As a hospice chaplain affiliated with a community hospital, I often am asked by my patients or by their loved ones to explain three phenomena: predeath visions, predeath dreams and the length of time the dying process takes. Specifically, my clients ask me about the validity of predeath visions; about the meaning of predeath dreams and why dying takes so long.

Building on some twenty-five years of near-death experience research and eight years as a hospital and hospice chaplain, I set out to research three related questions in order to better serve my patients and their family members:

1. What is the difference between a predeath vision and a hallucination?

2. Do nonresponsive/comatose people dream, and if so, what are the implications?

3. Why is the dying process often so long and so unpredictable both for alert as well as nonresponsive/comatose patients?

Predeath visions

It is not uncommon to hear family members, and sometimes even a few hospice medical staff persons, report that the patient is hallucinating. On further inquiry, however, it appears that the patient actually is having a predeath vision. It is important to differentiate between the two, as hallucinations may be pathological or a side effect of medications, while predeath visions are generally healthy for, and helpful to, the patient.

As with hallucinations, predeath visions occur when a person is awake. They may be distinguished from hallucinations in several ways. Deceased loved ones are much more likely to be viewed in predeath visions than in hallucinations. Predeath visions, unlike...
hallucinations, may be spiritually transforming. Further, they tend to be comforting rather than frightening to the patient.

Sarah’s mother provides a typical example. Sarah was extremely frightening to the patient. Further, they hallucinations, may be spiritual visions of deceased people from their past prior to having a very restful night. The following morning he was very alert and wanted cornflakes for breakfast. Soon after that, he sat up and looked past his sons. His eyes became huge and “trance-like.” He said, “Let’s go. Let’s go,” and he died within the hour.

A different sort of “sighting” occurred with Dan, who told me that when he lay down in bed, he would see the ceiling light fixture come down at him. I replied that I believed Dan was hallucinating. Adjustments subsequently were made in his medications, and this experience ceased.

Failing to distinguish correctly between predeath visions and hallucinations may have serious medical implications for the patient. If medications are decreased or stopped on the erroneous assumption that the patient is experiencing a predeath vision, there may be serious physical consequences. Conversely, treating the predeath vision as an hallucination may result in overmedication.

**Predeath dreams**

As with predeath visions, predeath dreams often are of comfort and of help in the dying process. They may be peopled by deceased loved ones who may communicate messages such as “I am here for you” or “It’s not quite your time yet, but soon.” Sometimes predeath dream imagery is more symbolic as described by a patient who frequently asked why he hadn’t died yet. In a subsequent dream, he found himself almost finished doing an ineffable project. He shared his dream with me, and I suggested that perhaps this was the answer to his question. His dream seemed to indicate that his project, i.e., his life, was almost finished. He died shortly thereafter.

Occasionally, the dream of a dying person may even be prophetic. Stan, who was dying of amyotrophic lateral sclerosis (ALS), dreamed he was pushing a sailboat into the water by himself with the horizon before him while people stood on the shore behind him. He both agreed his dream was a metaphor for his impending death. He also said the time in his dream was “3 p.m. or 4 p.m...” Initially, the time reference seemed strange, but then he added that it was a time when there was not much daylight, which brought to mind the winter solstice. Dan told me about his dream early in December, and he died the day after the winter solstice. His wife told me Stan always hated the winter solstice because of the paucity of light. She believed that he held on long enough to see it come and go.

**Length of time to die**

Often hospice patients tell me they are ready to die, but it is taking what seems to them to be an interminable length of time. Both they and their loved ones often ask why God doesn’t “call them home” sooner rather than later.

As Pete lay comatose in our hospital hospice room, his dear friend, Tina, a steadfast companion and caregiver, asked me several times why he hadn’t died yet. Everything seemed to have been taken care of, and Tina had told him he was loved and “could go.” Yet he lingered.

Edith was admitted to hospice, and seven months later she was still alive and suffering, despite ongoing, attentive nursing care. Her daughter, Maria, was greatly distressed.
She had followed all the prescribed recommendations, such as telling her mom that she loved her and that she could let go. She also had made sure that her out-of-state brother, Ted, came to visit Edith. Still Edith lived, slumped over in her wheelchair with her head on her chest, able to speak but a few words and to sleep well only occasionally, despite frequent adjustments to her medications.

While I realize there are medical factors which determine the length of time it takes to die, I believe that spiritual and emotional factors also may come into play and interface with the pathophysiological variables. When the dying process seems to be protracted, I am inclined to wonder whose need it is that death come sooner rather than later. What has become clear to me is that the patient is not on the loved one’s timetable. The loved one’s agenda is neither the agenda of the patient nor of God.

Though it is impossible to say with absolute certainty what is transpiring for each and every person dying in a protracted way, some possible explanations may be offered.

Standing at the bedside of a comatose patient, I often wonder if perhaps the dying persons may be dreaming. Two renowned experts on dreams independently communicated their professional opinions that dreaming is possible during the comatose/nonresponsive state of consciousness. Dr. Harry Hunt suggested looking for the rapid eye movements below the closed eyelids, which signal REM sleep.5 Jeremy Taylor, who has conducted extensive research on dreams, maintains that considerable spiritual and emotional work is completed through dreaming. Thus, it is possible that comatose hospice patients may be doing dream work during this time.

It is also possible that the patient may be completing a life review while comatose. Life reviews are well-known phenomena for people having near-death experiences.6 With hospice patients, the goal may be to bring the person back into spiritual and emotional balance prior to death.

Near-death experiencers and nondying comatose patients have occasionally reported having out-of-body experiences (OBEs).7 Therefore, it seems reasonable to posit that during a prolonged dying period, the comatose hospice patient may be having OBEs.

Another extrapolation from near-death experiences (NDEs) is that of a mission or missions. NDEs often report that they were sent back to their physical bodies because they still have a mission or missions to complete. Their understanding is that once they have fulfilled these, they will be allowed to “return to the other side,” i.e., they will die. Perhaps some dying hospice patients still have a mission to fulfill as well.

For example, in caring for a hospice patient, estranged family members sometimes are forced to meet, to talk and to make medical decisions together. Thus, the prolonged dying period may serve a greater spiritual good, providing time—and space—for estranged family members to begin to reconcile.

The dying patient may be using this time to take care of personal unfinished business. The patient cited above provides an example of this. During the last two months or so of her life, Edith talked repeatedly about cats: take care of the cats; protect the cats; give food to the cats; are the cats O.K.? Her comments were attributed to her mild dementia, but somehow they seemed related to unfinished business.

In conversation with her son and daughter, they told me that when she was a child, the youngest of nine and living on a farm, she loved animals and had about thirty pet cats. One day when she was away from the farm, her parents and most of her siblings drowned all of her pet cats.

Edith’s adult children told me she had been badly traumatized by this incident. I came to believe that in the last two months of her life her concern about cats was a reflection of her attempt to accept and to make peace both with the loss of her pets and with the betrayal of her parents and siblings.

Conclusion

My goal as a hospice chaplain is to provide better answers to the questions of my patients and of their loved ones about predeath visions, predeath dreams, and the seemingly long period of time the dying process may take. Differentiating between predeath visions and hallucinations may help clients having the former better cope with their dying process.

Interpreting predeath dreams may provide them with salient information about the last phase of their life. Exploring possible explanations for a protracted period of dying may give some measure of comfort both to the patients themselves and to their loved ones.6

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References
3 All names in this article have been changed to insure the confidentiality of my patients and their loved ones.
5 Dr. Harry Hunt, Brock University, St. Catharines, Ontario, e-mail to author, September 20, 2006.
5 Reverend Jeremy Taylor, e-mail to author, September 25, 2006.