climbing without falling, R10 notes (the green colour
 322 denotes fecundity and growth) and trees (they indicate the presence of one’s ancestors).
 323 Dreams of flight showed that nobody could harm you. Other images were known to predict
 324 misfortune. A snake foretold an encounter with enemies; eating meat, poisoning; a fire,
 325 unfavourable talk; driving cattle home, divorce (the return of bride wealth); a whirlwind,
 326 impending trouble; riding a bicycle, suffering; a flooding river, insurmountable problems;
 327 torn clothing, poverty; chameleons, sickness (the reptile staggers); and falling, defeat. The
 328 images that foretold death included coins and R20 notes (as collected at funerals), rats (they
 329 burrow like grave diggers), nakedness (death leaves one destitute), termites (associated with
 330 tombs), a feast (a funeral meal), flowers (reefs) and a pit (it resembles a grave). Fire could
 331 foretell the death of an adult (widows burn their mourning attire after the mourning period),
 332 and, for members of the Khosa family, thunder predicted the death of a maternal
 333 grandparent. Snakes, apes, strange lights, small people and unknown white persons could
 334 indicate the presence of witchcraft.

335 Dreams of visitations by the deceased communicated ancestral displeasure and often
 336 prompted dreamers and their kin to erect tombstones at their graves. Images of therapeutic
 337 consultations might be interpreted as a calling to become a diviner or Christian healer.
 338 Elphas Bila told me that, before he established the Bright Church of the Morning Star,
 339 Biblical images plagued his dreams. In one dream he followed a star and in another he
 340 encountered a rider on a white horse, as described in the book of Revelation. Elphas also
 341 saw a fire spreading towards his house, but the flames departed soon after he prayed. The
 342 final image was of a double-edged sword descending from heaven and landing in his hands.

343 Interpretations of dream images were, nevertheless, exceedingly complex. Milton
 344 Machate, a 50-year-old man, recalled that when he was still a young man he dreamt of a
 345 whirlwind swirling around his body. But a minister told him not to worry because, in his
 346 dream, the whirlwind left him. One-week later, Milton’s former girlfriend, whom he no
 347 longer loved, informed him that she was pregnant. Fortunately, from his point of view,
 348 another young man accepted paternity and agreed to marry her. What made matters complex
 349 was that one’s own dream experiences might foretell what would happen to others, and *vice*
 350 *versa*. For example, Kaiser Manzini told me that while he was at boarding school he dreamt
 351 that a furious man with two vicious dogs chopped him to death with a tomahawk. The next
 352 morning, Kaiser received the sad news that his mother had died.

353 30 This conception resonates with Freud’s classical theory of dreams: S. Freud, *The Interpretation of Dreams*
 354 (New York, Barnes and Noble, 1994 [1900]).
 355

The ability to derive transcendent meaning from dreams was a valued index of spiritual power. One afternoon during the late 1990s, my research assistants introduced me to Nelius Chiloane, a ZCC minister and renowned interpreter of dreams. Nelius described this ability as a blessing and told us that many years ago he had foreseen the advent of South Africa's democracy. In a dream, Nelius saw black and white children – both girls and boys – seated on long rows of benches. They faced east. Suddenly, a Spitfire appeared from the north. But the plane changed into a horse with two riders – a black man seated in front and a white man in the rear, both holding the horse's reins. The horse then disappeared into a cloud. 'At the time I did not know what the dream meant. It is only now, with the political changes happening in our country, that I realise what my dream was about'. The children, he argued, represented the future, the metamorphosis of the plane into a horse the changing of governments, and the black and white riders showed that we would all have a say in government. 'The cloud means we'll all be in one house'.

Research participants described ARV-induced dreams as serious dreams of a special kind. They also narrated these dreams only to close kin and acquaintances, home-based carers and, in my case, to an anthropologist, who, as a white outsider, possessed neither the capacity nor the motive to perpetrate witchcraft.³¹ Their intention was not to warn others about what might happen in the future but rather to convey a deeper level of experience. ARV-induced dreams were always narrated in the first person, and engaged the dreamer's self much more directly, in an existential sense, than ordinary serious dreams. Like the dreams that diviners induced by taking certain herbs, they were seen to constitute a portal through which the ancestors and Holy Spirit could communicate messages. Research participants drew on the same code that existed for ordinary dreams to interpret their meanings. But there was novelty to their images, and HIV-induced dreams possessed even greater vividness.

ARV-Induced Dreams as Self-Scape

Hollan³² and Mageo³³ argue that dreams provide a 'self-scape' and express through the medium of public symbols, private experiences and feelings that people do not ordinarily admit to others or even to themselves. From this perspective, the narration of ARV-induced dreams constitutes a means of broaching anxieties intimately related to the sick person's condition.

This is particularly significant in a place such as Impalahoek, where the predominant response to HIV/AIDS was silence rather than confession and veiled rather than direct speech.³⁴ Even in backstage domains of social interaction, villagers did not pronounce the words 'HIV' and 'AIDS', or their nearest Northern Sotho equivalent, 'germs' (*twatši*). Instead, they used euphemisms such as the 'three letters' (*maina a mararo*), 'painful sickness' (*kukuana hloko*), or 'fashionable disease' (*bolwetsi gona bjalo*). This resonates with the practice of referring indirectly to death, for example, by saying that the deceased had 'gone to the place of the ancestors' (*o ile badimong*), or by signalling death non-verbally by turning around logs in the fire so that their thick ends face the centre.

31 In local knowledge, white persons are generally deemed to be incapable of practising witchcraft. See I. Niehaus with Mohlala and Shokane, *Witchcraft, Power and Politics: Exploring the Occult in the South African Lowveld* (London, Pluto Press, 2001) pp. 65–8.

32 Hollan, 'Self-Scape Dreams', pp. 61–74.

33 J. Mageo, 'Figurative Dream Analysis and US Traveling Identities', *Ethos*, 34, 4 (2006), pp. 456–87; Mageo, *Dreaming Culture*.

34 See F. McNeill and I. Niehaus, *Magic: AIDS Review 2009* (Pretoria, Centre for the Study of AIDS, University of Pretoria, 2009).

In the sections below, I use Mageo's method of 'figurative analysis' to investigate the contents of the ARV-induced dreams.³⁵ To allow analytical categories to emerge from ethnographic data, she argues, the anthropologist should seek to identify central figures, images and themes manifest in a corpus of dreams. She or he should then interrogate these, drawing on the dreamers' own interpretations and also on larger studies of the dreamers' culture. The most regularly recurring images in the dreams we recorded were: being called (5 instances), seeing 'small people' (2), attending weddings (3), confronting dangerous situations (10), encountering aggressive animals (10), visiting graveyards and/or attending funerals (8), wandering in another world (8), and meeting deceased relatives (13).

Furthermore, it is also possible to consider the relations between the different images and consider the temporal sequence in which they are told.³⁶ On average, research participants narrated five different dreams during interviews. These sequentially depict dissociation from everyday life, confronting life-threatening situations and death, entering a 'second-world' and, finally, being comforted or rescued by mystical forces of good.

Being Called

A home-based carer told me that she regularly encountered patients who complained of hearing non-existent voices calling them from the darkness. Research participants relayed the following dream experiences of being called.

Sometimes whilst I slept it felt as if someone shook me. I opened my eyes but found nobody. Then when I slept again I heard voices call my name. They would say 'Willem! Where are you? Come here!' The voices were mixed and belonged to many people. (Willem Phako, m, 52, 2013)

Another time I dreamt of seven-year-old children. They wore khaki uniforms and held cell [mobile] phones in their right hands. I did not know one of them, but I was meant to follow them. The kids were zombies. They were not living humans. (Reggie Ngobeni, m, 48, 2008)

I used to hear voices when I slept. I heard people say: 'We want to kill you!' It was only male voices ... The voices came from outside. I thought it was witches who wanted to make me mad and turn me into a zombie. (Nomsa Ubisi, f, 35, 2013)

Dreamers themselves suggested that the images might depict a situation in which witches attempted to transform them into nocturnal servants of diminutive size (*ditlotlwane*, 'zombies' in vernacular English), and transport them to a world of darkness and death. This interpretation accords with the notion that the appearance of 'small people' in ordinary serious dreams indicates the presence of witchcraft. This theme is most apparent in Reggie Ngobeni's dream of children with mobile phones calling him to follow them. Villagers likened the status of persons with AIDS, afflicted with an incurable sickness, to nocturnal servants, who were the quintessential living dead.

Weddings and Virilocal Marriage

The image of weddings featured in three ARV-induced dreams narrated by women, but in none of those narrated by men. These included the description of a wedding by Jane Nyalungu in the opening paragraph of this article and by Pricilla Nyathi's recollection of the following dream:

35 Mageo, 'Figurative Dream Analysis'.

36 See Kuper's elaboration of a structural approach in the study of dream sequences: A. Kuper, 'The Structure of Dream Sequences', *Culture, Medicine and Psychiatry*, 7, 2 (1983), pp. 153–75.

I walked along the road to Ludlow. I came upon a large community hall near a mortuary. I entered and saw a wedding for white people. The pastor was a black man, and he was talking. I exited the hall and I saw a car with Indians. They called me to join them, and whispered, 'Come! Come!' When I entered the car, they tried to clothe me in a wedding dress. They showed me the groom, who was an Indian man. In a loud voice I screamed 'No!' The people in the hall also came out and shouted at the Indians. They also screamed 'No'. Then I awoke. I was covered in sweat. (Pricilla Nyathi, f, 38, 2014)

Following patri-virilocal marriage rules, weddings involved the relocation of women from the familiar home of their own kin to the unfamiliar home of their affines. When viewed in the context in which it is told, this movement resonates with the experience of being captured by witches and with the fear of being alienated from loved ones through sickness. It is telling that the wedding hall in Pricilla Nyathi's dream was located next to a mortuary. Pricilla told me that her own marriage ended disastrously. In 2006, her husband separated from her and failed to pay maintenance money for their four children. 'I am suffering because of that'. Patricia told me that Indian men are prone to practise witchcraft. 'Maybe a white man is better. Maybe he won't allow me to starve'.

Confronting Life-Threatening Danger

Whereas ordinary serious dreams contained omens of pending misfortune, ARV-induced dreams portrayed direct, unmediated encounters with life-threatening situations. But none of the narrated dreams referred directly to sickness. Instead, danger seems to have been displaced on to other, more concrete, situations of danger. These ranged from confronting intruders in their homes, witnessing warfare, being engulfed by flames or surrounded by stagnant water.

Once I did not know if I was asleep or awake. I saw a man and a woman in my room standing right in front of me. They held a stick [*knobkerrie*] and wanted to beat me. They do not want to talk. ... As they were about to hit me, I opened my eye. Then I realised that it was a dream. (Sidney Phiri, m, 50, 2013)

I dreamed I saw someone outside my home trying to open my window. He was a man – a black man. I could see his image. I thought he was a *tsotsi* [thug]. The next morning, I looked for [foot] prints, but I could not see anything. (Betwell Ndlovu, m, 52, 2013)

I dreamt I looked up and I saw a large mountain. There were lights from the centre of the mountain. They were red – like traffic lights ... There were also large shiny rocks. They made me afraid. I wanted to evade the light, so I turned around [...] and I fled through bushes ... Then, suddenly soldiers came towards me. (Betwell Ndlovu, m, 50, 2013)

I saw ... soldiers shooting and fighting in the bush outside my home. There was a war and planes were going up and down to prevent the war. Some flew upside down. Some had people; others did not. There were loud sounds from the guns. (Khensani Nkuna, f, 40, 2013)

I was walking. Then water blocked my way. The water was stagnant and did not flow. I could not see the end and I could not swim across. Then I looked back and there was also water. I could not return and I was not going to make it. The water surrounded me. (Godfrey Mashile, m, 36, 2013)

We can fruitfully see these images as 'multivocal symbols' that unite disparate levels of experience.³⁷ Invaders in one's home capture explicit fears of burglary and perhaps also of

37 V. Turner, *The Forest of Symbols* (Ithaca, Cornell University Press, 1967), pp. 20–24.

the uncontrolled influx of foreigners into Bushbuckridge.³⁸ At an implicit level, this image also resonates with anxieties about the invasion of one's body by viruses. My research assistants reminded me that in the cosmology of Zionist and Pentecostal Christianity, the body is a house of the Lord. From this perspective, the image of a house on fire connotes the experience of a body in fever. *Fiša*, the Northern Sotho term for heat and fever, also denotes pollution resulting from the disorderly mingling of substances.³⁹ Warfare and soldiers recalls a long history of violence associated with government's use of security forces to suppress uprisings against apartheid and, more recently, service delivery protests and strikes.⁴⁰ In biomedical discourses, as encountered in treatment literacy workshops, the metaphor of warfare denotes the confrontation within the body of viruses and antibodies, called 'soldiers' (*masoja*). Images of red lights suggest arrested travel, as in traffic lights, and stagnant water, infertility and the end of life.

Aggressive Animals

Whereas men's dreams portray diffuse dangers, women's dreams more frequently refer to attacks by aggressive animals. This is evident in the dream narrations below.

There were snakes at my gate and inside my room. They were brownish in colour. Some bit me on my hands, others bit my feet. I trampled on them and I ran outside. (Betty Nyalungu, f, 43, 2013)

I saw elephants come from the bush. They entered the houses. I saw people crying for help. An elephant chased one person, and he ran, screaming 'Joojoojoo!' The elephants caught some people and trampled them to death. (Nomsa Ubisi, f, 36, 2013)

I heard voices in the forest. To my surprise, I saw baboons speaking their own language, like humans. There was lots of food and the baboons were clothed. They were dressed for a wedding. The priest was a baboon and the guests were all baboons. I was not afraid and I wanted to see the wedding. Suddenly a pool of water appeared. I did not know how to swim and I feared the water. (Pricilla Nyathi, f, 38, 2014)

I saw frogs jumping and locusts jumping. I also saw a lizard that wanted to drink water ... I also saw a cow fight another cow ... It happened right here in my house, in my bedroom. (Sidney Phiri, m, 50, 2013)

Through narrating dreams about animals, research participants were able to broach emotions associated with the 'lower self'. In local knowledge, animals lack the restraints that culture imposes upon conduct, and animal behaviors are the product purely of instinct and desire (both *duma*). People sometimes used animal names to refer derogatorily to those who behaved anti-socially: someone who turned against his or her kin might be called a 'dog' and a lazy person a 'donkey'. Villagers also associated snake- and ape-like witch-familiars, such as the *tokolotši* and *Mamlambo*, with the lust for money and unrestrained sexual passion.⁴¹

Animal aggression was particularly pertinent to emotions of anger. In interviews, research participants avoided reference to how, and by whom, they had been infected with HIV. Suppression of this issue was most clearly apparent in the case of women. According to villagers, the first men who died of AIDS were infected by extramarital lovers while

38 I. Niehaus, 'From Witch-Hunts to Thief-Hunts: On the Temporality of Evil in South Africa', *African Historical Review*, 44, 1 (2012), pp. 29–52.

39 I. Niehaus, 'Bodies, Heat and Taboos: Conceptualising "Modern Personhood" in the South African Lowveld', *Ethnology*, 41, 3 (2002), pp. 189–207.

40 During the Marikana massacre, which took place in August 2012, members of the South African Police Services shot and killed 41 striking workers at the Lonmin platinum mine. Although the shootings happened close to Rustenburg, images of them were repeatedly screened on television and they were widely discussed in Impalahoek.

41 Niehaus with Mohlala and Shokane, *Witchcraft, Power and Politics*, pp. 147–50.

working in urban areas. Women with AIDS were more likely to have been infected by their spouses, upon whom they depended for financial support.⁴² Displaced anger is most notable in Betty Nyathi's and Nomsa Ubisi's dreams about elephants and snakes. It is significant that Ndlovu, the surname of Nomsa's husband, is 'elephant' in Setswati. Pricilla Nyathi's dream about the wedding of baboons elaborates upon the theme of her earlier dream and problematises the categorical distinction between culture and nature. The locusts and frogs in Sidney Phiri's dream might refer to Biblical plagues, or more likely to witchcraft. In local belief, witches inserted reptiles into the bloodstreams of their victims, which then consumed their flesh from the inside.

Funerals and Graveyards

In ARV-induced dreams, encounters with death are most apparent in the figures of corpses, skeletons, coffins and graveyards and in the theme of funerals.

I ... saw myself walking by a graveyard. We were burying my friend. (May Mokoena, m, 38, 2012)

A hearse came towards me, carrying people in coffins. The undertaker stopped the hearse and asked me 'Come and see the corpses'. When I looked, I saw my dead relatives. They were my elder brother, my sister and my sister's daughter, who had died long ago. I collapsed of grief. (Dora Nyathi, f, 38, 2013)

I saw a skeleton and I was scared. The skeleton stood inside my house. It was talking and its mouth was moving as it spoke ... There were also coffins in my home. They were not for me. They were for other people. There were so many coffins in my room. It looked like a mortuary. All the coffins were empty. (Sara Khosa, f, 35, 2013)

I dreamed that corpses lay scattered on the ground and on the streets. I trampled over the corpses. There were so many but I could not recognise any of them. It seemed as if someone had killed these people. (Rose Mohlala, f, 43, 2013)

Residents of Bushbuckridge often equated HIV/AIDS and death and sometimes referred to persons with AIDS as living corpses (*setopo sa gopela*), who were 'dead before dying'. Years of experiencing the deaths and attending the funerals of kin and neighbours who suffered from AIDS-related diseases reinforced these equations and representations. The traumatic nature of such encounters with death is most dramatically apparent in Reggie Ngobeni's account of witnessing fellow patients die in the tuberculosis ward of Tintswalo hospital. The content of ARV-induced dreams addressed this emotionally overwhelming topic. Although the dream images were graphic representations of death, they did invoke some projection as they portrayed the deaths of others rather than the self. Through time, positive responses to HAART have generated a new set of concerns centred upon the burden – and perhaps also the guilt – of survivors. Dora Nyathi spoke of the death of her brother, who refused to test for HIV antibodies, two years prior to our interview; and Rose Mohlala referred to the death of her sister, whose three children she cared for, in 2006.

Being in a Second World

Images of being suspended on heights or wandering in another, unknown, world were also prominent. The emotions associated with these images were ambiguous: they proved anxiety, but sometimes also the desire to enter this 'second world'.

42 I. Niehaus and G. Jonsson, 'Dr. Wouter Basson, Americans and Wild Beasts: Men's Conspiracy Theories of HIV/AIDS in the South African Lowveld', *Medical Anthropology*, 24, 2 (2005), p. 181.

613 I found myself standing on top of a very high bridge. I did not know how I got there. There
 614 was a rope going down and I descended using the rope, but I could not reach the bottom
 615 [...] I could not go forward, and I could not go backward. It was light, and I could see
 616 down there. I could see trees on the ground. (Eric Mnisi, m, 35, 2013)

617 I found myself on a very high place. I saw myself on a mountain and looked down. I looked
 618 from the ridge and saw that it was dark and very deep. I was so scared I would fall. (Nomsa
 619 Ubisi, f, 36, 2013)

620 I saw a strange place. There were no houses but I saw people herding animals. I also saw
 621 sheep and green grass. It was a very nice place. I admired it and wished to go there. I tried
 622 to get to the people but could not reach them. Maybe it was heaven. (Godfrey Mashile, m,
 623 36, 2013)

624 I saw myself walking in another country. I did not know where I was. It was not South
 625 Africa. I did not know how I got there and I did not know which direction to take. (Richard
 626 Mashego, m, 45, 2013)

627 The dreams of standing on high bridges or on mountains relays a feeling of being in a
 628 liminal space, outside ordinary social life.⁴³ Eric Mnisi's dream of hanging on a rope
 629 between earth and sky clearly resonates with the position of critically sick persons
 630 suspended in a zone between life and death, where hopes of recovery are
 631 counterbalanced by fears about the sustainability of HAART. The dreams of heights and
 632 of mountains have a strong religious underpinning. Speakers of Northern Sotho
 633 sometimes used the word *godimo*, which literally means 'towards' God' (*Modimo*), to
 634 refer to heights. In Zionist and Pentecostal Christian cosmology, mountains feature as
 635 quiet places of contemplation close to God, where one prays in times of distress and
 636 fasts in a search of physical and spiritual renewal.⁴⁴ Although Godfrey Mashile was not a
 637 regular churchgoer, he equated the other world of his dream with the Christian notion of
 638 heaven. In direct contrast to the world of darkness and death, where the nocturnal
 639 servants of witches exist, the world of Godfrey's dream was light, covered with trees and
 640 with fertile grass providing grazing for sheep. There is not only fear and confusion but
 641 also a desire to enter this world.

642 *Meeting the Deceased*

643 As in the case of ordinary serious dreams, visitations by deceased persons in ARV-induced
 644 dreams provoked great interest.

645 I saw ... those who had passed away long ago. My son, my mother, my father and my
 646 grandfather stood in front of me. In real life they are all dead. They did not say anything.
 647 They only stood in my room. They walked around where I was sleeping. In my dream they
 648 were naked, all of them. (Nomsa Ubisi, f, 36, 2013)

649 In my dream I played with my cousin. We were skipping rope. My wife [who is deceased]
 650 came to me and said, 'Can't you see it is late! Let's go home!' Then she took me by the
 651 hand. (Petros Maunye, m, 43, 2013)

652 I saw my deceased mother's face – not her body, only her face. She told me that everything
 653 will be alright. (Betty Mohlala, f, 28, 2013)

661
 662
 663
 664
 665
 666
 667
 668
 669
 670
 671
 672
 673
 674
 675
 676
 677
 678
 679
 680
 681
 682
 683
 684
 685
 686
 687
 688
 689
 690
 691
 692
 693
 694
 695
 696
 697
 698
 699
 700
 701
 702
 703
 704
 705
 706
 707
 708
 709
 710
 711
 712
 713
 714
 715
 716
 717
 718
 719
 720
 721
 722
 723
 724
 725
 726
 727
 728
 729
 730
 731
 732
 733
 734
 735
 736
 737
 738
 739
 740
 741
 742
 743
 744
 745
 746
 747
 748
 749
 750
 751
 752
 753
 754
 755
 756
 757
 758
 759
 760
 761
 762
 763
 764
 765
 766
 767
 768
 769
 770
 771
 772
 773
 774
 775
 776
 777
 778
 779
 780
 781
 782
 783
 784
 785
 786
 787
 788
 789
 790
 791
 792
 793
 794
 795
 796
 797
 798
 799
 800
 801
 802
 803
 804
 805
 806
 807
 808
 809
 810
 811
 812
 813
 814
 815
 816
 817
 818
 819
 820
 821
 822
 823
 824
 825
 826
 827
 828
 829
 830
 831
 832
 833
 834
 835
 836
 837
 838
 839
 840
 841
 842
 843
 844
 845
 846
 847
 848
 849
 850
 851
 852
 853
 854
 855
 856
 857
 858
 859
 860
 861
 862
 863
 864
 865
 866
 867
 868
 869
 870
 871
 872
 873
 874
 875
 876
 877
 878
 879
 880
 881
 882
 883
 884
 885
 886
 887
 888
 889
 890
 891
 892
 893
 894
 895
 896
 897
 898
 899
 900
 901
 902
 903
 904
 905
 906
 907
 908
 909
 910
 911
 912
 913
 914
 915
 916
 917
 918
 919
 920
 921
 922
 923
 924
 925
 926
 927
 928
 929
 930
 931
 932
 933
 934
 935
 936
 937
 938
 939
 940
 941
 942
 943
 944
 945
 946
 947
 948
 949
 950
 951
 952
 953
 954
 955
 956
 957
 958
 959
 960
 961
 962
 963
 964
 965
 966
 967
 968
 969
 970
 971
 972
 973
 974
 975
 976
 977
 978
 979
 980
 981
 982
 983
 984
 985
 986
 987
 988
 989
 990
 991
 992
 993
 994
 995
 996
 997
 998
 999
 1000

43 Turner, *The Forest of Symbols*, pp. 94–113.

44 B. Sundkler, *Bantu Prophets in South Africa* (London, Oxford University Press, 1961), p. 334.

664 My house was burning and everything inside was burning, even my bed. Then my deceased
 665 sister arrived. She said, 'I come to help'. [...] She and her friends came with buckets full of
 666 water and managed to extinguish the fire. (May Mokoena, m, 35, 2009)

667 I had this dream. I'll never forget it in all my life. I lay in my bed. There was no roof on top
 668 of the house. It was only the blue sky. Then my grandmother came from the sky. She came
 669 in the form of an angel. She wore a white cloth, had wings and spoke to me. She stood on
 670 top, raised her hands and said 'Son! You'll never die! You'll survive! So, please, go and
 671 preach the gospel!' Then, after a few minutes, she disappeared into the blue sky. (May
 672 Moekoena, m, 35, 2009)

673 Beliefs in the spiritual presence of cognatic ancestors formed the basic template for the
 674 interpretation of these dreams. The advent of Christian churches had not displaced this
 675 belief. This is particularly true of the ZCC, which emphasised the benevolence of
 676 cognatic ancestors, though acting in a subsidiary capacity to the Holy Spirit. While
 677 ministers of the church did not condone sacrifices, they did pray that descendants might
 678 be reconciled with their deceased ancestors. The deceased in the narrated ARV-induced
 679 dreams included grandparents, parents, spouses, siblings and children, who might not
 680 actually be invoked as ancestors. They were more commonly female ancestors, with
 681 whom dreamers had tender and caring relations, than male ancestors, whom the dreamers
 682 were obliged to obey and respect. The female deceased were a comforting presence who
 683 took the dreamer by the hand, doused the flames, reassured him or her and
 684 communicated a hopeful message. The Christian underpinnings of these dreams is most
 685 clearly apparent in the dream of May Mokoena. During 2005, when his grandmother
 686 appeared to him, he was bedridden and suffered from severe diarrhoea. May perceived
 687 his dream as a mystical experience and narrated its contents to a pastor of his church:
 688 the pastor revealed that his grandmother was actually 'an angel from God'. In some
 689 other dreams, notably that of Petros Maunye, the status of the deceased is ambiguous: it
 690 is unclear whether his sister aided his recovery or simply welcomed him to
 691 another world.

692 The dream below, narrated by John Mathebula, also relays the theme of rescue but refers
 693 to the Holy Spirit rather than ancestors.

694 I dreamed that I was inside a coffin and that four men carried me towards the cemetery.
 695 The men had already dug my grave and they lowered my coffin into the grave. I cried
 696 for help and I hit the inside of the coffin with my fists. Just before my coffin touched
 697 the ground, a strong wind came and pushed it from the grave. The men now tied the
 698 coffin with ropes and tried to lower it a second time, but the wind again pushed it from
 699 the grave. I heard voices saying, 'this man does not want to die! We failed to bury
 700 him!' The third time they used a machine from the morgue to lower my coffin. But at
 701 the same level, the wind pushed the coffin out. Now I was free and I ran away. The
 702 men followed me. But the wind blew me free and put me on level ground. Then I heard
 703 another voice saying, 'my son! I've rescued you! Pray for seven days!' (John Mathebula,
 704 m, 54, 2013)

705 John Mathebula himself offered an interpretation for elements of the dream. He suggested
 706 that the four men might have been witches who were envious of his skills as a builder, and
 707 that God sent the wind and spoke to him. 'It was a huge voice', John said, 'an echo followed
 708 the words after they were spoken'. In Northern Sotho, the term 'wind' (*moya*) has a broad
 709 frame of reference and denotes 'breath', 'spirit' and 'soul'. John equated religious salvation
 710 and physical recovery. In this respect, his ARV-induced dream resembles the 'conversion
 711 dreams' that Christians narrate during church services.

The Journey to Recovery and Understanding

Research assistants used a far broader perspective than biomedical practitioners to assess the efficacy of ARVs. From a biophysical standpoint, their experience of curing was uneven. Three research participants, who claimed to have adhered faithfully to HAART, initially recovered from opportunistic infections, but then succumbed to what health workers described as drug-resistant tuberculosis. Another HAART user, who was pregnant and severely ill in 2012, lost her baby but fully regained her own health. Godfrey Mashile and May Mokoena made the most dramatic recoveries. Godfrey's weight almost doubled, from 34 to 63 kilograms, in less than a year, and May's CD4 count increased from 34 in 2005 to 781 in 2007. May subsequently embarked upon a career as an AIDS activist and regularly gave talks about AIDS to farm labourers and teachers.

But, for my research assistants, the efficacy of ARVs transcended the physical and stretched well into mystical domains. ARVs did not merely effect physical recovery, but also provided insight and understanding. Anthropologically, we can compare the sequences of ARV-induced dreams with the songs and chants of shamans who assist women in cases of childbirth during the well-known South American *cuna* ritual. Through these, the shaman relays a mystical journey, in which he seeks to retrieve the woman's soul from the underworld. The shaman's ordeals, according to Levi-Strauss,⁴⁵ resonate with the sick woman's struggles. The songs and chants name her pains, place them in a meaningful conceptual framework and thereby render them sufferable. They combat hopelessness by ordering chaotic sensations and bringing them to a level where they can be addressed. Similarly, the sequence of images in ARV-induced dreams depict a journey in which dreamers are separated from everyday social intercourse, confront life-threatening sickness and are then re-integrated into new social networks. Like the songs and chants of the South American shaman, the images locate chaotic and unspeakable sensations in meaningful conceptual and discursive frameworks. They give shape and form to the innermost feelings, anxieties and hopes of persons with HIV/AIDS.

Research participants portrayed the journey as a frightening experience, which required courage and endurance. Reggie Ngobeni said he was petrified of the dreams the tablets gave him. 'Each time the sun set', he said, 'I used to shiver'. Yet through confronting danger and death, dreamers achieved self-mastery and personal transformation. Livingston observes that, in southern Africa, forbearance in the face of pain in circumcision lodges and birthing huts is essential to growth and to the making of adults.⁴⁶ This precept concurs with the Christian conception (shared to some extent by political movements) that suffering is a prerequisite for salvation (and for the attainment of political liberation). The endurance of danger and pain also 'battle-hardens' persons.⁴⁷ This logic is evident in the status of widows. Having experienced the death of a spouse, they attained a certain level of immunity against the pollution of death. Only widows could undertake certain tasks at funerals, such as cleansing corpses and comforting recently widowed women.

While frightening, ARV-induced dreams diluted the overwhelming experience of AIDS-related sickness. The dreams depicted dreamers confronting intruders and heights rather than their own decomposing bodies, and predators rather than their own lovers and spouses who had infected them with HIV. The dreams externalised death by showing the corpses of

45 C. Levi-Strauss, 'The Effectiveness of Symbols', *Structural Anthropology: Volume 1* (New York, Basic Books, 1963), pp.186–205.

46 J. Livingston, *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic* (Durham, Duke University Press, 2012).

47 S. Heald, 'The Ritual Use of Violence: Circumcision among the Gisu, Uganda', in D. Riches (ed.), *The Anthropology of Violence* (Oxford, Blackwell, 1986), pp. 70–85.

others or depicted death in a positive light by showing dreamers roaming in a fertile new world and being reunited with deceased kin. The dreams were devoid of sexual content, thereby forestalling the victim-blaming that is prominent in other discourses about AIDS.

A remarkable aspect of the use of ARVs is that, in addition to physical recovery, some research participants claimed to have gained the mystical ability of foretelling the occurrence of future events through dreams. This is evident in the opening vignette of Jane Nyalungu, who claimed that ARV-induced dreams had strengthened her divinatory abilities. May Mokoena remarked that ‘now’, since his recovery, ‘if I dream of something, it will happen’. He said that whenever he dreamed of gravel roads, buses, cars or a feast, there would be a funeral. Doris Malebe relayed that she, too, gained the gift of prophecy. A recent dream, she said, foretold the death of a distant cousin. ‘Being sick has given me special power’.⁴⁸

Conclusions

Since 2000, humanitarian organisations have recognised AIDS as a global emergency and have committed themselves to universal solutions such as access to HAART, training modules and confidential technologies.⁴⁹ The transnational distribution of ARVs and universal modes of treating HIV/AIDS have not brought about unitary ‘regimes of values’ nor a ‘thickening hegemony’ of biomedical discourses.⁵⁰ Rather, the circulation or flow of ARVs has given rise to ‘enclaving’, in which producers, nationalist elites, clinicians, community-based health workers and consumers might impose different meanings on them.⁵¹ Villagers of Bushbuckridge have subscribed neither to President Mbeki and his health ministry’s controversial views about the toxicity of ARVs nor to narrow biomedical views on their effects and efficacy. Instead, they perceive the workings of ARVs in terms of a broader ‘health world’, encompassing well-being of the physical body and of the person’s standing in relation to social actors and spiritual agencies.⁵² The centrality of dreams in narratives of sickness shows that research participants seldom distinguished between their effects and side effects.⁵³

There is little evidence to suggest that vivid, frightening dreams impeded adherence to HAART. Studies elsewhere in South Africa show that the ‘side effects’ of medication is hardly ever a reason for the discontinuation of treatment.⁵⁴ For research participants in Bushbuckridge, ARV-induced dreams attested to their therapeutic power and ‘mystical efficacy’.⁵⁵ The dreams conferred special insight, battle-hardened dreamers against dangers, immunised them against the pollution of death, and created a portal for spiritual agencies, such as the ancestors and Holy Spirit, to manifest themselves.

48 The mystical power of ARVs was apparent in their recreational use. I constantly heard rumours that young rascals who were known to engage in housebreaking and theft stole the ARVs of patients walking home from Rixile clinic. They crushed the ARVs, mixed their powder with cannabis and manufactured a concoction called *nyaope* (‘river fish’ in Tsonga). When smoked, *nyaope* allegedly had potent hallucinatory effects that released users from their daily concerns and bestowed confidence and bravery. I was unable to interview anyone who had smoked ARVs.

49 Nguyen, *The Republic of Therapy*.

50 L. Butt, ‘Can You Keep a Secret? Pretences of Confidentiality in HIV/AIDS Counselling and Treatment in Eastern Indonesia’, *Medical Anthropology*, 30, 3 (2011). pp. 319–38.

51 Van der Geest *et al.*, ‘The Anthropology of Pharmaceuticals’.

52 P. Germond and J. Cochrane, ‘Health Worlds: Conceptualizing Landscapes of Health and Healing’, *Sociology*, 44, 2 (2010) pp. 307–24.

53 N. Etkin, ‘“Side Effects”: Cultural Constructions and Reinterpretations of Western Pharmaceuticals’, *Medical Anthropology Quarterly*, 6, 2 (1992), pp. 99–113.

54 M. Dahab, K. Kielmann, S. Charalambous, A. Karstaedt, R. Hamilton, L. la Grange, K. Fielding, G. Churchyard and A. Grant, ‘Contrasting Reasons for Discontinuation of Antiretroviral Therapy in Workplace and Public-Sector HIV Programs in South Africa’, *AIDS Patient Care and STDs*, 25, 1 (2011), pp. 53–9.

55 Van der Geest *et al.*, ‘The Anthropology of Pharmaceuticals’, p. 169.

817 In his classical study of the South American *cuna* ritual, Levi-Strauss suggests that both
 818 shaman and psychoanalyst construct a myth for sick persons to live by.⁵⁶ But whereas the
 819 shaman speaks, the psychoanalyst listens and helps patients to create their own myths,
 820 drawing on elements from the past. In the case of ARVs, the process of articulation was
 821 more complex. ARV-induced dreams revealed images, prompting dreamers to reflect upon
 822 and speak about aspects of their experience that might otherwise remain inaccessible and
 823 unsaid. These include women's gendered concerns about the transitions brought about by
 824 marriage and about dangers and aggressions lurking at the heart of the most intimate of
 825 relations. By taking these dreams seriously and listening to sick persons recount their
 826 content, health workers could achieve deeper understanding of the anxieties and hopes of
 827 persons living with HIV/AIDS and provide more appropriate care.

828 **Acknowledgements**

829 I thank my research assistants, the late Eliazaar Mohlala, Jane Ndlovu and Eric Thobela,
 830 for their help. I presented earlier versions of this article to Anthropology Seminars at the
 831 London School of Economics and Konstanz University. Many of the themes of this
 832 article are explored in greater depth in my forthcoming monograph *AIDS in the Shadow*
 833 *of Biomedicine* (London, Zed Books).

834 ISAK NIEHAUS

835 *Department of Social and Political Sciences, Brunel University, Uxbridge, Middlesex*
 836 *UB8 3PH, UK. E-mail: Isak.Niehaus@brunel.ac.uk*



866 56 Levi-Strauss, 'The Effectiveness of Symbols', p. 204.