



Near-Death Awareness as Evidence for Survival

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Pre-death visions are visions of deceased loved ones patients commonly have in the weeks before they die. *Deathbed visions* are the visions dying patients have in the days or hours immediately preceding death. Both help the person prepare for the transition. They are God's counselors, bringing reassurance to those about to cross over.

Dr. James L. Hallenbeck, director of palliative care services with the Veterans Administration Palo Alto Health Care System, estimates that these pre-death visions or deathbed visions of deceased loved ones occur for at least 25 percent of deaths.¹

Stephen Wagner estimates the number of people who experience deathbed visions as even more because only about 10 percent of dying people are conscious shortly before their deaths. Looking just at those who are conscious, between 50 and 60 percent experience deathbed visions.²

Children are truth-tellers because of their youthful naivete, so when they experience such visions, they describe them matter-of-factly. In *Closer to the Light*, Dr. Melvin Morse describes children's deathbed visions, explaining that they are astonishing scientific proof of the validity of the near-death experience.³

Dr. Diane Komp, a Yale pediatric oncologist, described a 7-year-old girl who sat up in bed just before her death from leukemia and said, "The angels, they are so beautiful, can't you hear them singing Mommy?" A boy dying of leukemia said that God spoke to him and that he asked God to live another year so he could explain his

death to his 3-year-old brother. Amazingly, against medical odds, the boy lived one more year.⁴

Elisabeth Kubler-Ross described a healthy 4-year-old girl who had a vivid dream she described to her mother. She said she saw a beautiful golden heaven and that it was "really, really, real," with gold angels, diamonds, and jewels. It was a fun place. There, she met Jesus. She told her mother not to worry because Jesus would take care of her. She then went out to play and sadly was murdered only hours later.⁵

In 1959, Karlis Osis, Ph.D., psychology professor at the University of Freiburg, and Erlendur Haraldsson, Ph.D., psychology professor at the University of Munich, studied deathbed visions in the U.S. and India by interviewing doctors and nurses who had been present when people died. They mailed out questionnaires to 5,000 physicians and 5,000 nurses, providing information on over 35,000 observations of dying patients. Over 1,300 dying patients saw apparitions and almost 900 reported visions of an afterlife.

The researchers found the following consistencies:

1. Some dying people reported seeing angels and other religious figures, but most reported seeing familiar, deceased people.
2. Very often, the friends and relatives in these visions communicate that they have come to help take them away.
3. The dying person is reassured by the experience, expresses great happiness with the vision, and is quite willing to go with the deceased greeters.
4. Often, the dying person's mood and health change when they have such a vision. During these visions, a once depressed or

pain-riddled person is elated and relieved of pain.

5. During the vision, the dying person is acutely aware of their real surroundings and conditions, not immersed in a fantasy.
6. The experience and reactions afterward are the same for all experiencers, whether they believe in an afterlife or not.⁶

Osis and Haraldsson reported their findings in a book titled *At the Hour of Death*, concluding, in typical researcher-scientific language:

In our judgment, the similarities between the core phenomena found in the death-bed visions of both countries are clear enough to be considered supportive of the post-mortem survival hypothesis.⁷

In other words, the deathbed visions are another support for the conclusion that people live on after the body dies.

Carla Wills-Brandon, MA, LMFT, a licensed marriage and family therapist, is the author of nine books exploring addiction, self-esteem, sexual trauma, death, the afterlife, and spirituality. She describes her husband's experience of a deathbed vision before the death of his father, whom they called "Da." Her husband told her the story the morning after he sat up all night with his father in the hospital. He said to her:

"Tonight while snoozing in the chair in his room, I had a wonderful dream about Da. In this dream he said to me he was going soon, but that he would always watch over us. Upon awakening, I looked over at Da as he slept and noticed he was very at ease. Suddenly, I saw something rise from his body. It was absolutely beautiful. A whirl of pastel color, vibrant in not only appearance but also movement, was leaving his chest area. It was so comforting." The following week, Da gently passed away in my husband's arms.⁸

Wills-Brandon, in her book, *One Last Hug Before I Go: The Mystery And Meaning Of Deathbed Visions*,⁹ describes other experiences told to her

by caregivers who had been at the bedside of someone passing. She explains that countless hospice workers have seen a wisp of "something" leave the body at the moment of death and that the patients commonly describe visions of deceased relatives, angels, or celestial beings of light.

The caregivers themselves often describe receiving visits during dream time from deceased relatives or even the dying person. Wills-Brandon describes one caregiver's account. She had just returned home exhausted from caring for her dying mother at the nursing home:

My mother had been very ill for some time. ... After dinner with my husband and children, I went to bed. During the middle of the night, I awoke from a very deep sleep. I had dreamed my mother had come to visit me. In this dream, she was with my father who had passed 5 years ago. Both of them looked happy and healthy. My mother blew me a kiss. Then she and my father turned around and walked off, over a hill. When I awoke, tears filled my eyes, but I also felt a sense of peace. My parents had looked so joyful. I looked at the clock and noted it was 3 a.m., then lay back down and went to sleep. The next morning my brother called to tell me my mother had left us. When I asked him about the time of her death, he replied she had passed at 3 a.m.¹⁰

Dr. Peter Fenwick, neuroscientist and fellow of the Royal College of Psychiatrists, describes the account of a woman who witnessed the spiritual image of her husband's death:

Suddenly there was the most brilliant light shining from my husband's chest, and as this light lifted upward, there was the most beautiful music and singing voices. My own chest seemed filled with infinite joy, and my heart felt as if it was lifting to join this light and music. Suddenly, there was a hand on my shoulder, and a nurse said, "Sorry, love. He's just gone." I lost sight of the light and

the music and felt so bereft at being left behind.¹¹

The deathbed visions are quite common and aren't explained by any medical or psychological influence. Apparently, those on the next plane of life are helping the dying person make the transition into the afterlife.

We Know Deathbed Visions Are Not Medical or Psychological Hallucinations.

The word "hallucination" is often used by people who are unable to bring themselves to accept the reality of the afterlife. They use the word to dismiss the millions of reports of people communicating with their deceased loved ones. However, the communications don't have any of the characteristics of drug-induced or psychological hallucinations.

In the 1959 article cited earlier, Karlis Osis, Ph.D., and Erlendur Haraldsson, Ph.D., found over 1,300 dying patients who saw apparitions, with almost 900 reporting visions of an afterlife. The researchers examined the patients and data carefully to rule out hallucination and other factors. They concluded the following:

- The typical deathbed vision experience was of a shorter duration, more coherent and more related to the situation of dying and an afterlife than the rambling experiences of a sick brain....
- Most of the visions did not exemplify the normal characteristics of ordinary hallucinations. The patient was rational, logical and well oriented in all respects except his insistence that he was seeing something real....
- Delirium was not the basis for the deathbed apparitions; the apparitions seemed to have an external source and were not mere projections of wishful thoughts or unfulfilled desires. ...
- Two-thirds of the apparitions seen by the dying were of deceased people; only one-third were of living persons. The opposite is typical of hallucinations by persons in normal health.

- Of the apparitions seen, 83 percent were of relatives: mothers, fathers, spouses, siblings and offspring. This contrasted sharply with hallucinations of the mentally ill who most often conjure up strangers or bizarre characters.
- The majority of patients who saw apparitions described the mission of the apparition(s) as aiding them in making the transition to the Other World... .
- The predominant reaction of patients who see apparitions coming to take them away is that of serenity and peace.¹²

Osis then carried out two more studies in the next two decades. The conclusions of the researchers were that the visions were not due to medical or psychological problems:

Medical Factors

- There was no acceptable evidence that drugs were generating the afterlife visions. Those patients who received drugs (e.g. morphine and Demerol) did not have a greater frequency of afterlife visions than other patients.
- There was no acceptable evidence that brain disturbances were generating the afterlife visions. Brain disturbances caused by disease, injury or uremic poisoning decreased the afterlife vision phenomenon or did not affect it at all.
- The presence of a medical history suggestive of hallucinogenic factors did not increase the frequency of afterlife visions.
- Osis and Haraldsson had a separate search of medical literature done for them to find any hallucinations in dying patients. No support was found for this thesis.

Psychological Factors

- Such factors as stress, patient expectations of dying or recovering, or a desire to see someone they loved did not affect how often people had deathbed visions. No evidence was found from the data to suggest that psychological factors encouraging hallucinations also encouraged afterlife visions. Patients

didn't automatically see in their visions people they specifically wanted to see; and people who didn't expect to die also saw deathbed visions. These results, noted Osis, lent support to the hypothesis that the people seen in the visions were not just wishful projections of the patient.

Cultural factors:

- Patients often saw something that was "unexpected, untaught and a complete surprise to them."
- Afterlife visions often did not conform to religious beliefs about the afterlife. Among Christian American patients, there were many reports of visions of heaven; visions of hell and devils were almost totally absent. Christian ideas of "judgment," "salvation," and "redemption" were not mirrored in their visions. In India, basic Hindu afterlife beliefs like reincarnation and dissolution in Brahma were never mentioned in their visions.
- Eleven core phenomena suggestive of an afterlife were found to be common to both Indian and American death-bed visions. Similarities outweighed the differences by a large margin, indicating a universal human experience rather than a culturally-produced experience.

The deathbed visions were not due to any medical or psychological influences. They could be explained only as visions of deceased loved ones helping the dying person through the transition process.

James L. Hallenbeck, assistant professor of medicine at Stanford University and director of palliative care services with the V.A. Palo Alto Health Care System, describes the one disease he knows of that mimics pre-death visions, but explains that they are quite different:

The one disease process I know of that can mimic these predeath visions is Parkinson's disease, especially when associated with Lewy bodies dementia. These patients also have visual hallucinations, usually of

people. The distinction is that usually the people in visions are unknown to the patient. Initially, the Parkinson patient may be aware that these people are not real; they may be only shadow figures. When turned to, they disappear. As the disease progresses, the patient usually becomes more paranoid and very disturbed by more persistent and troublesome visitations.¹³

Deathbed visions are consistently of people the person knows, are clear and rational, contain reasonable, uplifting messages, and are always calm and never disturbing.

Jennifer Hammargren, a chaplain for Vista-Care Hospice Services in Salt Lake City, Utah, explains that when dying people see visions of their deceased loved ones, they bear no resemblance to hallucinations:

Some patients [reacting to drugs] describe bugs crawling on the walls and seeing things that aren't pleasant, which Hammargren often finds is a reaction to the drugs her patients are being given. But those experiences are vastly different in description and "feel" from the ones that happen with loved ones, she said.¹⁴

Carla Wills-Brandon explains why deathbed visions could not be hallucinations in her book, *One Last Hug before I Go: the Mystery and Meaning of Death Bed Visions*. Some skeptics suggest that they are hallucinations created by the dying brain, but Wills-Brandon explains that this is not a plausible argument because in some situations the dying did not know that the relatives who were visiting in the visions were already dead. A dying brain would not be able to limit visions to people who are dead when the dying person felt these relatives were still alive.

She also explains that medications would not give rise to such visions because people on medications are not coherent and the deathbed visions are quite coherent even if they are on medications.¹⁵

The fact that deathbed visions are not due to drugs, fever, or the illness is explained also in a publication by the staff of the University of Virginia Health System, Division of Perceptual Studies:

Furthermore, the little research that has been done suggests that such visions may not be related to the hallucinations that drugs, fever, and certain illnesses can produce, and that drugs and fever may even inhibit rather than generate them.¹⁶

Visions Are Sometimes of Loved Ones the Person Couldn't Know Had Died

The deathbed visions are always of people who had passed away at the time of the vision. A compelling reason the deathbed visions could not be hallucinations or imagination is that some people have a vision of someone they could not know had actually died.

In 1926, Sir William Barrett, a professor of physics at the Royal College of Science in Dublin, studied as many accounts as he could find of deathbed visions and published the summation of his findings in *Death Bed Visions*. Barrett found accounts of deathbed visions of people the dying person didn't even know had passed away:

On the night of January 12, 1924, Lady Barrett rushed home from the hospital to tell her husband about a remarkable deathbed vision seen by one of her patients, Dora, who delivered a child safely but died after the delivery. As Dora lay dying, she suddenly looked across the room and broke into a radiant smile. When Lady Barrett asked what she saw, Dora replied, "Lovely brightness—wonderful beings." Dora was fully and intensely absorbed in the vision. Then she announced to Barrett that she saw her father who was indicating to her how glad he was that she was coming to join him. When the nurses brought Dora her newborn baby for her to see, Dora wondered aloud whether she should stay for the child's sake, but then

announced that she couldn't turn her back on the beautiful world she was seeing in her vision. She wanted to go there.

It must have been an extremely real and attractive vision for a mother to willingly give up her own baby, and her life as well, to embrace it. But such complete and total belief in the reality of deathbed visions by the dying is not uncommon. What makes the case so strong is what happened next. Dora turned to Lady Barrett with a puzzled expression. "He has Vida with him," she said.

... Vida was Dora's sister, who had died three weeks before. Because her family was afraid it would upset Dora's fragile health, Dora had not been told that Vida had died. Thus Dora's surprise at seeing her sister with her deceased father.¹⁷

As a result of his extensive study of deathbed visions, Barrett found two compelling reasons to believe the visions are real visitations from deceased relatives:

1. It was very common for the dying people who saw these visions to identify friends and relatives whom they thought were still living, but in each case, it was later discovered that these people actually were dead. Communications in 1926 were quite slow, and it often took weeks or even months to learn that a friend or loved one had died.
2. Barrett found that children quite often expressed surprise that the "angels" they saw in their dying moments did not have wings. If the deathbed vision were just a hallucination, a child would not see angels because angels are depicted with large, white wings.

Michael Tymn summarizes a report from Dr. Minot J. Savage, a Unitarian clergyman and author, that was published in Savage's book, *Life Beyond Death* (1899). Two young girls, Jennie and Bessie, ages 8 and 9, were close friends, and both contracted the usually fatal disease diphtheria at the same time. Jennie died, but Bessie's family did not tell her because she was very ill and they felt there was no need to upset her. Realizing she was

about to die, on the day of her death Bessie began to tell brothers and sisters which of her belongings she wanted them to have. She included some items she wanted to go to Jennie, showing that she didn't realize Jennie had died.

Savage described what happened later in the day as Bessie approached death:

... she began seeing deceased grandparents and others gathered around her bed. And then she turned to her father, with face and voice both expressing the greatest surprise, and exclaimed, "Why, Papa, why didn't you tell me that Jennie had gone? Why didn't you tell me of it?"

Bessie still had no way of knowing Jennie had died unless she genuinely saw her in her deathbed visions.

People in the Room with a Dying Person Sometimes All See the Same Vision

Victor Zammit, B.A., Grad. Dip.Ed., M.A., LL.B., Ph.D., a retired lawyer of the Supreme Court of New South Wales and the High Court of Australia, cites¹⁸ records from the Society of Psychical Research in which apparitions of dead relatives have appeared at the bedside of dying patients and have been seen by more than one person there:

There are many cases on record with the Society of Psychical Research where the apparitional visitor has been seen by others at the bedside of the dying person, sometimes by several persons simultaneously:

- In one well-documented case a deathbed apparition was seen by the dying woman, Harriet Pearson, and three relatives who were caring for her.¹⁹
- In another case of a young boy dying, two witnesses independently saw his recently deceased mother at the child's bedside.²⁰

These accounts of people in the room with someone about to pass away seeing the same vision also provide further proof that the visions could not be hallucinations. Hallucinations are individual. However, deathbed visions have occurred that are seen by others around the dying person.

Deathbed visions seem to be genuine contacts from deceased loved ones preparing the person for death. Those on the next plane of life are continually in contact with loved ones on the Earthly plane and help them with this transition into the next plane of their eternal life.

No one dies alone.

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Notes:

¹ Moore, C.A., "The Unseen Realm: Science is making room for near-death experiences beyond this world," *Desert Morning News*, 18 February 2006.

² Wagner, S., *Deathbed Visions*, <http://paranormal.about.com/library/weekly/aa021901a.htm>.

³ Morse, Melvin and P. Perry, *Closer to the Light*, Souvenir Press, 1991.

⁴ Komp, D.M., *A Window to Heaven: When Children See Life in Death*, Zondervan Publishing, 1992.

⁵ Kübler-Ross, *On Children and Death*, MacMillan Publishing, 1983.

⁶ Osis, Karlis and Erlendur Haraldsson, *At the Hour of Death*, Hastings House, 1977.

⁷ _____, p. 192.

⁸ Wills-Brandon, C., *One Last Hug Before I Go: The Mystery and Meaning of Deathbed Visions*, Hasting House, 2007.

⁹ _____.

¹⁰ _____.

¹¹ Fenwick, Peter, *Dying: a spiritual experience as shown by near death experiences and deathbed visions*, website if Royal College of Psychiatrists.

¹² Osis.

¹³ Hallenbeck, J.L., "Altered States of Consciousness At the End of Life," *Palliative Care Perspectives*, Oxford University Press, 2003.

¹⁴ Moore.

¹⁵ Wills-Brandon, C.

¹⁶ "Types of Experiences We Study," from website of University of Virginia Health System, Division of Perceptual Studies.

¹⁷ Barrett, W., *Death-Bed Visions — The Psychological Experiences of the Dying*, Rider & Co., 1926.

¹⁸ Zammit, Victor, *A Lawyer Presents the Case for the Afterlife*, Gannell Pty. Ltd., 2006.

¹⁹ *Journal of the Society for Psychical Research*, February 1904.

²⁰ *Proceedings of the Society for Psychical Research*, Vol. 6, p. 20.