

Dreaming into the Mystery: Honoring the Dreams and Visions of the Dying

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I am a Natural Dreamwork Practitioner, working with people's dreams as a form of inner support, learning and healing. I am also a hospice volunteer, their dream specialist, exploring the end of life dreams and visions of patients as well as the dreams of their families during this time.

Several years ago, 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 and visions. I don't believe this was intentional or an oversight. There is a gap between recognizing that there are meaningful dreams and visions at the end of life and finding ways to meet and support patients in that place. It's a very unfamiliar territory for many of us. As both a hospice volunteer and a dreamworker I hope I can offer some additional support for the incredible work already being done by families and hospice staff: chaplains, social workers, nurses, caregivers and volunteers.

What are ways we can learn to be present with our patients and meet them more deeply, where the dream or vision is asking to be met? What are ways that we can be aware of that hinders this process? Several things can happen when a hospice patient, really anyone, has a dream.

1- The dreamer won't 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. They may even be frightened or confused by a dream or vision, believing they are somehow losing control of their reality.

2 - The dreamer will tell someone, a family member, someone on the hospice team. Depending on the listener's own experience they may dismiss the dream, "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. What they hear in that moment is that their experience and feelings weren't real, though for them they are very real. This will most likely inhibit the dreamer from sharing more dreams in the future and this is unfortunate. To include in a patient's care their inner needs as well as their outer needs can make all the difference in the dying process.

3 - The listener acknowledges the dream and works with it as an outer world event, what we might call the horizontal, our surface reality. In this framework the dream can make sense and the exploration stops there. However, the opportunity for something more meaningful to be opened up is missed.

4 - The dream can be worked vertically - acknowledging the outer world reality but turning the dream to a more intimately felt place. By asking questions and stepping more deeply into the dream, the dreamer can begin to experience their feelings, felt or unfelt in the dream, be it sadness, fear, joy, grief and whatever else wants to be felt in this moment.

So how does one step in, even if not a dreamworker? If we feel we would like to provide this additional layer of care for a patient, to be present with them and their dream there are ways we can open the conversation.

1 - The first thing would be to explore our own fears, not only around death and the dying process but around the unknown. These may be holding us back, making us feel uncomfortable to be in the presence of something we don't know how to fix. This is an important point. We can't bring in traditional medical practices here because this is something outside the realm of traditional medicine. We may not want to feel the helplessness that we can't fix this. This is true. We can't fix this. 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*. This requires a different kind of medicine...the feeling medicine in the dream.

2 - To simply ask, "How are you sleeping?" "Are you dreaming?" These two questions are often met by gratitude on the dreamer's part and even by 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. The patient isn't alone in this place and is given the opportunity to explore their dreams with the supportive presence of another.

3 - We can reflect what a patient is saying, again without the need to explain or fix it. "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 it is 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.

4 - When a patient shares a dream with a particular moment - "and I couldn't stand up, everything was upside down and off balance," - 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...listen quietly...and be with them as they feel into this. 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 this most unique present moment...the arrival of death.

5 - 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 don't 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, need to be witnessed; 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.

In our willingness to stand at this tender crossroads with another, honoring their dreams and visions, we come to know, to feel, we have been given a sacred privilege.

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