

Time of Death

The exact time of death is difficult for even medical professionals to predict. However, the dying may know quite specifically the date or hour they will die. Sometimes, they will phrase this interior knowledge in relation to travel. They might say, for example, that they “want to go shopping” on Monday. Then, on Monday, they will die.

It’s important to listen to what’s being said. Similarly, it is quite common for them to wait for the room to be empty before they pass on. Caregivers may feel bereft that they were away from the bedside in the final moments. However, given how often this timing occurs, it may be a choice on the part of the dying person to die privately.

Grief-Related Phenomena after the Death

Approximately half of the bereaved report having experiences related to the deceased. These include vivid dreams or meaningful coincidences or sensing the presence of or otherwise perceiving the deceased.

These usually comforting phenomena are a normal part of grieving and occur for all types of people. If your experience is distressing, please seek the help of a healthcare professional.

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End of Life Experiences

What to Expect



Though every dying process will happen in its own time and in its own way, many common, normal changes can occur in the days leading up to a death.

Knowing what to expect may bring comfort to the dying and allow their loved ones, friends, and caregivers to play positive and supporting roles.

In addition to physical changes including loss of appetite and increased sleep, the following occurrences in the dying are common and normal:

Paradoxical Lucidity

The dying may experience a sudden elevation in mood and awareness in the days before death. They may brighten, perk up, and begin to speak clearly to those around them. Often mistaken as a recovery or reversal, these events are usually brief.

Caregivers can be present and mindful during this period of lucidity and recognize it as a precious opportunity to interact before the final stage of dying. Really listening to the dying allows them to feel heard, cared for, understood, accepted, connected, and emotionally safe.

Terminal Agitation

The dying may experience a sudden bout of restlessness and agitation. They may bat away hospital equipment, attempt to get out of bed, moan or yell, pick at their clothes and bed sheets, mutter, rock, or chatter their lips and teeth. This can leave caregivers feeling helpless and worried.

It is important to check for underlying causes, such as the need to adjust pain medication or check equipment. But, like paradoxical lucidity, it is often simply an interlude in the dying process. Providing gentle touch by holding their hand or placing your hand on their arm may be helpful.

Visions and Sensed Presences

The dying may see, sense, or converse with invisible presences in the room. They may perceive people or animals who have died before them. Sometimes they describe light, beautiful scenery, or hearing music. Usually, the dying are comforted by these perceptions. They hold profound meaning and help the dying come to terms with what is happening.

While caregivers may be tempted to interpret such visions as hallucinations, it is very important to allow the dying to draw solace from their experience without trying to explain it away. These common experiences are real to those who have them. It is crucial that their reality is supported. Perhaps just ask them to tell you about what they are seeing, or how it makes them feel.

Vocabulary around Travel

The dying may begin to speak (or have dreams) of a journey. They may ask for their coat or their car keys, for example, or ask when “the plane” is due to take off. They may express frustration about a bus being late, or about not being able to find a map or their passport. Sometimes, they will announce that they want to go home even if they are at home.

Generally, these appear to be symbolic statements, indicating that the dying person is ready for the end of life. They may be asking for permission from the caregivers to let go.