

## The Healing Medicine in the Dreams and Visions of the Dying

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I AM A PRACTITIONER of Natural Dreamwork working with dream clients locally and around the country to discover the healing medicine that is in every dream, through the feelings that are in each dream, some felt, some unfelt, all with a desire to help return us to our wholeness and connectedness to our inner and outer self.

Three years ago I called our local hospice and offered to be a volunteer, to work as their dream specialist, to work with the dreams and visions of the patients and their families. While this was a new concept for them I was welcomed onto the team and our families are now offered the option of exploring dreams during this difficult and challenging time that is end-of-life care.

It was exciting to reach the part of my hospice training that mentioned that as one nears the end of their life they will most likely have intensified dreams and even visions. However, there were no suggestions on how to be with the dying in these moments, how to respond to their dreams. As a specialist working with thousands of dreams I hope I can offer some supportive suggestions here for caregivers and family, for those who are already providing incredible care for those in hospice.

So how does one step in, even if not a dreamworker? If we feel we would like to provide this different level of care for a patient, to be present with them and their dream there are ways we can open the conversation. How we can be present with our patients and meet them more deeply, where the dream or vision is asking to be met?

Several things can happen when a hospice patient, really anyone, has a dream and there are ways we can learn to be with them in this place.

Often the dreamer will not tell anyone that they are having a dream or vision. It may be confusing to them. It may be an unfamiliar experience if they've not paid attention to dreams throughout their life and they may even be frightened or confused by a dream or vision, believing they are somehow losing control of their reality.

We can simply ask, "How are you sleeping?" "Are you dreaming?" These two questions are often met by gratitude on the dreamer's part and even their families. There is also a surprising amount of relief for the dreamer. What may have been something frightening for them, dreams and visions, is being normalized. Yes, we all dream and yes, dreams at end of life may be more frequent and intense.

I was called to visit Jack in the final days of his life. He was having terrifying dreams and wanted to speak with me about them. They also frightened his wife and she told him that people would think he was crazy and to not speak of them or they would "take him away." When I arrived he and I sat together a few moments. I ask him about his dreams, "I'm not dreaming." I waited. Then he gave a lengthy description of dreams as meaningless firings of the brain. That's when I realized he thought I was there, not as a dreamworker, but as someone to evaluate his sanity. I said that what he shared is one way of looking at the dream, the way many people approach it but that my experience with dreams was different. I shared about the healing medicine in the dream, the feelings that want to be felt, and the support for us as dreamers. He listened and after a few moments quietly told me his dream. We then stepped in together to the places that scared him.

The dreamer will tell someone, a family member, a caregiver on the hospice team. Depending on the listener's own experience they may dismiss the dream and say, "oh, it's only a dream" or the dreamer may be met with an awkward silence as the listener doesn't know what to do or say. This will most likely inhibit the dreamer from sharing more dreams in the future and this is unfortunate. When we say "oh, it's only a dream" we are in a way saying that their feelings aren't real and for the dreamer these feelings are very real and they want to be able to speak of them.

Let me pause here to acknowledge that the caregiver isn't doing something wrong. The simple truth is just that most of us don't know how to respond. We want to be of help to our patients and in situations such as dreams and visions we all need help in learning how to honor them. To include in a patient's care our capacity to be with their inner needs and their outer needs can make all the difference in the dying process.

I had been visiting Glen for several weeks exploring his dreams that were full of wonderful support and connection. One of the caregivers mentioned to me that he told her he was seeing angels and that she changed the subject; she didn't know how to respond. I went to visit Glen.

MJ - "I hear you're seeing angels."

G - "No, I don't see angels."

We had already built a trust around his dreams so I didn't say anything; I waited.

After a long silence

G - "I'm lucky to see angels."

MJ - "You are. Do they say anything?"

G - "No, they just come in and stand around." (points to different places around the room.)

MJ - "What are they like?"

G - "Like you, normal people who ask what angels look like."

Glen and I sat together quietly, half smiles, knowing that we weren't the only ones in the room. This is truly such a sacred moment.

I only had the chance to visit Donna a few times before her death. She was in excruciating pain and it was hard for her to be in conversation, yet her sparkling humor would break through, "The only thing that doesn't hurt on me are my boobs." We shared this experience on what was to be my last visit as she died later that day. Donna was sitting up in bed and I was getting ready to leave, stood up and asked,

MJ - "Is there anything you need before I leave?"

D - "No, well, I can ask her" and pointed to the empty chair next to me.

I sat right back down.

MJ - "Okay, great. Yes, you can tell her - is she someone you know?"

D - "No"

MJ - "What's she like?"

D - "She's a tiny thing."

MJ - "Is she familiar to you?"

D - (looking at her, considering) "Yeah"

MJ - "What's the look on her face?"

D - "Really sweet; you don't have to be afraid of her."

MJ - "Oh, I'm not. I'm glad she's here. She knows you're in a lot pain."

D - "Yeah she does; she'll help."

We sat for a while longer and then Donna was able to lay down and rest.

It is important for ourselves and those we serve to explore our own fears, not only around death and the dying process but around the unknown, this mysterious threshold. We may feel uncomfortable and helpless in the presence of something we do not know how to fix. This is true—we cannot fix this. This is an important point. We cannot bring in traditional medicine here because this is something outside the realm of traditional medicine. There is a different medicine afoot; the healing medicine found within the dream or the vision, the feeling within the dream images. We are in the presence of the unknown and rather than being asked to fix it we are being asked to witness it, to be with it as it is and if we can, help the patient deepen into it.

In our willingness to go more deeply, when a patient shares a dream with a particular moment we can ask questions. "What was that like?" "Were you scared?" If they are feeling something in the dream, we can ask, "Are you feeling that now? Are you scared? Tell me more." And with whatever their response is, we can acknowledge it, sit quietly, and be with them as they feel this. Again, with all the medicines given to the body at this time, there is another kind of medicine, the medicine that is in feeling a feeling. We can only imagine the healing that can take place when someone, especially at end of life, can feel what has wanted to be felt their whole life or what wants to be felt in the present moment.

"I hear you're seeing angels, what's that like?" In that moment we can listen with openness and curiosity. We don't have to decide whether this is really happening or not. For the patient is it happening and for them it has meaning, a meaning that they would like to share and feel heard otherwise they wouldn't have revealed it.

We, as hospice volunteers, were taking turns being with Louise. She was highly agitated and seeing visions of her favorite sister, Marla, who had died tragically when they were teens. She kept trying to get out of her wheelchair to reach Marla and we were asked to walk her around and gently place a hand on her shoulder to keep her safe from falling. Every few seconds she would call out "Marla" and try to get out of the wheelchair. After a few minutes I thought who am I to say whether or not she is seeing Marla so I took Louise back to her room and pulled her chair up close to me. I smiled at her and nodded. She made eye contact and said, "Marla." Smiling, nodding, I said, "Marla's okay. Marla's okay." I took her hand and she held mine tightly. I repeated Marla's name back to her dozens of times. "Marla's okay. She sees you"...nodding. Longer eye contact. "Marla loves you," again and again. All the while slowing my breath, softening my voice, slowing my words, smiling gently, nodding, slowly closing my eyes. Slowly the agitation released and Louise nodded off.

I'm visiting Gavin who is sharing a dream. "In the dream I fall asleep and something happens that scares me so I say, 'I'll just wake up' which I do, but I'm still in the dream and there is a disaster, many cars crashing. So I say 'I'll just wake up' and I do. But then I'm really awake and it's so hot. I can't move to uncover or hit the call button. I'm so hot. I say, 'I'll just wake up' and I can't. It was so scary." I asked Gavin to stay with these frightening images a bit longer, to feel into them, only this time he wasn't alone. I was there with him, honoring what the dream medicine might be for him. When we got to his terror I asked Gavin to just take a breath into it and he did. He felt his terror and we stayed with it for a few breaths and then Gavin started to cry and said, "Here comes the grief." We stayed with the grief and he acknowledged that he can't wake up out of this anymore, and he knew he was dying. He said, "I always tell everyone that I'm okay that I'm dying but I'm not. I'm afraid." A few days later Gavin had a dream where he had "one more river to cross," where the boat man knew the way to the other shore. As we finished exploring and experiencing this dream, tears rose again and he said, "I feel the love." Gavin died that evening.

By asking questions and stepping more deeply into the dream, the dreamer can begin to experience their feelings, those felt or unfelt in the dream, be it sadness, fear, joy, and whatever else wants to be felt in this moment. We can reflect what a patient is saying, again without the need to explain or fix it.

In our capacity to be with the dreams of our patients, in sitting, listening, and reflecting what is happening we create a space for something else to arise, some memory, some regret, some joy, and perhaps some desire to share this out loud with another person.

Often patients want to speak of some memory, some regret, but they do not want to speak to a family member about it. As part of the trusted hospice team, we become something of a deathbed confessional. Some things need to be

spoken; there is healing in that. It is important to know that while we, as listeners, may not know exactly what is happening for the dreamer, we can trust that something is. The dream is bringing its own medicine, its own healing for the dreamer and they will know it. Even more, they will feel it.

In our willingness to step into a dream this way, we may quickly find that there is something here that needs help beyond what we can do. We can acknowledge this and offer, “Would you like to talk with someone about the dream?” and suggest the hospice dreamworker, chaplain, or social worker.

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