Seeing the Light

End-of-Life Experiences—Visions, Energy Surges, and Other Death Bed Phenomena

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KEYWORDS

• Death bed phenomenon • Visions • Premortem surge • End-of-life dreams
• Hallucinations

KEY POINTS

- Death bed phenomena are common within the last days and weeks of life and can include visions, dreams, hallucinations, and premortem energy surges.
- These end-of-life experiences have been underrecognized and unappreciated by health care providers, often discounted as the results of medical delirium.
- General consensus among those describing these death bed occurrences is that they are a source of consolation to dying patients and families.
- Qualitative studies show that patients and families are often more likely to talk about these experiences to nurses than to other health care providers.
- Nursing interventions to normalize and validate these phenomena and open channels of communication can impact care during this period and facilitate a more peaceful passing.

Mr. B was a 77-year-old widower with advanced lung cancer who was admitted to our hospice unit. Frequently, on morning rounds he spoke about seeing his deceased wife during the night. She never spoke to him, but he found her presence very soothing. One day he described how she came and helped him into the wheelchair and took him to the hospital chapel, where his breathing difficulties resolved, and his chronic anxiety lessened.

—Hospice nurse

I could tell my mother was close to death; she was much less responsive, her breathing was becoming more difficult, and she only took occasional sips of water. At a few points during those last few days, she would arouse herself and speak a few words, talking to my father and my sister, although he had been dead for 5 years and my sister was out of the country. I rubbed her shoulder and told

Disclosure Statement: The authors have nothing to disclose.
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Nurs Clin N Am 51 (2016) 489–500
http://dx.doi.org/10.1016/j.cnur.2016.05.005 **nursing.theclinics.com**
0029-6465/16/$ – see front matter

her I was there with her. She smiled and said, "Great! We are having a wonderful time!

—Daughter of patient who died in a nursing home.

INTRODUCTION AND HISTORY

End-of-life experiences have been defined through various terms: death bed phenomenon, death bed visions, death bed dreams, near-death experiences, and nearing death awareness.[1] These end-of-life visions and dreams have been documented throughout history and across cultures.[2,3] End-of-life experiences are found in biographies and literature of all ages, from ancient Egyptian coffin design to the sightings of medieval Christian mystics and saints.[4] Paintings depict Saint Francis of Assisi on his death bed, reaching out to monks who welcome him to heaven.[5] The 14th century English mystic Julian of Norwich was struck with a life-threatening illness during a time of plague and experienced 16 religious vision preparing her for death and reassuring her—"all shall be well."[6] In *The Death of Ivan Ilyich*, Tolstoy describes Ivan's deathbed experience, writing, "In place of death, there was light. 'So that's what it is!' he suddenly exclaimed aloud, 'What joy!'"[7(pp58)] More recently, Elizabeth Kubler-Ross, in her groundbreaking work, *On Death and Dying*, discovered numerous examples of death bed phenomenon in her pioneering interviews of terminally ill patients.[8]

The general consensus among those describing these death bed experiences is that they are a source of consolation to dying patients and their families,[9] yet until recently, they have been largely discounted by the health care establishment. This article aims to summarize past research into end-of-life experiences—visions, dreams, hallucinations, and premortem energy surges—with the goal of increasing the clinical understanding and implications for the bedside clinician.

BARRIERS TO RECOGNITION OF THE CLINICAL SIGNIFICANCE OF END-OF-LIFE EXPERIENCES

Historically, the phenomena of dreams, visions, and energy surges have not been analyzed fully or integrated into the care of patients at the end of life. These end-of-life experiences have been frequently dismissed as the physiologic effects of medications, hypoxia, infection, metabolic disturbances, or other causes of delirium.[3] When an end-of-life experience is clearly manifested, the experience is often unreported, ignored by staff or family, or the patient medicated with antipsychotic or tranquilizing medications. Little attempt has been made to deeply assess the occurrence or to analyze the clinical significance.

The dearth of information about this phenomenon has resulted from a variety of barriers, including patient and family reluctance to report these events and staff failure to engage in assessment or discussion, often stemming fear of ridicule on the parts of all involved.

Furthermore, in a culturally diverse patient population, patients and families may not have adequate language skills to clearly communicate these vague perceptions. One hospice staff member describes why death bed phenomena are so difficult to explain within a medical model: "we just don't have the language to describe it, and that's the reason we don't investigate it."[10(pp21)] **Table 1** lists the common barriers to recognition of the clinical significance of end-of-life experiences.

REVIEW OF THE LITERATURE

A literature search was conducted from 2000 on to evaluate the status of the current literature exploring death bed phenomena and end-of-life experiences. Because there