

## Death - *Preparing for the Transition* -

Dr. Al Danenberg



### More Than a Mortal Life

Is there more to mortal life than what we experience here on earth in our physical body? Dr. Christopher Kerr suggests that the dreams of his dying patients may give a glimpse into that ethereal, spiritual world.

Dr. Elisabeth Kübler-Ross had a strong believe that we are more than our physical body. She said, “Death is simply a shedding of the physical body like the butterfly shedding its cocoon. It is a transition to a higher state of consciousness where you continue to perceive, to understand, to laugh, and to be able to grow.”

In 1988, Brian Weiss, MD, a psychiatrist, published **Many Lives, Many Masters**.<sup>1</sup> This was a life chronicle of his patient, whom he calls Catherine, and her many reincarnations. Many of

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<sup>1</sup> <https://www.brianweiss.com/about-the-books/many-lives-many-masters/many-lives-many-master-chapter-1/>

the details of Catherine’s experiences during her almost 100 lifetimes over thousands of years have been fact checked by Dr. Weiss.

Dr. Michael Newton was a hypnotherapist who died in 2016. He authored two excellent books that detail his research regarding the immortal soul – **Journey of Souls** and **Destiny of Souls**<sup>2</sup>. He interviewed over 7,000 patients along his extensive career using “past life regression hypnosis”. This is a technique where a patient is guided into a state of deep hypnosis and then can recall “past lives” they have lived. During these hypnotic regressions, his patients also recounted their experiences of spiritual “life between lives”.

Dr. Newton’s patients confirmed that human souls were created by an incomprehensibly superior, all-encompassing power. They described in detail that a soul exists within a physical body here on earth, and a soul’s purpose is to experience important lessons – so many life lessons. After death, our soul returns to its spiritual home with other souls. After a while, the soul may return in various human physical bodies many times at its discretion to complete its learning process. Eventually, all human souls will go to the same place to become One with the Ultimate Creator of the cosmos.

For me, the most amazing discoveries from Dr. Newton’s work were that the people he guided into a hypnotic state had similar experiences. His patients were religious, agnostic, atheist, or had no affiliation with religion. They were from all walks of life and varied educational backgrounds. Yet all had similar descriptions of their “life between lives” once they were in a state of deep hypnosis and entered their *superconscious mind*.

Other evidence of life after death was documented in the writings of researchers like Dr. Raymond Moody and Robert Monroe. Both Dr. Moody’s book, **Life After Life**<sup>3</sup>, and Robert Monroe’s book, **Ultimate Journey**<sup>4</sup>, explain the beauty and marvel of our soul’s home in the universe.

## What Happens After Death?

Dr. Christopher Kerr<sup>5</sup> is the Chief Medical Officer and Chief Executive Officer for Hospice & Palliative Care Buffalo. In 2020 he published his book, **Death Is But a Dream: Finding Hope and Meaning at Life's End**. In his book, Dr. Kerr interviewed over 1400 patients who were in hospice. All his patients have two things in common – they are dying, and they know it. These extraordinary people have dreams, but they are not regular dreams. Many of his patients describe their dreams to be “more real than real”.

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<sup>2</sup> <https://www.newtoninstitute.org/books/>

<sup>3</sup> [https://www.amazon.com/Life-After-Bestselling-Investigation-Experiences/dp/006242890X/ref=sr\\_1\\_1?crid=3TXHNQH7CPBWX&keywords=dr.+raymond+moody&qid=1564147321&s=gateway&srefix=dr.+raymond+moody%2Cstripbooks%2C140&sr=8-1](https://www.amazon.com/Life-After-Bestselling-Investigation-Experiences/dp/006242890X/ref=sr_1_1?crid=3TXHNQH7CPBWX&keywords=dr.+raymond+moody&qid=1564147321&s=gateway&srefix=dr.+raymond+moody%2Cstripbooks%2C140&sr=8-1)

<sup>4</sup> <https://www.monroeinstitute.org/catalog/61>

<sup>5</sup> <https://www.drchristopherkerr.com/>

Are these dreams just the mind over-experiencing its memories, or responding to drugs, or being affected from a biochemical process in the dying mind. Or are these dreams coming from a higher place and a spiritual source? Those who are dying express comfort in their dreams and feel transcendence into a state of calm and acceptance.

Many of those hospice patients who were interviewed by Dr. Kerr see visions of deceased loved ones positioned around their death beds. Visitors in the room cannot see the entities who are real to the hospice patient.

## End of Life

End of life experiences have been documented for thousands of years. They appear to be inherent to the process of dying.

Elisabeth Kübler-Ross (1926 –2004)<sup>6</sup> was a Swiss-American psychiatrist, a pioneer in near-death studies, and author of the internationally best-selling book, **On Death and Dying** (1969). In this book, she elaborated on the *Kübler-Ross Model* – a method that explains the five stages the terminally ill will go through as they experience dying. The progressive stages are denial, anger, bargaining, depression, and acceptance. These stages also are experienced by those loved ones around the dying person.

Dr. Kübler-Ross was a powerful intellectual force who helped create the hospice system in the United States. Today, this unique palliative care and psychological support are provided for many terminally ill people who elect hospice care. Dr. Kübler-Ross helped turn the investigation of physical, psychological, and social problems associated with dying into an accepted medical discipline. In 1998, Dr. Percy Wooten (at that time, he was the president of the American Medical Association) said, “Dr. Elisabeth Kübler-Ross was a true pioneer in raising the awareness among the physician community and the general public about the important issues surrounding death, dying and bereavement”.

## Hospice

Today, hospice is a well-equipped, all-embracing, empathetic way of approaching the end of one’s life. The hospice team can provide care in the patient’s home. Staying at home in a loving and familiar place could make all the difference for the patient’s emotional comfort.

Hospice’s directive is to keep a person with a terminal illness comfortable until death. In addition, the hospice staff will support the entire immediate family by helping in many ways – both physically and emotionally.

When the time is right, the doctors and nurses of hospice will provide pain relief using various medications including opioids. Opioids progressively reduce severe pain and suppress respiration.

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<sup>6</sup> <https://www.biography.com/scientist/elisabeth-kubler-ross>

## Dealing With a Loved One's Death

Many family members may feel unprepared for the death of a loved one. This could lead to increased health costs and legal costs. In addition, being unprepared could lead to prolonged grief, emotional disturbances, sleep disorders, and guilt.

You can be better prepared for the death of your loved one if you understand what I have written in this paper. Ask yourself, "If my loved one were to die soon, how prepared would I be for his or her death?"

One of the benefits of hospice care as I mentioned already is that this organization also offers support for you. The hospice team will provide emotional and religious support as you require. They also will direct you to the necessary professionals to make sure financial and legal matters are set in place. The hospice professionals are available to answer all your questions about the preparations you must take. Be sure to approach hospice as a vital resource for the needs of your dying loved one as well as a resource for your needs to prepare you for the death of your loved one.

## Prepare for Death

If you can think about your death, which may be imminent, you can prepare for it. Your goal should be to make your own death as comfortable, peaceful, and meaningful as possible. The following steps may make sense while preparing you and your immediate family for your ultimate moment:

1. Make your wishes known. What are your goals? Share them with your loved ones. Be sure to complete the legal documents to assist your family.<sup>7</sup> They include a last will and testament, a living will, a durable power of attorney, and a durable healthcare power of attorney. See to it that your financial matters are in order.
2. If you are concerned about your funeral arrangement, make them yourself. Some will want to be buried; some may want to be cremated. If the decision is important to you, make the arrangements while you are alive.
3. Welcome your wide range of emotions that you will experience after your diagnosis of a terminal illness. As Dr. Elisabeth Kübler-Ross described, there will be moments of denial, anger, bargaining, depression, and finally acceptance.
4. Review your life. Discuss your regrets, your accomplishments, your hopes, and your dreams. This can be a personal review that you have with yourself. Or it could be a review that you share with your loved ones. You could write down your thoughts, record them on video or audio, or just internalize your deepest thoughts. Your review will serve as your legacy of your life. During your review, consider including these active steps:
  - Acknowledge the important people in your life.
  - Recall the memorable events from your life.

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<sup>7</sup> <https://www.nia.nih.gov/health/getting-your-affairs-order>

- Apologize to those you love if you hurt them.
  - Forgive those whom you love but have hurt you.
  - Express your gratitude for all you have received.
  - Say “I love you” and “Goodbye” to all who deserve your love.
5. Educate yourself of the common end-of-life symptoms. Most people experience physical and psychological changes near their end of life. Most of these events can be addressed at home through the hospice care system. As I said, hospice’s goal is to make you comfortable while going through the death process as well as assisting your loved ones who are coping with your death.

## Experiences of Dying

I know this topic may be morbid for some. And the explanation of what a person may feel while nearing the end of life even could be difficult to read. Sadly, this is a subject that never gets discussed but must be addressed and understood as a preparation for the endgame – the spiritual transition from our physical existence.

If you are the one succumbing to the death process, you should know this is part of the normal process of end of life. Since my mortality is a reality, I want to know what to expect. Once the ultimate moment is imminent, so much is happening in the dying person’s mind as well as the mind of all those who are caregivers and are your loved ones. So, this critical subject should be addressed.

I’ll write it for the dying person, but this is vital information for the caregiver as well. A person taking care of one in the latter stages of death should know what to expect and how the patient experiences his or her last days of life.

A person’s body and mind will send subtle signs and symptoms that death is approaching. However, physical, emotional, spiritual, and mental signals of impending death may or may not occur during the dying process. The experiences listed below are not in any special order. And if they occur, they may occur for various lengths of time. However, these occurrences have been reported by the dying and have been witnessed by caregivers.

### **Appetite, Smell, & Sight**

As death approaches, you may notice a decrease in the desire to eat or drink. A caregiver should allow you to eat and drink whatever you prefer. You should drink slowly and in small amounts. You may have difficulty with swallowing. Ice chips may be refreshing. As death becomes imminent, your desire to eat or drink goes away completely. Close to death, you may find comfort with a moist washcloth on your forehead and glycerin swabs to keep your mouth and lips moist. Also, you may lose your sense of smell and your ability to see well if at all.

### **Decreased Socialization**

You may want to be alone or to be surrounded by only a few people. Your speech may become slowed, or you may not be able to speak. Caregivers should let you rest as often as you want.

This is the perfect time to read, being read to, or listen to your favorite music. Also, your favorite pet could give you comfort and connection. Just holding another person's hand could provide some degree of contentment. This could be powerful medicine.

### **Weakness & Fatigue**

You may become uncommunicative, unresponsive, and difficult to arouse at times. As your body's metabolism changes, you'll have extreme weakness and fatigue. Frequent sleeping will become more apparent. Your caregiver or family member may want to sit with you and hold your hand. You will find the touch of a loved one's hand soothing and reassuring. Even though you may seem to be asleep, you generally can hear. Hearing is one of the last of the five senses to be lost. Your caregiver needs to be aware that whatever he or she says, you most likely will be able to hear. As stated above, this is reinforcement for your comfort.

### **“Dream” State, Restlessness, and Visions**

You may become restless and start pulling on your clothing or sheets as you near death. You may begin seeing visions of people or spirits that no one else can see. Medical science may attribute these “visions” to a decrease of oxygen to the brain. But to you they will seem real – and they may be very real!

At times, you may seem confused with your surroundings. You may not recognize people that are around you. Your caregivers and loved ones may need to repeatedly remind you who they are. Caregivers should speak softly and calmly with you. Generally, you will find soft music in the background to be soothing and reassuring.

This is a transitional time for you. Your caregivers should not contradict, explain away, belittle, or argue about what you believe you see or hear. Caregivers should be empathetic and listen respectfully to whatever you say. You want to have the ability to express yourself freely.

### **Incontinence, Urination, and Bowel Movements**

Another symptom you may experience is the loss of control of your urination and bowel movements. You may be embarrassed by this, but you may become oblivious of this. Caregivers will need to provide you with diapers to make you comfortable and to protect your skin and bed. Your normal urine output may decrease, and the color may look like dark tea. You may need to be catheterized, but this could be uncomfortable and could lead to urinary tract infections. If a catheter is indicated, your hospice nurse will be able to take care of this.

## **Breathing Pattern Changes**

Your breathing may become shallow, irregular, fast, or abnormally slow. A particular pattern of irregular breathing is shallow respiration with periods of no breaths for 5–30 seconds, followed by a deep breath. You may also have periods of rapid but shallow panting. Sometimes there is a moaning-like sound on exhale; this is not distress, but rather the sound of air passing over relaxed vocal cords. This is known as “death rattle”, which is not painful.

These changes in breathing patterns are very common and are a result of decreased circulation throughout your body and a buildup of body waste products. You may be more comfortable if your caregiver elevates your head or turns you onto your side.

## **Congestion**

You may notice that mucous may become more profuse and collect in the back of your throat. This could result in “gurgling sounds” coming from the chest. They are normal changes come from the fluid imbalance and your inability to cough up normal secretions. Again, your caregiver should raise your head with pillows and turn your head to the side to help prevent the pooling to these secretions. Gravity will drain the congestion.

## **Skin Changes**

The degree of blood circulation is changing in your arms and legs. You may notice that your extremities become cold, hot, or discolored. The reason is that your body is conserving its blood supply to nourish your most vital organs.

Your caregiver should help keep you warm if you are feeling cold by placing a soft, comfortable blanket or a light sheet on you. You also may start sweating, and you may notice an odor resulting from the physiological changes taking place in your body. As death approaches, your heartbeat will become slower, weaker, and irregular.

To avoid bedsores, your caregiver will need to move you and rotate you into various positions throughout the day to keep you comfortable. Also, applying organic natural creams like shea butter, cocoa butter, and coconut oil may make your skin feel more supple and comfortable.

## **Body Shutting Down**

Your body will start shutting down as your brain stops regulating everything. Generally, this usually occurs in an orderly and gentle series of physical changes. This is normal as death becomes imminent. You may want to try to “hold on”, but you must know that it is OK to “let go”. You must know that those you will leave behind

will be all right. Your caregivers and loved ones must assure you that they love you and that they release you to move on.

Caregivers or loved ones should say their “good-byes”. They might want to lay in bed with you, hold your hand, or say what is in their heart. Sadness and emotional releases are part of this process. Just let the emotions flow. This is the ultimate moment, and it is a beautiful ending to a life.

Sometimes you may encounter a surge in brain activity like “waking up” just before death. You will experience a feeling of peace without pain as your time to leave this earth approaches.

### **The Ultimate Moment of Death**

When death comes, breathing and heartbeat ceases. Your eyelids may be partially open with the eyes in a fixed stare, your mouth may fall open as your jaw relaxes, and you most likely will lose control of your bladder and bowels. If you are having hospice care, the hospice caregivers will take care of notifying the proper authorities in time. Your caregivers do not have to rush. They can take their time with you to adjust to the reality of your death.

As you enter the last moments of conscious life, your mind continues to function. The **mind** is the manifestations of thought, perception, emotion, determination, memory, and imagination that take place within the physical structure of the **brain**.

As a matter of fact, the mind can still hear when other signs of death have occurred.<sup>8</sup> To this end, the Monroe Institute<sup>9</sup> has produced a specialized audio series with guided imagery for the caregiver and the dying person to listen to even after “death” has clinically occurred. The series is called, *Going Home*.<sup>10,11</sup>

## Going Home

There is a series of audio tapes that was developed by the Monroe Institute and Dr. Elisabeth Kübler-Ross. The recordings are called, “Going Home”. Here are three links to these Compact Discs: [HERE](#), [HERE](#), [HERE](#). The series help an individual who is dying to transition in a positive way. They also aid caregivers who are tending to the person who is dying.

If you are in a situation when death is imminent or anticipated, I highly recommend these audio recordings to ease the transition from life to death. As a person enters the last

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<sup>8</sup> <https://www.nature.com/articles/s41598-020-67234-9?fbclid=IwAR1wWgWCtFDAV7BUtc8YV0NGUVucjiSpzZ-bkkihE5P3eHjwE8a4kBNAlaQ>

<sup>9</sup> <https://www.monroeinstitute.org/>

<sup>10</sup> <https://www.monroeinstitute.org/search?q=going+home>

<sup>11</sup> <http://docshare01.docshare.tips/files/16614/166148809.pdf>



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<sup>13</sup> <https://www.monroeinstitute.org/>