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*AM J HOSP PALLIAT CARE* published online 28 February 2013
DOI: 10.1177/1049909113479201

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What is This?
The Impact of Dreams of the Deceased on Bereavement: A Survey of Hospice Caregivers

Scott T. Wright, BA1, Christopher W. Kerr, MD, PhD1, Nicole M. Dorosyczuk, LMSW1, Sarah M. Kuszczak, BS1, Pei C. Hang, PhD1, and Debra L. Luczkiewicz, MD1

Abstract
Many recently bereaved persons experience vivid and deeply meaningful dreams featuring the presence of the deceased that may reflect and impact the process of mourning. The present study surveyed 278 bereaved persons regarding their own perspective of the relationship between dreams and the mourning process. Fifty eight percent of respondents reported dreams of their deceased loved ones, with varying levels of frequency. Most participants reported that their dreams were either pleasant or both pleasant and disturbing, and few reported purely disturbing dreams. Prevalent dream themes included pleasant past memories or experiences, the deceased free of illness, memories of the deceased’s illness or time of death, the deceased in the afterlife appearing comfortable and at peace, and the deceased communicating a message. These themes overlap significantly with previous models of bereavement dream content. Sixty percent of participants felt that their dreams impacted their bereavement process. Specific effects of the dreams on bereavement processes included increased acceptance of the loved one’s death, comfort, spirituality, sadness, and quality of life, among others. These results support the theory that dreams of the deceased are highly prevalent among and often deeply meaningful for the bereaved. While many counselors are uncomfortable working with dreams in psychotherapy, the present study demonstrates their therapeutic relevance to the bereaved population and emphasizes the importance for grief counselors to increase their awareness, knowledge, and skills with regards to working with dreams.

Keywords
bereavement, dreams, tasks of mourning, hospice, grief, counseling, dreams of the deceased

Introduction
The death of a loved one is among the most painful events a person can endure and one that almost all experience during their lifetime. The grief that follows is marked by challenges in adjustment extending across emotional, cognitive, physiological, social, and spiritual domains.1 The myriad of changes experienced during bereavement may also include vivid, meaningful dreams that often feature the deceased and reflect the grieving process.1-4

Several surveys have provided evidence that dreams of deceased loved ones are highly prevalent among the bereaved.5-7 Although bereavement dreams usually include the presence of the deceased, there is substantial variability in their emotional tone and context. Several theorists have made efforts to identify the archetypal categories of bereavement dreams, with varying levels of overlap.2,3,8-10 These models diverge substantially with regard to dream content, yet all feature themes of reunion and separation. Among the most frequently cited content themes are the deceased still living and interacting with the dreamer, the dreamer reliving the death of the deceased, and dreams in which the deceased communicates a message to the dreamer. The variation between these models may reflect the nature of dreams themselves, which are inherently as unique and diverse as those who dream them. These models are also typically based on small samples using qualitative methodologies, and there are limited quantitative studies pertaining to bereavement dreams. The literature suggests that bereavement dreams typically feature the presence of the deceased, are highly vivid and emotionally laden, and represent a source of meaning for the bereaved.

Given the prevalence and emotional poignancy of dreams of the deceased, these dreams are likely related to the process of mourning. Worden identified four Tasks of Mourning, which

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formulate the process of bereavement in terms of tasks to be actively achieved, rather than stages to be passively experienced. The four tasks are (1) to accept the reality of the loss; (2) to process the pain of grief; (3) to adjust to a world in which the deceased is missing; and (4) to emotionally relocate the deceased and move on with life. He further suggested that the dreams of the bereaved reflect their process of mourning and that dream content can be correlated with the task of mourning dreams of the bereaved reflect their process of mourning and to reinforce the theory that dreams of the bereaved reflect the mourning process. For example, a person struggling to process the reality of their loss (task 1) might dream that the deceased is still alive, while a person working to move on with their life (task 4) might dream that their loved one appears and gives them permission to move on. Worden’s theory is consistent with dream content research, which suggests that dreams usually reflect the content and conflict of our waking lives.

Despite this consonance between grief theory and dream research, there is a paucity of quantitative data on the relationship between dreams of the deceased and the process of bereavement. The present study was designed with the aim of learning from the bereaved themselves, with the following four specific goals: (1) assess the relative prevalence of dreams of the deceased among bereaved family members whose loved ones died while under hospice care; (2) explore the differences between those who reported dreaming of the deceased and those who did not; (3) quantify the content of dreams of the recently bereaved; and (4) assess the perceived impact of the dreams of the bereaved on their emotional adjustment and cognitions related to their loss.

### Methods

#### Participants

Participants were selected from a database of primary caregivers of patients who died between March 2011 and July 2012 while under the care of a comprehensive hospice program. Sixteen hundred caregivers who had indicated a willingness to be contacted after the death of their loved ones were randomly selected from this database and mailed a survey package. The survey response rate was 17.4%; 279 caregivers returned a response, and 1 response from a minor was removed, for a total of 278 participants.

The mean age of the respondents was 63.37 years with a range of 23 to 93 years. The mean age of the deceased at the time of death was 79.00 years, with a range of 35 to 101 years. Almost all participants were Caucasian, and most were female. The majority of participants had recently lost a spouse or a mother. Respondents had known their loved ones for an average of 51.85 years, with a range of 2 to 90 years. Table 1 displays more detailed demographic information.

#### Materials

A 20-item survey was designed including questions regarding basic demographics, the quality of the respondent’s relationship to the deceased (eg, “How would you describe your relationship with your loved one?”), dream content and frequency (eg, “Following the loss of your loved one, have you experienced dreams of him or her?”), and the impact of dreams on the bereavement process (eg, “Do you perceive dreaming of your loved one to have impacted your emotions in your bereavement?”). All survey questions were closed-ended but included spaces for open-ended descriptions of dreams and their impact on bereavement.

#### Procedures

After potential participants were identified, they were mailed a letter describing the study and inviting them to participate along with the survey and a preaddressed stamped return envelope. The letter accompanying the survey explained that the participants should only return the survey if they consented to participate and to allow the use of their de-identified information in publishable research. Respondents were also invited to request additional support through our hospice bereavement team, if they so wished.

### Results

#### Prevalence of Dreams of the Deceased

Dreams of the deceased were common; of 278 respondents, 57.9% \((n = 161)\) reported dreaming of their deceased loved ones. Those who dreamed about a loved one did so with varying frequency: daily \((7.5%, n = 12)\), weekly \((23.6%, n = 38)\), monthly \((15.5%, n = 25)\), less than monthly \((26.7%, n = 43)\), and other \((25.5%, n = 41)\).
they would like to dream of their deceased loved ones. Those respondents that did not dream, 52.2% dreams (n = 89), with many also describing both pleasant and disturbing dreams (n = 50). A minority experienced only disturbing dreams (n = 11) or dreams not falling into these categories (n = 10). Figure 1 illustrates the relative proportions of participants who rated their dreams pleasant or disturbing.

Most respondents who dreamed of the deceased reported that their dreams featured pleasant past memories or experiences (n = 105). Other prominent categories included the deceased free of illness (n = 65), memories of the deceased’s illness or time of death (n = 56), the deceased in the afterlife appearing comfortable and at peace (n = 43), and the deceased communicating a message (n = 41). Content data are represented visually in Figure 2. Many respondents described the content of their dreams in vivid detail, and Table 2 lists examples for each category represented in the data.

Impact of Dreams on Bereavement

Most respondents who dreamed of the deceased felt that this experience impacted the emotions related to their bereavement process (60.2%, n = 97). Respondents also assessed the impact of their dreams on specific bereavement processes (increased, decreased, no effect). The majority of respondents rated their dreams as having no effect on 9 of the 12 processes. However, many also reported an increase in certain emotions and attitudes (eg, acceptance of death, comfort, spirituality, sadness, quality of life). Figure 3 summarizes the reported impact of dreams on grief responses of the bereaved.

Some reported that their dreams helped them accept the death of a loved one. For example, one participant wrote “[the dream] put my mind at peace about my brother’s death. I miss him very much but I know he is in God’s hands and happy.” Others described how their dreams helped them to retain a connection with the deceased: “I feel closer to mom than at the time of her death. At the time I felt cut off. Now feel as if I was reconnect ed in at least a small way.” Some explained how their dreams intensified their feelings of sadness: “My sister and I cared for our mother around the clock. The dreams just make me sadder and I miss her when I wake up.”

Discussion

The current study presents data from a retrospective survey designed to assess bereavement dreams with respect to prevalence, content, and subjective meaning from the perspective of the bereaved themselves. In the present study, nearly 58% of the bereaved hospice caregivers reported dreaming of the deceased, which is consistent with other reported prevalence rates that range between 26% and 90%. With respect to dream content, the results of the current study validated aspects of existing models of bereavement dreams. Commonly reported dream content included dreams in which the deceased was alive, in health, during illness, in the afterlife, and communicating a message to the dreamer. Several previously described dream categories were not reported in the current study (eg, deadly invitation or telephone-call dreams), possibly due to limitations of the survey questions. However, the content of dreams may vary or depend on variables such as length of bereavement, phase of the grief process, nature of the death (eg, violent, peaceful) as well as the relationship of the dreamer to the deceased. A definitive categorization of bereavement dream content may therefore prove to be difficult, if not impossible.

The current results support the hypothesis that dreams of the bereaved have an inherent therapeutic or healing quality and serve to maintain a connection with the deceased during the bereavement process. The emotional tone of bereavement dreams was expressed as pleasant or both pleasant and disturbing, while few reported purely distressing dreams. The type of bereavement
dream most commonly associated with pleasant content involved reliving pleasant past memories of the deceased.

**Impact on Bereavement and Implications for Counselors**

Previous studies have not asked the bereaved for their perspectives on the relationship between dreams of the deceased and the bereavement process. In this study, most respondents noted that dreams of the deceased carried emotional significance to their process of bereavement.

This finding has clear implications for bereavement counseling. As suggested by Worden, dreams of the bereaved hold therapeutic value in assisting to understand the individual's process of mourning through the identification of mourning

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<table>
<thead>
<tr>
<th>Dream Content Category</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasant Memories</td>
<td>&quot;I find the dreams comforting – they are always of pleasant memories. I am sad to wake to reality, but the memories override the sadness.&quot;</td>
</tr>
<tr>
<td>Deceased Free of Illness</td>
<td>&quot;I occasionally dream of my sister. She is younger with long hair - not the way she looked at her death.&quot;</td>
</tr>
<tr>
<td>Deceased during illness</td>
<td>&quot;In my dreams I see him lying there in the last few minutes of his life&quot;</td>
</tr>
<tr>
<td>Comfortable in the afterlife</td>
<td>&quot;She was in a group of three or four people and just smiled at me. She didn’t say anything, but she looked healthy and at peace.&quot;</td>
</tr>
<tr>
<td>Communicating a message</td>
<td>&quot;My mother speaks to me while I dream. She tells me things about situations in my life and how to handle them. I get to hold my mother in my dreams and get to feel her warmth and love.&quot;</td>
</tr>
<tr>
<td>Other</td>
<td>&quot;I dreamed of the deceased, but he didn’t know that he was deceased, and I had to tell him.&quot;</td>
</tr>
<tr>
<td>With other deceased loved ones</td>
<td>&quot;Our daughter Jane had a dream of her [deceased] mother walking on the beach shore holding the hand of a small boy named Eric. We had previously lost a baby and named him Eric, who had died before Jane was born. Eric was to be our last of three children, but when he died we had Jane.&quot;</td>
</tr>
<tr>
<td>Unresolved issues</td>
<td>&quot;The fact the times my mother was in my dreams and never spoke made me feel sadder. I just wanted her to talk to me—maybe try to let me know I didn’t let her down.&quot;</td>
</tr>
<tr>
<td>Distressed in afterlife</td>
<td>&quot;I dreamed that he was very stressed and then became peaceful and went home with God.&quot;</td>
</tr>
</tbody>
</table>

* No details were shared for the Memories of End-of-Life Services category.
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tasks, including tasks that represent challenges and hence areas for therapeutic focus. Dreams may facilitate new insights and provide a “safe place” in which the dreamer identifies links between waking events, thoughts, feelings, and behaviors—a process that mirrors that of psychotherapy.

Although the use of dream work in counseling may be as old as the field itself, the body of evidence supporting the efficacy of this therapeutic tool has grown in recent decades. There are also limited yet promising reports on the therapeutic value of dream work in bereavement therapy specifically. Hill et al conducted a study of dream interpretation with 14 participants who had recently lost a loved one and were reporting troubling dreams. When compared to supportive therapy alone, clients whose therapy focused on troubling dreams reported higher rates of therapeutic benefit with respect to achieving insight, understanding, and ability to take actionable steps and were more likely to have a greater number of positive dreams after treatment. Two small qualitative studies have found preliminary support for the use of dreams in group counseling with bereaved parents. Discussing dreams was found to assist group participants in processing the emotions related to the loss of their child. These studies suggest that dreams, especially troubling ones, may warrant special attention in bereavement counseling.

Despite the apparent usefulness of working with dreams in therapy, relatively few therapists are comfortable using them, possibly due to misconceptions and negative connotations. For example, many therapists assume that dream work is inherently unscientific and inextricably associated with psychoanalysis. However, some researchers postulate that dream work is consistent with an empirically based cognitive paradigm. Hess developed a new theoretical foundation for using dreams in counseling with the bereaved by synthesizing the Tasks of Mourning model with Hill’s Cognitive-Experiential Model of Dream Interpretation, which is based on the principles of cognitive psychology. This empirically supported theory of dream work suggests that dreams are the consequence of the mind’s attempts to integrate discrepant waking experiences into preexisting cognitive schemata. The 3 stages of dream work under this model are (1) exploration, in which the therapist assists the client in identifying the significance of dream symbols through an associational process, (2) insight, in which the client is encouraged to link these symbols to waking thoughts, feelings, and experiences to develop a collaborative interpretation of the dream, and (3) action, in which the client is encouraged to take concrete steps based on the interpretation. Hess provides examples of how all 3 stages in the cognitive–experiential model can be applied to a dream associated with any of Worden’s four Tasks of Mourning.

We did not assess the tasks or stages of mourning, but it is interesting to examine how dreams reported in our survey can be accounted for by each task. Some examples follow, using the framework established by Hess in her application of Hill’s model. It is important to note that according to this model, no dream can be interpreted in isolation from the dreamer. Thus, the following examples are not intended to model the process of interpretation.

One participant wrote:

I’m searching for mom in my dream but I cannot seem to find her. When I awaken I realize it is a dream.

This dream may reflect the dreamer’s struggle to accept the reality of their loss (task 1) and their mind’s attempt to integrate this highly discrepant experience into cognitive schemata. The repeated jarring experience of awakening to find that the deceased is, in fact, no longer present can force the dreamer to slowly accept the finality of what has occurred. A bereavement counselor’s task in working with someone at this point in the process might involve using the dreams to promote insight.

![Figure 3. Impact of dreams of the deceased on bereavement processes.](image-url)
into the reality of the situation and to assist them in processing the implications and ramifications of that reality.

Another participant noted:

When I awaken from my dreams of mom I find myself crying uncontrollably. Mom was my life. Losing her has affected me as far as my life seems so empty at times. At times the pain is unbearable.

Here, it seems that the dreamer has accepted the fact that her mother is not returning and is experiencing the incredible pain associated with grief (task 2). For a counselor presented with this client, dreams may serve as means for facilitating expression of feelings, exploring the sources and meaning of pain, and facilitating a discussion of coping skills development.

A third participant described her dreams of her mother:

I have had dreams of my mother on special occasions (e.g., mother’s day, birthday, etc.) and her indirectly relaying a message to me and helping me in life generally.

This series of dreams may reflect the dreamer’s process of adjustment to life without her mother (task 3), which includes the realization that her mother is no longer around to give advice or to assist her. This represents what Worden termed an external adjustment, involving a change in one’s functioning in the world. He also identified internal and spiritual adjustments, relating to one’s sense of self and assumptive worldview, respectively. A counselor working with this client might make use of dreams in exploring the ways these changes are reflected through dream symbolism. One possible insight gained from these “advice” dreams in particular might be the realization that the dreamer possesses the necessary strength and wisdom to manage her life with herself, as evidenced by the helpful nature of these dream messages.

A fourth participant wrote:

I dreamed that my husband was there and I asked him to come back, but he wouldn’t come back. He told me he was leaving me for someone else. I had this dream several times. Then, after I began dating someone I had the same dream, but at the end he said he would come back, and I told him I didn’t want him back. He got into his truck and left.

This dream may reflect the entire process of working on the tasks of grief beginning with the dreamer’s repeated attempts to bring her husband back into her life. The changed ending in the final dream seems to reflect that the deceased’s role in the dreamer’s life has changed, and that she is moving on with her life (task 4). The dreamer’s decision to date someone new is reflected in her attitudinal shift in the dream. It is possible that such a dream may raise feelings of guilt in the dreamer, and one task for a grief counselor would be to assist her in understanding the ways her relationship to the deceased has changed. As Worden suggests, this task is not about “forgetting” the deceased but rather about reinvesting one’s energy in new relationships and life experiences.

Limitations and Suggestions for Future Research

There are several limitations to this study. In spite of the overall high survey completion rates, many respondents did not complete the section indicating the impact of their dreams on grief responses (34%-39% of participants left various parts of this section blank). It is possible that these respondents did not feel that they could identify the impact of their dreams with that degree of specificity. In fact, most who did complete this section reported that their dreams had “no effect” on the specific emotions related to bereavement. This reflects a stark contrast to the 60% who indicated a general impact of their dreams on their bereavement. A second limitation was that the current survey instrument did not include all dream content categories as suggested by other researchers. This limited our ability to assess the relative validity of these models. A third limitation was that date of death information was not included in the survey, preventing analyses between elapsed time, content, and impact on bereavement. Furthermore, cross-cultural analysis was prevented by the sample’s cultural homogeneity.

Future research could solicit more open-ended information regarding the impact of bereavement dreams on the process of mourning over time by inquiring about elapsed time since death, expanding dream categories, and assessing the respondents’ current tasks of mourning as described by Worden. Because this study was retrospective, its results are subject to recall bias on the part of participants who may only have remembered or reported their most striking and memorable dreams. Future research could utilize dream diaries to facilitate dream recall and a prospective design to capture dreams as they occur. Further research may also be warranted to determine the efficacy of bereavement therapy that includes dream work based on the approach described by Hill and Hess.

Conclusions

This study achieved its four goals. First, the relative prevalence of dreams of the deceased was found to be high among recently bereaved hospice caregivers, congruent with earlier studies. Second, we found some small differences in age and length of relationship between those who dreamed of the deceased and those who did not, suggesting that these variables might have a relationship to dreaming. Third, this study quantified major dream content categories, providing validation for earlier models. Finally, and most importantly, this study demonstrates that many bereaved persons consider their dreams to be important features of their bereavement. This suggests that dreams deserve increased clinical attention from counselors who work with this population, in spite of the widespread reluctance of counselors in general to address dreams. Empirically validated approaches to dream work such as the Cognitive–Experiential Model may prove a useful tool for bereavement counselors. Although working with dreams is clearly not a panacea for the
pain experienced by the recently bereaved, the present study provides initial justification for further inquiry into this approach.

Acknowledgments
We would like to thank William D. Riemer for his technical assistance with developing a database for the study.

Declaration of Conflicting Interests
The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The authors received no financial support for the research, authorship, and/or publication of this article.

References