

End-of-Life Dreams and Visions: A Qualitative Perspective From Hospice Patients

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Abstract

End-of-life dreams and visions (ELDVs) are well documented throughout history and across cultures with impact on the dying person and their loved ones having profound meaning. Published studies on ELDVs are primarily based on surveys or interviews with clinicians or families of dead persons. This study uniquely examined patient dreams and visions from their personal perspective. This article reports the qualitative findings from dreams and visions of 63 hospice patients. Inductive content analysis was used to examine the content and subjective significance of ELDVs. Six categories emerged: comforting presence, preparing to go, watching or engaging with the deceased, loved ones waiting, distressing experiences, and unfinished business.

Keywords

end of life, dying, end-of-life experiences, dreams, visions, end-of-life care

Introduction

End-of-life experiences have been of interest to the public and health professionals alike for many years. Research in this area has helped to promote recognition of the importance of the end-of-life experience in helping patients resolve life issues and prepare for death. These phenomena have been described and categorized in various ways.¹⁻¹⁵ The present study focused on end-of-life dreams and visions (ELDVs) that are distinct from near-death experiences and other end-of-life phenomena.

End-of-life dreams and visions are well documented and have been reported throughout different cultures and recorded across history.^{5,12} People nearing the end of life often experience increasingly vivid and memorable dreams.¹² This observation is consistent with the hypothesis that dreams and visions are intrinsic to the transition from life to death.¹⁶ Most research indicates that ELDVs occur in close proximity to death with the time frame ranging from hours, days, weeks, or even months prior to death.^{3,8,10,11,14}

The content of ELDVs are varied and often include previously dead family members, pets, or currently dying individuals in the family.^{3,11,14} These experiences may involve visual, auditory, and/or kinesthetic experiences,¹⁰ with visions occurring during a wakeful state or dreams occurring during sleep. The ELDVs may also contain references to traveling, which some view as prognostic sign of approaching death.¹⁴ Furthermore, the content of ELDVs may be culturally influenced. For example, American patients typically report

seeing dead loved ones, whereas patients from India are more likely to experience deathbed visions that include religious figures.⁵ There are mixed findings regarding the presence of religious elements within ELDVs.^{3,14} The ELDVs are often described as existential phenomena, associated with a strong spiritual connection and sensitivity, which allows the patient to experience images of previously dead friends and relatives.³ Although these events are sometimes interpreted as religious experiences or spiritual visitations, they are often considered meaningful even in the absence of spiritual connotations.¹⁰ However, ELDVs may be spiritually transforming, as patients have described dead loved ones as messengers guiding them on their journey through death.¹¹

The ELDVs provide a source of meaning, often in the form of hope and comfort, to the dying patient and family and may serve to enhance family bonds.^{3,6,14} Studies suggest that these experiences provide patients with feelings of joy, serenity, happiness, hope, information, and control over their fate.^{11,17} In addition, they may help patients to process unfinished business

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Table 1. Demographic Information.

| Characteristics | N / % | % |
|--------------------------------|-----------|------------|
| Age | 75.05 (M) | 14.28 (SD) |
| Gender | | |
| Male | 22 | 34.9 |
| Female | 41 | 65.1 |
| Ethnicity | | |
| Caucasian | 57 | 90.4 |
| African American | 3 | 4.8 |
| Latino/Hispanic | 1 | 1.6 |
| Asian/Pacific Islander | 1 | 1.6 |
| Native American | 1 | 1.6 |
| Admission reason ^a | | |
| Delirium | 29 | 46.0 |
| Pain | 24 | 38.1 |
| Dyspnea | 11 | 17.5 |
| Nausea/vomiting | 9 | 14.3 |
| Other | 9 | 14.3 |
| Constipation/bowel obstruction | 8 | 12.7 |
| Weakness | 3 | 4.8 |
| Respite | 3 | 4.8 |
| UTI | 3 | 4.8 |
| Unknown | 1 | 1.6 |
| Primary diagnosis | | |
| Cancer | 37 | 58.7 |
| CHF | 9 | 14.3 |
| COPD | 8 | 12.7 |
| Other | 6 | 9.5 |
| Dementia | 2 | 3.2 |
| CKD | 1 | 1.6 |

Abbreviations: CHF, congestive heart failure; CKD, chronic kidney disease; COPD, chronic obstructive pulmonary disease; M, mean; SD, standard deviation; UTI, urinary tract infection.

^a Percentage total >100% due to high comorbidity rate.

and lead them to get their affairs in order, reconcile with family members, and die peacefully.¹⁵

Despite research and anecdotal evidence that ELDVs provide comfort, medical professionals who are not comfortable with or experienced in end-of-life care often have difficulty accepting them as inherent to the dying process.³ As a result, ELDVs are often explained in a medical context as hallucinations with clear organic etiology (ie, sedating medications, fever, and confusional states such as delirium).¹⁰ Research studies have shown that this lack of recognition further isolates patients, making them fearful of ridicule^{1,2,10,14} and therefore uncomfortable discussing these experiences with their doctors.¹⁵ Discounting this comforting and meaningful experience can be detrimental to both patient and family quality of life and satisfaction with care.^{2-4,15}

Although the importance of deathbed experiences is supported by the literature, previous studies of ELDVs relied on interviews from secondary sources, including family members, nurses, doctors, and other medical staff.^{2,3,7,10,15} There are no published studies that have examined ELDVs through patients' own accounts. The aim of the current study is to address the noted gap through direct patient interviews to gain greater understanding of the ELDVs.

Methods

The study utilized a mixed-method design called concurrent triangulation that is used to confirm or corroborate the findings of 2 different methods in a single study.¹⁸ Using the concurrent triangulation approach, both quantitative and qualitative data were collected at the same time. To preserve the integrity of both data types, the quantitative and qualitative data were then analyzed and interpreted separately. The data described in this article are purely qualitative. The study was reviewed and approved by the Social and Behavioral Sciences Institutional Review Board of the State University of New York at Buffalo (Buffalo, NY).

This study included patients admitted to The Center for Hospice & Palliative Care (Buffalo, New York) Hospice Inpatient Unit between January 2011 and June 2012. Inclusion criteria for the study were age 18 or older; capacity to provide informed consent; and Palliative Performance Scale (PPS)¹⁹ score ≥ 40 . Exclusion criteria included diagnosis of a psychotic disorder per the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision) and/or any language or communication barrier. A total of 66 patients participated in the study over a period of 18 months. Demographic and diagnostic data are presented in Table 1.

Patients who consented to participate were interviewed daily in their room by a study investigator. The first part of the interview utilized a questionnaire that contained close-ended questions regarding the presence or absence of dreams/visions, whether these experiences happened during sleep or wakefulness, the content and frequency of the dreams/visions, the realism of these dreams/visions, and a rating of the experience of the dreams/visions on a 5-point Likert-type scale ranging from extremely discomforting to extremely comforting. Patients' responses were recorded by the investigator. This part of the interview yielded the quantitative data that were analyzed separately and will be reported in a separate article.²⁰

Open-ended questions, used to elicit more comprehensive descriptions, were asked as a follow-up to the quantitative questions. Each patient was asked to describe their experience of dreams and visions in detail. The interviewers recorded the patients' descriptions as well as observations about the patients during the session.

Data Analysis

Qualitative data, used to examine the content and the subjective significance of ELDVs, were analyzed by 2 independent researchers (C.L.N. and J.W.) using inductive content analysis, as described by Elo and Kynga's.²¹ This analysis incorporated 3 phases: preparation (selecting the unit of analysis and making sense of the data as a whole); organizing (open coding, creating categories, and abstraction); and reporting (reporting the analyzing process and results).²¹ The qualitative findings included the identification of categories that were strongly represented throughout the data. In keeping with the qualitative paradigm, the justification for these categories was not

quantified. Support for each identified category was obtained from participants' statements and stories.

Results

A total of 66 patients were enrolled in the study and 3 were excluded because they were still alive at the time the data analysis began. Of the 63 patients in the analysis, 52 (82.5 %) reported at least 1 ELDV. The organizing phase of the inductive content analysis identified 6 categories of ELDVs: comforting presence, preparing to go, watching or engaging with the dead person, loved ones waiting, distressing experiences, and unfinished business. Each of these categories was well represented by the recorded descriptions from the interviews of patients who participated in the study. Descriptions and examples of each of the categories are provided subsequently.

Comforting Presence

Dreams and visions that featured the presence of dead friends and relatives were well represented throughout the data. Some also included living friends and relatives as well as dead pets or other animals. These dreams and visions were overwhelmingly described as comforting to the patient. For example, 1 patient reported that she had frequent dreams of her dead sister sitting beside her bed. She also dreamed that she was younger, going for walks, and doing "the usual things" with her sister. She described these dreams as extremely comforting because "I am not going alone—[my sister] will be with me."

Another patient reported dreaming of her dead mother talking to her in a beautiful garden, saying "everything will be okay." This was very comforting to the patient and she told her family that she wanted to go back to sleep because her mother would be coming back. Another patient who dreamed of both dead and living friends and relatives also reported that they were all "telling me I will be OK." Yet another patient reported dreaming of his mother who had died when he was a child. The dream was so vivid that he reported smelling her perfume as well as hearing her soothing, comforting voice, saying "I love you."

Preparing to Go

Some participants reported that in their dreams they seemed to be preparing to go somewhere. One patient described seeing his parents, grandparents, and old friends in his dreams. He observed, "I know we are going somewhere, but don't know where." Another patient dreamed that he was driving around [town] and had to go somewhere, but again, he did not know where. A third patient dreamed of boarding a plane with her living son. She could not describe where they were going but reported feeling comforted. In a subsequent interview, she said that she and her son "were on the edge" of leaving. Although there were a few reports of distress because dreamers felt "hurried," the participants primarily found this experience of preparing to go somewhere to be comforting.

Watching or Engaging With the Dead

Participants in this category described the presence of others in their dreams/visions as simply being there or watching but not engaging with the patient. For example, 1 patient reported that she had dreamed of her 2 aunts standing over and watching her while she was lying on the couch. She found this to be very comforting. There were also reports, however, where patients described themselves as engaging with people in their dreams. One patient reported that her husband and her dead sister had joined her for breakfast; she also dreamed of playing cards with her dead friends. Another patient dreamed that her father and 2 brothers, all dead, were silently hugging her and playing games; then she described how "they were welcoming [her] to the dead." Yet another patient described a dream where he was able to play with and pet his dead dog. Again, these experiences were largely reported as comforting.

Loved Ones Waiting

Some patients in the study described dead friends and relatives in their dreams as "waiting for them." One woman reported that she had both waking and sleeping dreams of 6 dead family members in her room. She added that they were "waiting for me" and that it was good to see them. Three days before another woman died, she reported experiencing both waking visions and dreams of being at the top of a staircase with her dead husband "waiting" for her at the bottom of the staircase. Once again, the presence of these dead friends and family members was primarily experienced as comforting. There were, however, some patients who expressed that they were not ready to die. These patients experienced some distress at the fact that the dead were "waiting" for them.

Distressing Experiences

Not all dreams/visions experienced by the patients in the study were perceived as comforting. There were also reports of distressing dreams, some of which replayed traumatic life experiences. One patient, for example, reported dreaming of his previous war experience. A second patient reported dreaming of her son's serious injury that occurred on a naval ship. Several patients had dreams about abusive childhood experiences.

Other distressing dreams were reminiscent of difficult situations or relationships. For example, a male patient reported having distressing dreams of his brother being very critical of him and also reported distressing, anxiety-provoking dreams about his work, both of which he reported were based on actual past experiences. Yet another patient had a distressing dream in which his coworkers were trying to kidnap him. Some of the dreams in this category were described as reminiscent of negative past experiences with friends or family members, which were perceived as distressing.

Unfinished Business

Participants also reported dreams that centered on their fears of no longer being able to do the things they felt they needed to accomplish in life. One young mother, for example, had distressing dreams of her daily responsibilities with her children. The dreams involved getting her children ready for school, getting them to practices, and other parental responsibilities. A second young mother experienced distressing dreams related to real-life worries about her bills and her children. A 58-year-old woman had dreams about her living family members and reported distress over whether her daughter would get her cell phone.

Discussion

This study is the first to uniquely examine patient dreams and visions from the patient's perspective, in contrast to previous studies that have been primarily limited to caregivers (health care providers, family reports).^{2,3,7,10,15} The dreams and visions described by patients were clear, vivid accounts that were described as personally meaningful. The ELDVs appear distinct from hallucinations associated with delirium in terms of the feelings they evoke (ie, comfort vs distress) as well as the clarity, detail, and organization in which they are reported.^{6,11} Patients with delirium often exhibit disorganized thinking and an altered sensorium that may result in agitation, restlessness, and fearfulness.²²⁻²⁶ The delirium experience is often very distressing, frightening, and confusing not only for the patients but also for families and caregivers.^{22,23} In contrast, the ELDVs reported in this study had quite a different effect on patients. The dreams described in this study were, for the most part, a source of great comfort and reassurance to the patient, providing a sense of peace and in some cases a noted change in their behavior and acceptance of death. This work further emphasizes the need to clearly distinguish between delirium, a medically acute confusional state, and ELDVs, a transcendental experience that provides a source of solace to the dying patient. To mistakenly medicalize these experiences and suggest that they hold very little value would be detrimental to the dying individual's ability to communicate, find closure, and experience meaning at the end of life.^{3,14}

Dreams reported by patients in this study were typically comforting. This overarching motif is also seen in a prior study that reported comfort to be 1 of the 6 major psychosocial themes of ELDVs.¹⁷ In another study, bereaved family and friends reported the experience to be comforting and reassuring to the patient (33%, N = 40).³ The ELDVs are a largely personal and subjective experience, and reports that do not involve asking patients directly about their ELDVs may account for lower report rates compared to what we have observed in the current study. Additionally, a survey of hospice nurses (89%, N = 75) stated that ELDVs are associated with calm and peaceful deaths.¹⁰ The findings of the current study are consistent with the previous studies that describe ELDVs as a source of comfort, peace, acceptance, and peaceful death.^{6,8,10,17}

Themes of travel and impending journey were prevalent in this study. Similar findings were reported by a number of other authors.^{3,14,15} This could symbolize the process of letting go of the living world as preparation for the "journey" toward death.¹⁵ Interestingly, patients in the current study did not generally discuss their dreams in these terms. Dreams also featured travel with a dead relative, which is sometimes viewed as a prognostic sign of approaching death.¹⁴ Although most patients in the current study did not view this preparation to travel as a distressing experience, some reported a sense of urgency related to details of the travel plans; that is, their destination and how to get to the destination.

Based on patient reports, dead relatives served an important role in ELDVs, often described as seeing dead relatives and friends standing at their bedsides, watching over them or engaging with them. Of interest, little spoken dialogue took place and very often the dead persons were silent, yet patients reported that the message of comfort and reassurance was conveyed intuitively by the mere presence of their dead loved ones. Other authors have revealed similar themes of engagement with the dead¹⁷ and "invisible companions."⁸ Familiars are considered by patients to have a purpose, such as escorting them through the dying process, and possibly to help them to transition toward death.^{2,4} Other similarities found within the literature include recognizing a messenger to guide the individual on the journey through death¹¹ and seeing previously dead pets, friends, and relatives waiting for them.²

It is also important to acknowledge that not all dreams and visions were reported by the patients as comforting, as noted by others.¹⁰ The concept of distressing experiences emerged from the current data analysis involving dreams/visions about work or war that precipitated a sense of reliving unpleasant memories. Patient accounts from the current study revealed that distressing dreams were often reminiscent of past trauma.

Patients also reported that ELDVs were stressful when they focused on unfinished business, increased anxiety about family members left behind, or incomplete tasks. This may reflect the need for getting matters in order¹⁵ as well as enabling the dying to "let go" and to find new meaning in death.³ Some authors have postulated that dying patients who have unfinished business may not pass away peacefully.¹⁴ Identifying this type of ELDV may help prompt or encourage patients to address unresolved issues and find peace at the time of death.

Implications

Without an understanding that ELDVs are a normal, mostly comforting, valid experience at the end of life, family members and health care practitioners who hear patients talk about their dreams and visions may find the experience unsettling and therefore fail to recognize the significance of the experience. In addition, health care professionals may avoid discussion of patient dreams and visions, discount them, or medicalize the experience due to lack of understanding of their significance, much to the detriment of the patient.¹⁰ Seno²⁷ found that both patients and families need help when transitioning from dying

to death. Recognition and exploration of ELDVs may assist both patients and their families in making these transitions.

The current study describes the major content categories of ELDVs from the patient's perspective. These findings, which normalize the experience, are helpful to health care providers who are attempting to assist families and patients in understanding dream/vision phenomena. The finding that these experiences are comforting to patients suggests that families and practitioners should engage in conversations about the dreams and visions to further promote this sense of comfort as well as to validate the experiences. End-of-life experiences are part of a healing process that should not be ignored by the health care personnel.³ Previous studies have found that patients are significantly more likely to reveal dreams or visions to nurses than to any other health care provider.^{2,10} Initiating discussions about dreams and visions allows patients to share and presents a therapeutic opportunity for the clinicians to assist patient and their families in the transition from life to death. If the patient senses that others do not want to discuss this important experience, and they are denied the chance to communicate meaning at the end of life, there is a potential to diminish comfort and increase feelings of isolation and suffering.^{3,14}

For patients who experience distressing dreams, discussions may provide an opportunity to provide intervention and support. Previous research has suggested that discussing dreams with the terminally ill or elderly individuals may be therapeutically fruitful in assisting in life review, processing feelings regarding death, and coming to terms with past experiences.²⁸⁻³² Nevertheless, many care providers are uncomfortable discussing dreams.³³ Those who work in palliative and end-of-life care may benefit from studying the growing body of contemporary research on dream therapy. For example, the Cognitive-Experiential Dream Interpretation model³⁴ is a well-supported therapeutic technique that emphasizes using dreams to reach insight into one's life and take action to make positive change.

For families of the patient, witnessing the dying process can be a difficult experience; however, it has been shown that families draw comfort from their loved ones' ELDVs upon realizing that they are part of the dying process.¹⁰ This suggests the need for additional education for families regarding ELDVs, so they can be aware of the comfort provided by the dreams and visions and can better support their loved ones through the dying process. Families can also draw strength from knowing that the patient is experiencing a normal phenomenon and this can alleviate concerns that the patient is losing touch with reality.

Limitations

The patients for this study were recruited as part of a combined quantitative/qualitative study upon admission to one particular hospice inpatient unit. The data were collected utilizing open-ended questions to obtain a more complete description of ELDVs. The interviews were not full-qualitative interviews,

and as a result, complete saturation of the data may not have been achieved. The data that were recorded, however, provided a strong representation of the categories that were identified. Additional qualitative studies would help to gain a more complete understanding of this phenomenon.

The responses of the patients during the interviews were not audiotaped but were documented by study investigators using quotes from the patients as much as possible. The lack of verbatim transcriptions of the entire interview is another limitation of the study. However, to overcome this limitation and to promote greater objectivity throughout the data analysis, the documented responses were analyzed by independent researchers.

Another limitation of the study is the cultural homogeneity of the sample. The majority of the sample were white European Americans, mostly identifying with a Christian faith tradition. Thus, the dream themes reported in this study may not necessarily reflect the dreams of those from other cultures or faiths. Although some studies have found similar results with samples from different cultures,^{8,17} there is some evidence that religious affiliation may influence the content of dreams and visions at the end of life.⁸

Conclusion

Patients may be reluctant to share their personal experience of end-of-life dreams and visions due to fear of ridicule, distress to family, or outsider misinterpretation of mental acuity.² The current study supports the idea that ELDVs are prevalent in individuals without delirium or other psychotic disorders and that they are a mostly comforting and a valid part of the dying experience. Patients, families, and health care providers alike can benefit from recognizing and understanding these dreams and visions at the end of life. These experiences need to be viewed as a normal transition from life to death. In normalizing these experiences, the patient is better able to share and process important issues at the end of life. Health care personnel can support patients and families by encouraging, rather than avoiding, discussion of end-of-life dreams and visions.

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