



Dreams of the deceased: A scoping and mixed-methods systematic review

Zulkayda Mamat^{a,b,*}, Rumia B. Owaisi^c, Sarif Alrai^d, Ayse Kaya Goktepe^e, Jacob White^f, Peter J. Bayley^{a,b}, Khalid Elzamzamy^g

^a War Related Illness and Injury Study Center, VA Palo Alto Health Care System, Palo Alto, CA, USA

^b Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

^c Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, ON, Canada

^d Alrai Applied Psychology Ltd, UK

^e Department of Psychology of Religion, Istanbul Medeniyet University, Istanbul, Türkiye

^f Welch Medical Library, Johns Hopkins University, MD, USA

^g Department of Psychiatry and Behavioral Sciences, Johns Hopkins University, and Kennedy Krieger Institute, MD, USA

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ABSTRACT

This systematic scoping review (ScR) and mixed-methods systematic review (MMSR) investigates dreams of the deceased (DoD), i.e., experiences where individuals dream of deceased loved ones. We examined prevalence, characteristics of dreamers and the deceased, functions of these dreams, and cultural interpretations. A comprehensive search across five academic databases resulted in 4030 reports initially found, yielding 110 publications for the ScR and 76 for the MMSR. The ScR identified that 60.9 % of the reports were published after 2010, with 51.8 % originating from the USA. The MMSR revealed that qualitative methodologies dominated the literature (73.7 %). Our findings suggest that DoD are prevalent across diverse cultural contexts and serve significant emotional functions related to grief processing. Common themes included feelings of comfort, guidance, and continued connection with deceased loved ones. The impact of these dreams tended to be positive, suggesting their role in facilitating emotional healing. Overall, this review underscores the necessity for interdisciplinary collaboration to deepen our understanding of DoD and their implications for grieving processes and cultural practices.

1. Introduction

Dreams have long been regarded as a profound and often mysterious aspect of human experience, frequently carrying deep emotional and personal meaning, as well as holding historical and cross-cultural significance. Researchers have contemplated upon their perceived role in consolidating long-term memory [1], solving major problems as well as daily challenges [2], reflecting elements of people's waking life experiences and pre-occupations [3], or manifesting aspects of the unconscious [4]. Beyond these functions, certain dreams stand out for their exceptional nature, particularly those involving contact with deceased individuals. These experiences, which will be referred to in this article as Dreams of the Deceased (DoD), are dreams in which a living person encounters a deceased individual, including loved ones, family members, or popularly known individuals. These experiences have been recorded for millennia, across religious traditions and cultures, and within various domains of scholarship [5–8]. In observing DoD

occurring in relation to psychological experiences including near-death experiences, end-of-life visions, and the grieving process [9–11], the prevalence, nature, and functionality of DoD continues to garner increased attention in clinical research.

Though at times underappreciated, research in DoD is significant. First, DoD are ubiquitous, appearing across cultural, clinical, and historical records. Anthropological and ethnographic research demonstrates that such dreams are embedded in ritual and religious practices, where they impact spiritual life and social relations [5,12,13]. Second, they are clinically relevant. Bereavement studies reveal that DoD often provide comfort and a sense of continuing connection for mourners [14–17]. Third, DoD have become increasingly visible in palliative care, where clinicians and caregivers report them as among the most common phenomena observed in dying patients [18–20].

Research on DoD emerges from diverse disciplines, including psychology, neuroscience, anthropology, and healthcare, and employs heterogeneous methodological approaches such as ethnographies,

* Corresponding author. 1520 Sand Hill Rd, APT 307, Palo Alto, CA, 94304, USA.

E-mail address: zulym@stanford.edu (Z. Mamat).

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clinical qualitative and quantitative studies, content analyses of dream reports, as well as efforts to typologize DoD. Various sampling frames have been used, including bereaved adults, clinical populations, hospice contexts, and religious communities. Terminology has also varied significantly in describing the DoD phenomenon, with researchers and practitioners alternately referring to these experiences as “bereavement dreams,” “continuing-bonds dreams,” “ancestral dreams,” “religious encounters in dreams,” or “visitation dreams.”

Despite the prevalence, reported functionality, and historical significance of DoD, no comprehensive effort has brought this heterogeneous body of literature together, especially one that applies an interdisciplinary, multicultural lens to the study of DoD. To address this gap, this paper aims to provide a comprehensive synthesis of the current state of understanding regarding DoD. Specifically, this paper will explore their prevalence, delineate the functions these dreams serve, and examine interpretations across various populations. Through a systematic scoping review and a mixed-methods systematic review, this research seeks to consolidate existing evidence, identify research trends, and highlight areas for future investigation to enhance interdisciplinary understanding of these meaningful phenomena.

2. Methods

The initial goal was to perform a Scoping Review (ScR). However, recognizing the quality, breadth, and volume of data available on the topic, we expanded our goal to include both a ScR and a Mixed Methods Systematic Review (MMSR), similar to a recently published framework [21].

Both reviews were conducted in accordance with the JBI methodology for ScR [22] and for MMSR [23], and observed both the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement [24] and the PRISMA Extension for ScR (RISMA-ScR) [25].

The ScR research questions were: (1) What literature is available regarding DoD? and (2) How has research on DoD been conducted across geographic regions, academic disciplines, and cultural contexts? The MMSR questions were: (1) What are the reported characteristics of the dreamers and the deceased appearing in dreams? (2) What are the perceived functions of DoD? and (3) How are DoD interpreted cross-culturally at the population and individual levels?

2.1. Eligibility criteria

Prior to screening, we specified the criteria for inclusion and exclusion for the reports across four categories: Population (i.e., the sample or group(s) of individuals or participants of interest in the study), Definition of a DoD, Study Characteristics (i.e., study designs or any other descriptive information about the study), and Other. These criteria were agreed upon by all five reviewers conducting the screening and extraction. All studies that fit the criteria below were included in the ScR. To satisfy the MMSR inclusion criteria, in addition to the inclusion criteria outlined below, the documents had to be peer-reviewed reports such as primary research studies and case study/series (i.e., not books, reviews, or dissertations).

2.1.1. Population

Reports were eligible if the dreams are of humans of any age, gender, religion, ethnicity, culture, or clinical background. Reports of dreaming non-human subjects, such as pets, were excluded.

2.1.2. Definition of DoD

Eligible studies are those that examined DoD either as a standalone phenomenon or as part of broader dream phenomena. DoD are defined as any dream in which a person dreams of a deceased individual, including historical figures, celebrities, family members, loved ones, or unborn babies from interrupted pregnancies. Studies were required to

provide information on the three core components of a DoD: the dreamer, the dream itself, and the deceased person. Studies describing general dream phenomena without reference to DoD or other non-dream-related phenomena, such as memories, hallucinations, or day-dreams, were excluded.

2.1.3. Study Characteristics

Reports with original data were the criteria for reports to be included in this study. Both quantitative and qualitative research designs were included, as well as mixed-methods studies. Systematic reviews and meta-analyses of quantitative or qualitative studies, case studies, case reports, and case series were eligible, as were dissertations and books or book chapters containing original data relevant to the scope. Studies excluded were editorials, commentaries, expert opinions, narrative reviews, purely theoretical discussions without original data (e.g., psychoanalytical perspectives on DoD), conference abstracts, and book reviews.

2.1.4. Other criteria

There were no restrictions on publication date. Only studies published in English and available in full text were included, while non-English language studies or those without full-text availability were excluded.

2.2. Search strategy

In November 2024, we searched PsycINFO, Medline, and CINAHL via [ebsco.com](https://www.ebsco.com), Embase and Medline via [embase.com](https://www.embase.com), and Web of Science's SCIE, SSCI, AHCI, and ESCI via [webofscience.com](https://www.webofscience.com). To capture the intersection of bereavement, death, and dream phenomena, we worked with an informationist from the library to develop a comprehensive search strategy that incorporated both free-text terms (with truncation/wildcards) and controlled vocabulary terms, adapted as appropriate for each database. Free-text terms with wildcards included: *afterdeath**, *ancestor**, *bereav**, *bond**, *decease**, *disincarn**, *dream**, *ghost**, *griev**, *hallucinat**, *haunt**, *mortuar**, *mourn**, *nightmare**, *night terror**, *oneir**, and *phantasm**. Controlled vocabulary and phrase terms included: *attitude to death*, *cardiac death*, *child death*, *complicated grief*, *death*, *death attitudes*, *death rites*, *death, sudden*, *disenfranchised grief*, *fetal death*, *grief counseling*, *infant death*, *maternal death*, *mourning*, *parental death*, *partner death*, *perinatal death*, *personal loss*, *prolonged grief disorder*, *stillbirth*, *sudden death*, *sudden infant death*, *sudden unexpected death in epilepsy*, *wrongful death*, *dream analysis*, *dream content*, *dream recall*, *lucid dreaming*, and *REM dreams*.

2.3. Identification, screening and inclusion of reports

The search resulted in the retrieval of 4019 reports, which were downloaded as RIS files and then uploaded into a Covidence [26]. Duplicates were identified automatically by Covidence during the upload process, and then manually during the screening process.

Next, the screening process was carried out in two stages: title and abstract screening, followed by full-text screening. The first stage of screen was performed by two reviewers (KE and ZM), with any discrepancies being resolved through a discussion between the two reviewers. All reports that passed through the first stage were sought for their full-text through searches across academic libraries. The second stage of screening was performed by five reviewers (KE, ZM, RO, SA, AKG) such that two reviewers were required to screen each report (one was always ZM), with any discrepancies being resolved through a discussion between ZM and the other screener. During full-text screening, reviewers were asked to tag each report with its study design for ease of later data extraction.

2.4. Data extraction and analysis

The data extraction process was conducted through an online form via Qualtrics [27] to promote consistency in data organization. All reviewers who participated in screening also conducted the data extraction. Data was extracted by one reviewer and then cross-checked by another reviewer (ZM) for completion and was modified as necessary via the data cleaning process during analysis. The data extracted was selectively used for quantitative and qualitative analyses for both the ScR and the MMSR. This included an exploratory section on dream content analysis based on an independent extraction of all dream reports from all studies (n = 86) with substantial dream content. We analyzed the dream reports on the basis of the narrative account, vividness of the dream, characteristics of the dreamer, and functionality of the dreaming experience.

2.5. Assessment of methodological quality

Consistent with our exploratory approach focused on synthesizing themes and patterns, no formal methodological quality appraisal was undertaken. This allowed for a more inclusive search of a broader range of evidence to map the field's scope.

2.6. Additional methodological remarks

2.6.1. Degree of focus on DoD

Each publication was given a grade for the degree to which a publication focused on DoD in its content, such that the focus of the publication was considered to be: 1) *Primary* if DoD were mentioned in some form in the title, stated objectives, main analysis/outcome, and/or references; 2) *Incidental* if DoD are not the main focus of the paper, DoD are mentioned randomly without much discussion of the concept of DoD in the body of the paper, and/or lack of DoD in the references; 3) *Secondary* if the paper does not belong explicitly to the *Primary* or *Incidental* categories, such that the paper may include DoD among other variables or domains, without particular emphasis on DoD in the study's aims and objectives, and/or with minimal references on DoD.

2.6.2. Vividness of dream reports

We rated dream reports based on the degree of vividness of the descriptive elements of the dream. The vividness rating scale was developed to quantify the quality of dream reports, striking a balance between the detailed scoring of internal and external features used in the autobiographical interview [28], and overly simplistic approaches such as word count. To give a uniform rating for the degree of vividness, a 3-point rating scale was developed corresponding to low, moderate, and high levels of details. A rating of 1 or *Low* refers to sparse details or a vague description where there was no clear setting or timeline, no named characters, no sensory detail or emotional reflection, and no dialogue. An example of a dream with low vividness would be: "A young cancer patient named John dreamed of a classmate who had recently died in a car wreck. He was sitting in a red convertible and offered John a ride" ([29], p. 4). A rating of 2 or *Moderate* was given for a basic outline of events, such that the setting was mentioned but not richly depicted, presence of one or two sensory or emotional elements, an event sequence which was understandable though gaps were still present, and minimal or implied dialogue. An example of a dream with moderate vividness would be: "One night, a few weeks after my grandmother's death, I had a dream in which my grandmother came to me and told me she was OK ... she also told me that she was OK and happy where she was now" ([30], p. 7). A rating of 3 or *High* was given to dreams with rich details such that there was a full description of place and time, presence of multi-sensory details (visual, auditory, tactile, olfactory), indications of emotional depth and reflections, and direct quotes and interaction used in the description. An example of a dream with high vividness would be: "I am with Martin's family in his home. Martin is dead and laying down in his

hospice bed. I watch him and wait for him to come back and open his eyes. I lay on the edge of his bed by his feet waiting patiently. His mother is cleaning, his siblings are in their rooms, and his father is in and out of the house. Everything appeared normal. Suddenly, he open his eyes and lets out a breath. Excitedly, I yell for his family to come, and tell them he woke up. He stares into the wall across from him peacefully, and I ask him, "Babe, what is heaven like?" and he responds, "It's beautiful." And I wake up" ([31], p. 33).

3. Results

The results analysis will begin with the main findings of the ScR (110 reports) which consists of summary results on the characteristics of the reports. This is followed by findings of the MMSR (76 reports), which is branched into a section on quantitative evidence followed by qualitative evidence.

3.1. Study inclusion

From a total of 4030 identified potential articles (PsycINFO = 1493; Embase = 859; MEDLINE = 701; Web of Science = 638; CINAHL = 328; Manual Search = 11), 122 publications remained after a screening of titles and abstracts, 110 reports proceeded to the ScR (Fig. 1). After removing reports which are not peer-reviewed original articles (i.e., book chapters, dissertations, and review papers), 76 publications were included in the MMSR. Of these studies, 41 were qualitative, 20 were quantitative, and 15 were mixed method studies.

3.2. Findings of the ScR

A total of 110 reports on DoD were identified, for which 49.1 % were original research and 4.5 % were review papers (Table 1). The majority of the publications constituted qualitative research (59.1 %, n = 65), followed by quantitative research (18.2 %, n = 20) and mixed methods (17.3 %, n = 19). The oldest publication was a case series report from 1895 [32], and the most recent publication included was a quantitative report from October 2024 [33]. The dawn of the 21st century marked an increase in reports on DoD with significantly more publications in its first decade (21.8 %, n = 24), and it continues to increase in the next decade (32.7 %, n = 36), such that 31 reports are published just in the last 4 years (2021–2024) (28.2 %, n = 31) (Fig. 2). The peak year was marked by 12 reports published in 2021, the majority of which were original research studies (50 %, n = 6), four were case series, one was a dissertation, and one was a book chapter.

In terms of the country of publication, we decided to choose the affiliation of the first author as an indicator. As such, 51.8 % (n = 57) of the publications were from the USA, followed by Canada at 10.9 % (n = 12), and the rest of the countries were all represented in less than 5 publications. With the exception of four reports [34–37], both the first and last authors of all reports were affiliated with the same country. Moreover, first authors represented 29 countries (Fig. 3). The diversity of the first authors also manifested in their scientific discipline which extended beyond the field of psychology (Fig. 4, Table S1). For instance, 49.1 % (n = 54) of the publications had first authors trained in psychology, while the rest came from other social sciences and in medicine.

In terms of topic of focus, the majority of the publications had DoD as their primary focus (68.2 %, n = 75), followed by secondary focus (25.5 %, n = 28), but not devoid of incidental mentions (6.4 %, n = 7).

3.3. Characteristics of studies in the MMSR

3.3.1. Country of research and year of publication

The MMSR consisted of 71.1 % of original research studies (n = 54) and 28.9 % of case study reports (n = 22). The majority of the studies were published after 2010 (65.8 %), with 64.2 % having first authors with affiliations in the USA (44.7 %, n = 34) and Canada (11.8 %, n = 9) (Table 2).

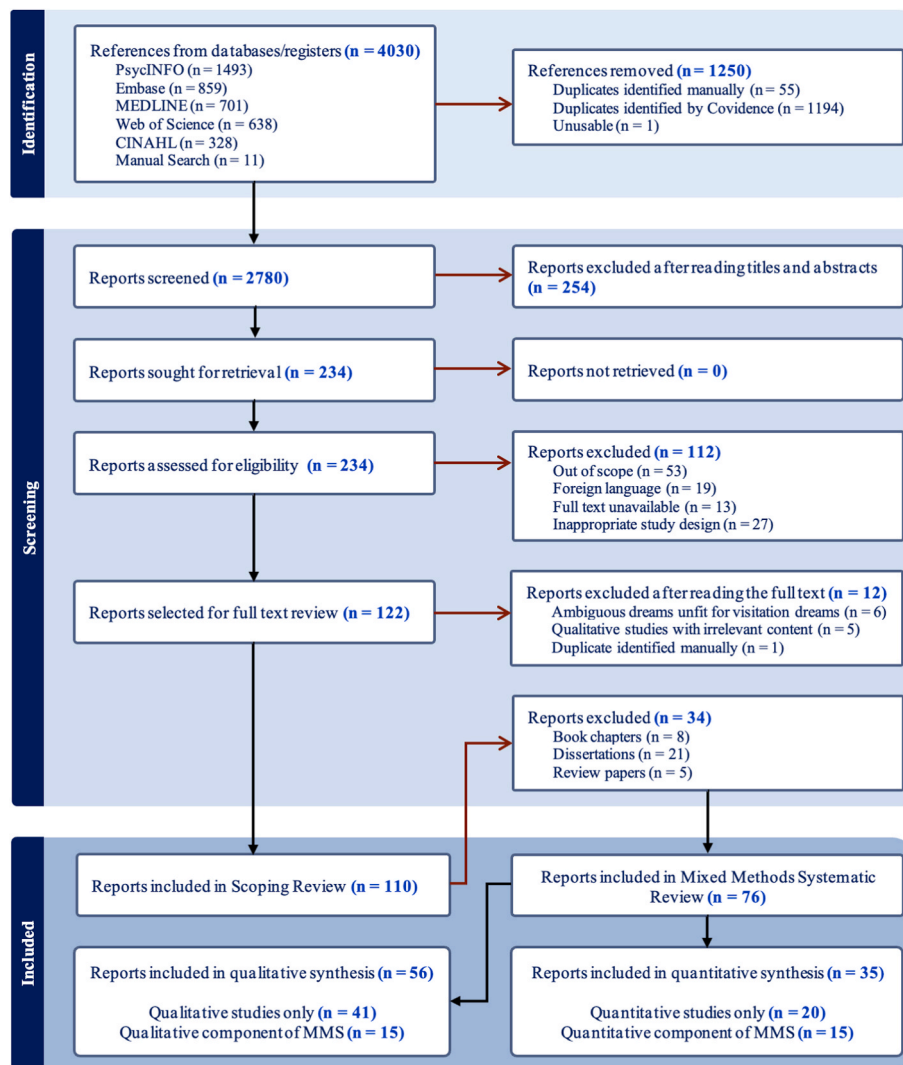


Fig. 1. Flow diagram of study selection. Through the steps of identification, screening, and inclusion, 110 reports were included in the scoping review and 76 reports were included in mixed methods systematic review.

3.3.2. Bibliometric characteristics of included studies

The top three journals featuring DoD publications accounted for 39.4 % of the reports: *Dreaming* (18.4 %, n = 14), *Death Studies* (11.8 %, n = 9), and *Omega Journal of Death and Dying* (9.2 %, n = 7). Most of the articles (44.7 %, n = 34) were published in a unique journal from a variety of disciplines. The most prolific authors on DoD were found to be Joshua Black (n = 5), Pei C Grant (n = 4), Kathryn Belicki (n = 4), Christopher W. Kerr (n = 4), and Rachel M. Depner (n = 4).

3.3.3. Study design, data collection methods, and participants

Qualitative studies made up the majority at 53.9 % (n = 41), followed by 26.3 % of quantitative studies and 19.7 % of mixed methods studies. As for the design of the qualitative studies, 48.8 % used interviews, 34.1 % used case studies, 7.3 % used questionnaires, and the rest of the publications employed more than one method. As for quantitative studies, 80.0 % used questionnaires and 20.0 % combined questionnaires with interviews. For mixed methods studies, similar to qualitative studies, the most popular data collection method was interviews (40.0 %, n = 6), followed by questionnaires in 26.7 %, case studies in 13.3 %, and the rest using more than one method.

Qualitative studies were conducted with different yet related subtypes of participants which comprised bereaved individuals (n = 18), patients (n = 1), near-death adults (n = 2), children (n = 1), healthy

individuals (n = 5), indigenous/traditional adults (n = 9), or religious individuals (n = 5). Quantitative studies comprised bereaved individuals (n = 9), patients (n = 2), caregivers (n = 1), healthcare professionals (n = 1), healthy individuals (n = 6), or indigenous/traditional adults (n = 1). Mixed methods studies were conducted with different yet related subtypes of participants which comprised bereaved individuals (n = 4), patients (n = 2), caregivers (n = 4), healthy individuals (n = 3), indigenous/traditional adults (n = 1), or religious individuals (n = 1). Overall, the most common sample population was bereaved adults at 36.8 %, followed by 14.5 % of the studies taking place in indigenous or traditional communities. It is noteworthy that 59.2 % (n = 45) of the studies included in the MMSR consisted of samples drawn from individuals with experiences in death and sickness (i.e., the bereaved, patients, caregivers, healthcare professionals, or near-death adults). In terms of sample size, majority of the studies had less than 100 participants (n = 46, 60.5 %, min = 1, max = 77), though a substantial number of studies had moderate sample sizes of at least 100 participants (n = 30, 39.5 %), and twelve out of these reports included more than 300 participants (min = 508, max = 6112).

Table 1
Findings of the scoping review (N = 110).

| TYPES OF REPORTS | Num. | % |
|--|------|------|
| Book/Book Chapters | 8 | 7.3 |
| Case Study/Series | 22 | 20.0 |
| Dissertation | 21 | 19.1 |
| Primary Experimental Research/Original Research | 54 | 49.1 |
| Review/Systematic Review/Meta-analysis | 5 | 4.5 |
| COUNTRY OF PUBLICATION (FIRST AUTHOR) | | |
| USA | 57 | 51.8 |
| Canada ^a | 12 | 10.9 |
| UK ^a | 4 | 3.6 |
| Australia | 3 | 2.7 |
| China | 3 | 2.7 |
| South Africa | 3 | 2.7 |
| Germany ^a | 2 | 1.8 |
| Israel | 2 | 1.8 |
| Italy | 2 | 1.8 |
| Pakistan | 2 | 1.8 |
| Sweden ^a | 2 | 1.8 |
| Austria, Brazil, Croatia, Hungary, India, Iran, Japan, Kenya, Kuwait, Lithuania, Macau, New Zealand, Nigeria, Poland, Serbia, Switzerland, Taiwan, Turkey (one per country). | 18 | 0.9 |
| YEAR | | |
| Up to 1990 | 5 | 4.5 |
| 1991–2000 | 14 | 12.7 |
| 2001–2010 | 24 | 21.8 |
| 2011–2020 | 36 | 32.7 |
| 2021–2024 | 31 | 28.2 |
| DESIGN | | |
| Qualitative | 65 | 59.1 |
| Quantitative | 20 | 18.2 |
| Mixed Methods | 19 | 17.3 |
| Review of Mixed Methods Studies | 3 | 2.7 |
| Review of Qualitative Studies | 3 | 2.7 |
| FOCUS ON VISITATION DREAM | | |
| Primary | 75 | 68.2 |
| Secondary | 28 | 25.5 |
| Incidental | 7 | 6.4 |

^a Note: There was a difference in the country of the last author (when applicable) in 4 reports (first author - last author): Canada - Republic of Moldova; UK - Australia; Germany - Sweden; Sweden - Germany.

3.4. Findings of the MMSR

3.4.1. Quantitative evidence

3.4.1.1. Prevalence and demographic variation of dreams of the deceased.
DoD appear to be a cross-cultural phenomenon with varying prevalence

across demographic groups. Historically, recording of DoD were prevalent, with a study of Chinese archives from 475 BC to 445 AD documenting DoD as the most frequent dream theme (18.4 %) [8]. In contemporary samples, Liang & He [38] reported that the theme “a person now dead as alive” ranked among the top three most common dream types across Naxi (82.1 %) and Han (49.7 %) Chinese college students. Similarly, Yoshioka [39] found this theme to be the third most frequent in a Japanese sample (n = 559), with higher prevalence among women. In Germany, Kunzendorf and colleagues [40] found that 44 % of subjects reported at least one dream of a deceased relative or friend.

Age and gender variations were reported in a number of studies. Yoshioka [39] found an increasing prevalence with age, rising from 0 % among youth (18–25 years) to 15 % among those aged 65 and above. Maggiolini and colleagues [41] corroborated these findings in a larger study (n = 1546), reporting higher frequencies of such dreams among older participants. Gender and age differences were also evident in a German sample. In Schredl’s multi-decade datasets (1956–2000), women and older participants consistently reported higher frequencies of dreams involving the deceased. For instance, in 1981, 31.1 % of women reported such dreams compared to 17.8 % of men. Among participants aged 60+, prevalence ranged from 39.6 % to 56.1 %, compared to 8.9 %–29.5 % in those aged 18–59 [42]. Socioeconomic differences were also notable. In a study of Zulu South Africans, significantly more rural than urban participants, more men than women, more individuals with limited education, and more older adults (45+) reported experiencing dreams of direct communications with ancestors [43].

3.4.1.2. Emotional and psychological predictors and associations. The emotional and psychological impact of DoD on the dreamer varied depending on dream content, cultural context, and psychological state. In a survey of public attitudes, “dreams containing messages from the deceased” was endorsed as a meaningful dream function, more often by women and by individuals with lower levels of education [36]. Kunzendorf and colleagues [40] found that 59 % of those with DoD affirmed the belief that such dreams represent real visitations and 29 % reported changes in waking emotions or behaviors due to DoD. Positive dream content, such as seeing the deceased happy, healthy, or offering comfort, was common, endorsed by 91.5 % of participants in one study [44]. Negative dream content, such as witnessing the deceased suffering or acting in distressing ways, was less frequent (44.3 %), though 94.5 % of those who reported negative themes also reported positive ones. Belicki and colleagues [45] examined emotional responses to dream themes and found that *Passionate Encounter, Reunion, and Back to Life* dream themes

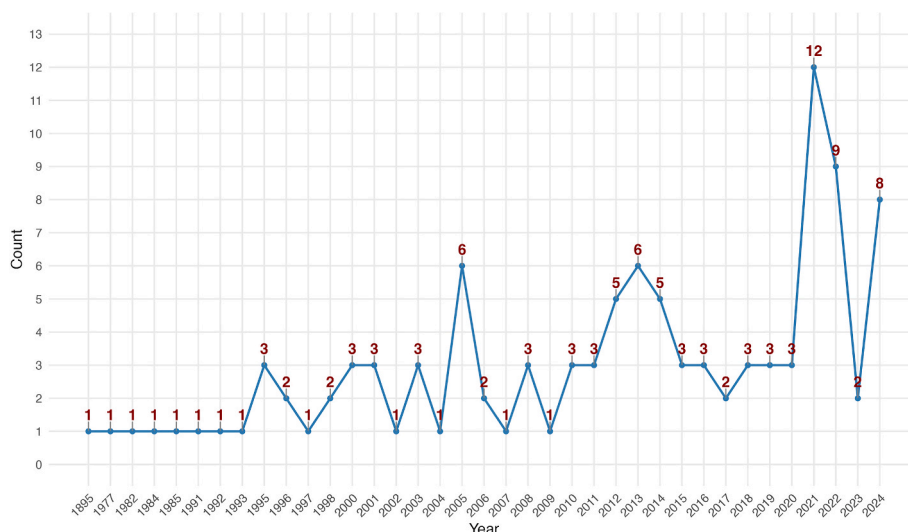


Fig. 2. Publication by year. Distribution of 110 publications included in the scoping review from 1895 to 2024.

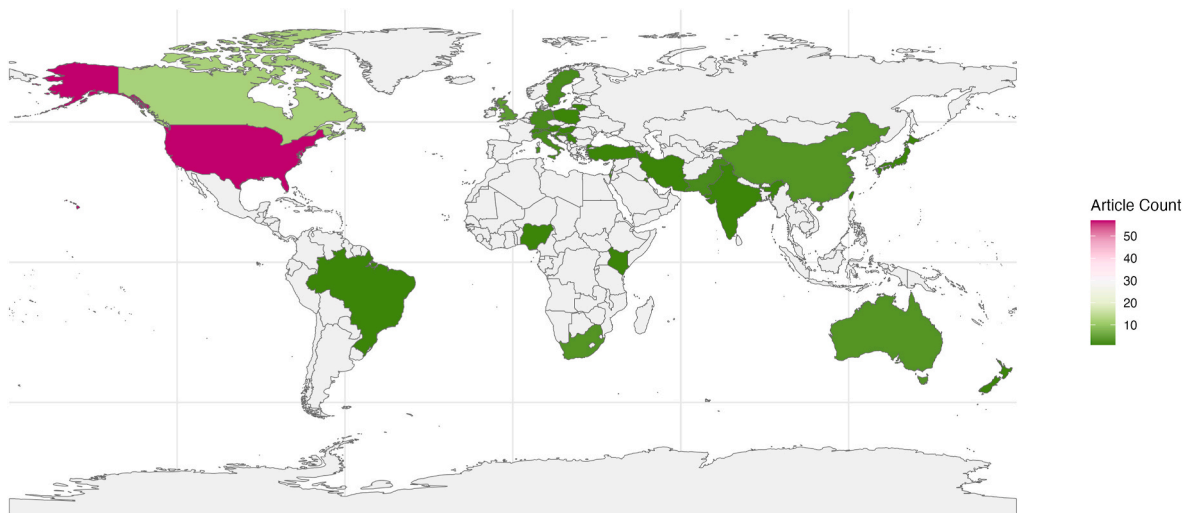


Fig. 3. Diversity of reports. Country of the affiliation of first authors of the reports included in the scoping review.

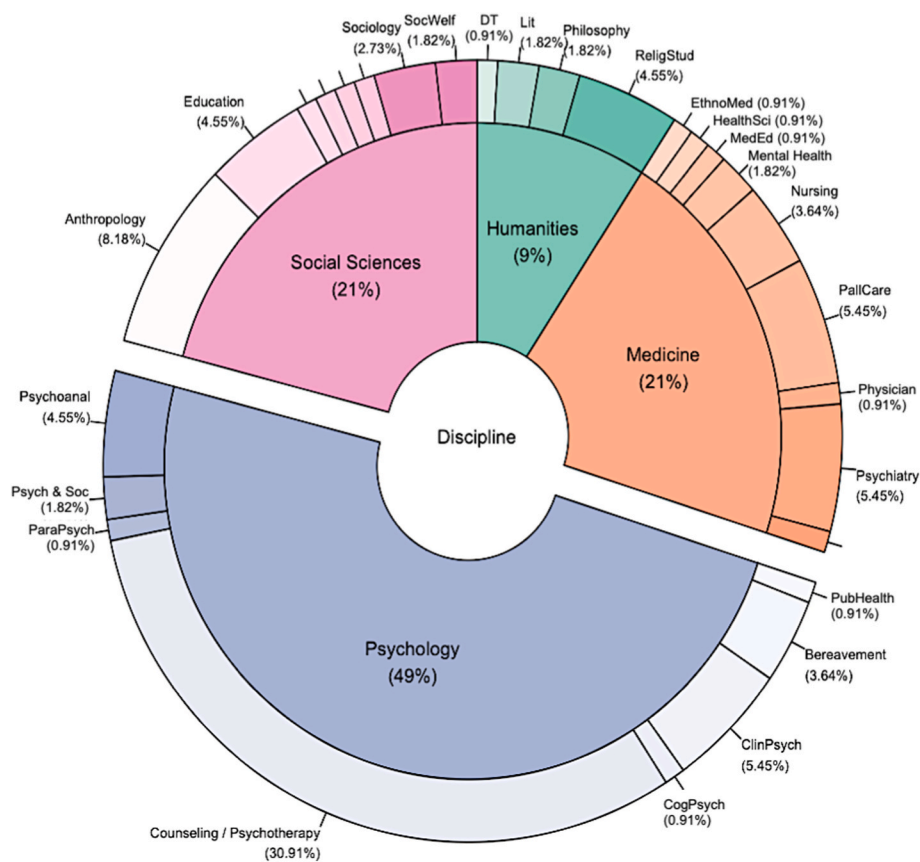


Fig. 4. Discipline of first author. Discipline of study of the first authors of the reports included in the scoping review. The section on Psychology was exploded to make it stand out from the rest as the majority. Abbreviations: Drama Therapy – DT; Literature – Lit; Religious Studies – ReligStud; Ethnomedicine – EthnoMed; Health Sciences – HealthSci; Medical Education – MedEd; Palliative Care – PallCare; Public Health – PubHealth; Applied Psychology – ApplPsych; Clinical Psychology – ClinPsych; Parapsychology – ParaPsych; Psychoanalysis – Psychoanal; Psychology & Sociology – Psych & Soc; Cognitive Psychology – CogPsych; Educational Psychology – EduPsych; Interdisciplinary Sciences – InterSci; Social Welfare – SocWelf.

were associated with the most intense positive emotions, whereas *Re-Enactment and Dying Again* themes were linked to the most intense negative emotions.

DoD had varied psychological associations. In one sample of bereaved participants, 67.1 % reported that such dreams increased their belief in an afterlife, while 70.9 % reported feeling more connected to

the deceased [46]. In contrast, distressing dreams were strongly linked to the mental health status of the dreamer. Among Cambodian genocide survivors, 62.8 % reported DoD; these individuals had significantly higher PTSD and complicated grief (CG) scores compared to those without such dreams. Participants reporting negative dreams had the most severe CG and PTSD symptoms [47]. Similarly, in a study of

Table 2
Findings of the mixed methods systematic review (N = 76).

| | Num. | % |
|---|------|-------|
| COUNTRY OF PUBLICATION (FIRST AUTHOR) | | |
| USA | 34 | 44.7 |
| Canada | 9 | 11.8 |
| China | 3 | 3.9 |
| UK | 3 | 3.9 |
| Australia | 2 | 2.6 |
| Germany | 2 | 2.6 |
| Israel | 2 | 2.6 |
| Pakistan | 2 | 2.6 |
| South Africa | 2 | 2.6 |
| Sweden | 2 | 2.6 |
| Croatia; India; Iran; Italy; Japan; Kenya; Kuwait; Lithuania; Macau; New Zealand; Nigeria; Poland; Serbia; Taiwan; Turkey (one per country). | 15 | 19.7 |
| YEAR | | |
| Up to 1990 | 3 | 3.9 |
| 1991–2000 | 10 | 13.2 |
| 2001–2010 | 13 | 17.1 |
| 2011–2020 | 28 | 36.8 |
| 2021–2024 | 22 | 28.9 |
| JOURNAL | | |
| Dreaming | 14 | 18.4 |
| Death Studies | 9 | 11.8 |
| Omega Journal of Death and Dying | 7 | 9.2 |
| International Journal of Dream Research | 4 | 5.3 |
| American Journal of Hospice and Palliative Medicine | 3 | 3.9 |
| Religions | 3 | 3.9 |
| Psychological Perspectives | 2 | 2.6 |
| African Journal of Social Sciences and Humanities Research; American Journal of Hospice and Palliative Care; American Journal of Nursing; American Journal of Orthopsychiatry; Australian and New Zealand Journal of Psychiatry; Behavioral Sleep Medicine; Bereavement Care; Chinese Journal of Integrative Medicine; Cultural Diversity and Ethnic Minority Psychology; Culture, Medicine and Psychiatry; Ethnology; Ethos; Imagination, Cognition and Personality; Indian Journal of Palliative Care; Journal for the Study of Spirituality; Journal of Africana Religions; Journal of American Medical Association; Journal of Holistic Nursing; Journal of Near-Death Studies; Journal of Palliative Care; Journal of Palliative Medicine; Journal of Spirituality in Mental Health; Journal of Sufi Studies; Journal of the Royal Anthropological Institute; Journal of the Society for Psychological Research; Medical Anthropology Quarterly; Neuro-Psychoanalysis; Nursing Times; Personality and Individual Differences; Psychiatry Interpersonal and Biological Processes; Psychological Review; Review of Religious Research; South African Journal of Psychology; Theological Studies (one per journal). | 34 | 44.7 |
| DATA COLLECTION METHOD | | |
| <i>Qualitative</i> | | |
| Interview | 20 | 48.8 |
| Case Studies | 14 | 34.1 |
| Questionnaires | 3 | 7.3 |
| Interview, Case Studies | 2 | 4.9 |
| Interview, Focus Groups | 1 | 2.4 |
| Naturalistic Observation, Interview | 1 | 2.4 |
| <i>Total</i> | 41 | 100.0 |
| <i>Quantitative</i> | | |
| Questionnaires | 16 | 80.0 |
| Questionnaires, Interview | 4 | 20.0 |
| <i>Total</i> | 20 | 100.0 |
| <i>Mixed Methods</i> | | |
| Interview | 6 | 40.0 |
| Questionnaires | 4 | 26.7 |
| Case Studies | 2 | 13.3 |
| Naturalistic Observation, Interview | 1 | 6.7 |
| Questionnaires, Focus Groups | 1 | 6.7 |
| Questionnaires, Interview | 1 | 6.7 |
| <i>Total</i> | 15 | 100.0 |
| PARTICIPANTS | | |
| <i>Adults</i> | | |
| Bereaved Adult(s) | 28 | 36.8 |
| Indigenous/Traditional Adult(s) | 11 | 14.5 |
| Healthy Adult(s) | 6 | 7.9 |

Table 2 (continued)

| | Num. | % |
|--|------|------|
| Caregivers | 5 | 6.6 |
| Patients | 5 | 6.6 |
| Religious Adult(s) | 5 | 6.6 |
| Near-death Adult(s) | 2 | 2.6 |
| Healthcare Professional(s) | 1 | 1.3 |
| Religious Adult(s) + Nonreligious Adult(s) | 1 | 1.3 |
| <i>Non-Adults</i> | | |
| Healthy Adolescent(s)/University Student(s) | 4 | 5.3 |
| Bereaved Adolescent(s) + Healthy Adolescent(s) | 1 | 1.3 |
| Children | 1 | 1.3 |
| <i>Mixed Population</i> | | |
| Mixed Healthy Participants (Youth and Adults) | 4 | 5.3 |
| Bereaved Adult(s) + Bereaved Adolescent(s) | 2 | 2.6 |
| SAMPLE SIZE | | |
| <i>Less than 100 participants</i> | 46 | 60.5 |
| Lesser or equal to 50 participants | 37 | 48.7 |
| Lesser or equal to 10 participants | 24 | 31.6 |
| <i>Greater or equal to 100 participants</i> | 30 | 39.5 |
| Greater or equal to 300 participants | 12 | 15.8 |
| Greater or equal to 1000 participants | 9 | 11.8 |

bereaved young adults (college students), DoD emerged as one of the strongest predictors of CG symptoms [48]. This association was not corroborated by Germain and colleagues [49] who found that 18 % of dream recallers with complicated grief reported DoD, though these were not associated with CG severity or psychiatric symptoms.

Psychological predictors of recalling DoD were assessed in a number of studies. Black and colleagues [44] found that dream recall frequency was the only significant direct predictor, while other factors, such as grief intensity and attachment style had indirect effects through dream recall. These findings suggest that both general dream recall tendencies and psychological variables associated with grief and attachment may influence whether bereaved individuals recall dreams of the deceased. Other predictors include a significant positive correlation with spirituality among bereaved mothers [50].

3.4.1.3. Content and typology of dreams of the deceased. DoD encompass a wide range of themes, and multiple efforts have been made to describe, classify, and typologize them. Garfield [51] originally proposed thematic categories, though inter-rater reliability was low (48.7 %) when tested in a large sample [46]. Revised and re-classified categories developed by Black and colleagues [46] (Table S2) achieved much higher reliability (90.8 %) (Table 3), with an additional observation that most DoD contained one (62.3 %) or two (27.5 %) coded themes, and fewer contained three (8.6 %) or four (1.4 %), suggesting that dream themes are not mutually exclusive. Barrett [52] categorized 77 DoD of healthy adults into four groups: *back-to-life dreams* (39 %), where the dead returned back to life; *advice dreams* (23 %), in which the deceased offered guidance regarding mundane as well as critical situations; *leave-taking dreams* (29), often positive and helping with acceptance; and *state-of-death dreams* (18 %), where the deceased described or symbolized the afterlife, frequently via telephone calls. Puhle and Parker [37], studying lucid dreamers, reported 80 lucid dreams of the deceased, most often involving relatives (90 %). The deceased typically appeared by chance (71 %), resembled their premortem state (43 %), radiated warmth or love (46 %), and were often passive (63 %). These prevalent patterns in dream features paralleled dreamer interpretations whereby 74 % of participants described such dreams as helpful or meaningful, and 35 % reported perceiving the deceased as “real.” Finally, Hinton and colleagues [53] found that 62 % of Cambodian refugees reported DoD, including *dire spiritual-state dreams* (36 %) in which the deceased appeared distressed, *soul-calling dreams* (17 %) that were feared as threats to the dreamer's life, and *simple visitation dreams* (9 %) where the deceased appeared well. All types of DoD were emotionally upsetting in this sample, as they implied the deceased had not been reincarnated or represented an encounter with a ghost while the soul was separated from

Table 3
Main quantitative findings of the MMSR.

| A. Prevalence and Demographic Variation | | |
|--|--|--|
| Study | Population | Main Quantitative Finding |
| Yu [8] | Chinese archives (475–445 BC), (76 dream narratives) | Dreams of the deceased most prevalent dream theme (18.4 %). |
| Liang & He [38] | Naxi (n = 174) and Han (n = 1905) Chinese college students | “Person now dead as alive” among top three dream themes (Naxi 82.1 %, Han 49.7 %). |
| Yoshioka [39] | Japanese sample (n = 559) | Dreams of deceased 3rd most frequent; prevalence rose with age (0 % at 18–25, 15 % at 65+); more common in women. |
| Kunzendorf [40] | German college students (n = 163) | 44 % reported dreams of deceased. 59 % believed in real visitation; 29 % reported impact on waking life. |
| Maggiolini et al. [41] | 1546 participants (ages 8–70) | Increased frequency of dreams of the deceased with age. |
| Schredl & Piel [42] | German longitudinal datasets (n = 962 in 1981, n = 2010 in 1956) | Women and older adults reported more dreams of deceased (e.g., 31.1 % of women vs. 17.8 % of men in 1981). |
| Thwala et al. [43] | Zulu South African adults (n = 140) | Rural, male, less-educated, and older participants more likely to report ancestor dreams. |
| B. Emotional and Psychological Predictors and Impact | | |
| Study | Population | Main Quantitative Finding |
| Olsen [36] | General adult population (n = 667) | Dreams with messages from the deceased perceived as a meaningful function; more endorsed by women and lower-educated. |
| Kunzendorf [40] | German college students (n = 163) | 59 % believed dreams of deceased are real visitations; 29 % reported impact on waking life. |
| Black [44] | U.S. residents (n = 268), aged 20–70, grieving a romantic partner/spouse in the previous 12–24 months. | Positive dream themes: 91.5 %; negative: 44.3 %; 94.5 % with negative also had positive themes. |
| Belicki et al. [45] | Dream diary of a widower | Dreams of Passionate Encounter, Reunion, Back to Life = most positive emotions; Re-Enactment & Dying Again = most negative emotions. |
| Black et al. [46] | Bereaved participants (n = 76) | 67.1 % reported increased belief in afterlife; 70.9 % felt more connected. |
| Liu & Field [47] | Cambodian genocide survivors (n = 121) | 62.8 % reported dreams of deceased; negative dreams linked to more severe PTSD and CG. |
| Hardison et al. [48] | College students (n = 815) | Dreams of deceased significantly correlated with CG; predicted CG symptoms. |
| Black [44] | U.S. residents (n = 268), aged 20–70, grieving a romantic partner/spouse in the previous 12–24 months. | Dream recall frequency strongest predictor of visitation dreams. |
| Field et al. [50] | Bereaved mothers who lost a child in the previous 5 years (n = 28) | Positive correlation with spirituality. |
| Germain et al. [49] | Adults with complicated grief (n = 128) | 18 % of dream recallers (all women) reported dreams of deceased; no association with CG severity, depression, or anxiety. |
| C. Content and Typology of Dreams of the Deceased | | |
| Study | Population | Main Quantitative Finding |
| Black et al. [46] | Bereaved participants (n = 76) | Garfield's original dream themes reliability 48.7 %; revised classification achieved 90.8 % reliability. |
| Barrett [52] | General adult sample (n = 245) | 77 dreams categorized: 39 % back-to-life, 23 % advice, 29 % leave-taking, 18 % state-of-death. |
| Puhle & Parker [37] | 28 lucid dreamers (80 lucid dreams) | 90 % involved relatives; 74 % described dreams as meaningful; deceased typically appeared by chance (71 %), resembled their premortem state (43 %), radiated warmth or love (46 %), and were often passive (63 %). |
| Hinton et al. [54] | Cambodian genocide survivors (n = 100) | 62 % reported visitation dreams (36 % dire, 17 % soul-calling, 9 % simple). All were distressing. |
| D. Special Populations | | |
| Study | Population | Main Quantitative Finding |
| Claxton-Oldfield & Richard [19] | Canadian nursing home staff (n = 22) | 64 % witnessed residents reporting dreams of deceased people/pets. |
| Claxton-Oldfield & Dunnett [18] | Canadian hospice care volunteers (n = 45) | 44 % witnessed residents reporting dreams of deceased relatives/friends. |
| Dam [20] | Terminally ill patients (India)(n = 60) | 50 % reported dreams of deceased relatives/friends. |
| Grant [55] | New York hospice patients (n = 66) | 46 % reported dreams/visions of deceased relatives/friends (most frequent end-of-life experience). |
| Kellehear et al. [35] | Moldovan end-of-life caregivers (n = 37) | Deceased mothers most common deathbed visitors; median = 2 deceased figures per patient. |
| Black [44] | U.S. residents (n = 268), aged 20–70, grieving a romantic partner/spouse in the previous 12–24 months. | 77.8 % had at least one deceased-partner dream; 61.1 % in prior month. |
| Foster et al. [15] | Bereaved adults & children in Ecuador (n = 49) | 75 % reported dreams of the deceased (53 % children, 60 % adults). |
| Wright et al. [17] | Bereaved caregivers (n = 480) | 57.9 % reported dreams of deceased; most pleasant or mixed. |
| Jahn & Spencer-Thomas [16] | Suicide-bereaved (n = 601) | 73.4 % endorsed dreaming of deceased as continued spiritual bond. |
| Field et al. [50] | Bereaved mothers who lost a child in the previous 5 years (n = 28) | 45 % reported dreams of deceased children; positive correlation with spirituality. |
| Black et al. [56] | Adults bereaved by miscarriage/stillbirth (n = 214) | 57 % reported dreams of deceased unborn child; themes ranged from distress to positive connection. |
| Zhang et al. [57] | Buddhist monks (n = 65) vs. nonreligious (n = 62) | Dreams of deceased more common in nonreligious (22.6 %) than monks (7.8 %). |
| Gao & Shen [58] | Chinese heart transplant recipients (n = 81) | 46.9 % reported dreams of deceased persons; most prevalent theme. |

the body during sleep.

3.4.1.4. Special settings and populations. Dreams of the deceased were also common in special settings and populations.

3.4.1.4.1. End-of-life setting. In Canadian nursing homes, 64 % of staff observed residents reporting vivid dreams of deceased people or pets [19]. Among Canadian hospice volunteers, 44 % reported witnessing similar dreams [18]. In India, 50 % of terminally ill patients reported seeing deceased relatives, friends, or acquaintances in dreams [20]. In U.S. hospice patients, 46 % reported dreams or visions of deceased relatives or friends, making them the most frequent end-of-life experience in this sample [55]. In Moldova, caregivers reported that deceased mothers were the most common figures in deathbed visions, with a median of two deceased visitors per patient [35].

3.4.1.4.2. Bereaved and grieving populations. Black and colleagues [44] found that 77.8 % of bereaved partners reported at least one DoD since the loss, and 61.1 % had such a dream in the prior month. Foster and colleagues [15] found that 75 % of bereaved adults and children in Ecuador reported DoD, making them the most common expression of continuing bonds in this sample. Wright and colleagues [17] surveyed bereaved caregivers and found that 57.9 % reported dreams of the deceased. Those who dreamed about a loved one did so with varying frequency: daily (7.5 %), weekly (23.6 %), monthly (15.5 %), less than monthly (26.7 %), and other (25.5 %). Respondents who dreamed of the deceased were significantly younger, had younger loved ones, and had known them for a shorter period of time compared to nondreamers; notably, 52.2 % of nondreamers still wished to dream of their deceased loved ones. Most respondents' dreams of the deceased were pleasant (55.3 %) or a mix of pleasant and disturbing (31.1 %), while fewer were only disturbing (6.8 %); common themes included pleasant past memories (65.2 %), the deceased appearing free of illness (40.4 %), memories of their illness (34.8 %), seeing them peaceful in the afterlife (26.7 %), or the deceased communicating a message (25.5 %). Most respondents who dreamed of the deceased (60.2 %) reported that the dreams impacted their bereavement, with many noting increased acceptance of death, comfort, spirituality, while others described heightened sadness. In a sample of individuals bereaved by suicide, 73.4 % endorsed DoD as a spiritual experience of continued bond [16]. Bereavement in parents drew some attention. Field and colleagues [50] found that 45 % of bereaved mothers reported dreams of their deceased children in the past month. Black and colleagues [56] found that 57 % of adults bereaved by miscarriage or stillbirth reported such dreams, with themes ranging from loss and distress (e.g., baby dead or ill, miscarriage itself) to positive connection (baby alive or healthy), meaning-making (dreams explaining the miscarriage), and responsibility/communication (taking care of the baby, others talking about the baby).

3.4.1.4.3. Religious versus non-religious populations. Zhang and colleagues [57] found that dreams of the deceased were significantly more common among nonreligious Chinese respondents (22.6 %) compared to Buddhist monks (7.8 %).

3.4.1.4.4. Clinical populations. Gao and Shen [58] reported that among Chinese heart transplant recipients, 46.9 % described dreams in which a dead person appeared alive, the most prevalent dream theme.

3.4.2. Qualitative evidence

3.4.2.1. Five overarching topics. Based on an analysis of the aims extracted from 76 articles, five themes were identified: 1) Bereavement Dreams/Continuing Bonds through Dreams (examining dreams that act as a medium for maintaining emotional connection with deceased loved ones), 2) Cultural and/or Spiritual Perspectives on Death and Wellness (exploring dreams which are interpreted within cultural beliefs and spiritual practices), 3) Near-Death/End-of-Life Experiences (assessing subjective experiences reported by individuals at or near the point of death), 4) Religious Encounters in Dreams (investigating dreams where

the dreamer meets with religious figures), and 5) Dreams as a Phenomenon (investigation of various aspects of dreaming in general, including dream content analysis) (Fig. 6). The majority of the articles were examined as having one primary focus (64.5 %), with "Bereavement Dreams/Continuing Bonds through Dreams" being most common (36.7 %). On the other hand, 35 % of the studies spanned multiple topics, with the most popular being a discussion on both bereavement dreams and cultural perspectives on death (22.2 %, $n = 6$). The majority of the articles which had "Studying Dreams as a Phenomenon" as a primary focus was either quantitative studies (40 %, $n = 6$) or mixed methods studies (33.3 %, $n = 5$). Examining the titles of publications corroborated the abovementioned five topics extracted from the aims and objectives such that the top 5 words/phrases in the titles were: continuing bonds (5 reports), grief (4 reports), bereavement (3 reports), end-of-life (3 reports), and religion/spirituality (3 reports).

3.4.2.2. Existing methods for dream collection and analysis. In terms of how the dream content was analyzed relative to existing methods of dream analysis, we found evidence of both convergence and divergence. Specifically, two approaches from the dream analysis literature were adapted in several papers: Hall and Van de Castle dream content scoring system (HVdC) [59] and Garfield dream content scoring system [51]. As shown in Table S3, three publications adapted the HVdC subscales [49, 60, 61] and two publications adapted themes from the Garfield system [44, 62].

In terms of use of dream-related questionnaires as part of data collection, out of the 46 reports which used questionnaires, the top questionnaire used was the Typical Dream Questionnaire (Nielsen et al., 2003). Moreover, 32.6 % of the articles reported development and use of a custom-made questionnaire (not exclusive to dream content) for the specific study (Table S4).

3.4.2.3. Findings related to dream content. All descriptions of the content of reported DoD were extracted from 86 studies with qualitative components, resulting in 416 total dreams. The number of dreams reported differed across articles, such that 30.2 % ($n = 26$) of the articles with descriptions of DoD reported one dream per article. The maximum number of dreams reported in an article was 22 dreams [54].

3.4.2.3.1. Narrative account. The majority of the dreams (76.2 %) were primary accounts (i.e., first-person narrative), with the rest (23.8 %) being secondary accounts from second-person or third-person perspectives (Table S5). Primary accounts constituted majority of the dream reports across study designs (Table S5).

3.4.2.3.2. Vividness of the dream reports. The majority of the dream reports had a moderate degree of vividness (57.0 %, $n = 237$), followed by 27.2 % of dreams being low in vividness and 15.9 % being high in vividness (Table S5). Vivid dreams were significantly longer in narration and predominantly primary accounts (Fig. 5, Table S6).

3.4.2.3.3. Characteristics of the dreamers. Background information on the dreamers and the deceased was not complete for all of the 416 dreams; therefore, only the reported information will be discussed in this section. In terms of the relationship of the deceased to the dreamer, 11 types of relationship bonds were determined to be potentially applicable, and the extracted data demonstrated their applicability except for one (i.e., Celebrity Figures) and also revealed 5 additional types of relationships (Table 4). Thirty-seven percent (37.0 %, $n = 84$) of the deceased appearing in dreams were the parent of the dreamer, followed by a spouse/partner or a child (12.2 %, $n = 28$). Moreover, one dream report was of a stepmother and was subsequently included in the "parent" category [63].

Twenty-nine of the dream reports included information that allowed for identification of the religious affiliation of the dreamers (Table 4). Christianity as a broad category was most prominent in 51.7 % of the reports, and included individuals from different denominations like Catholic, Protestant, Spiritual-Christian, Evangelical, Episcopalian, and

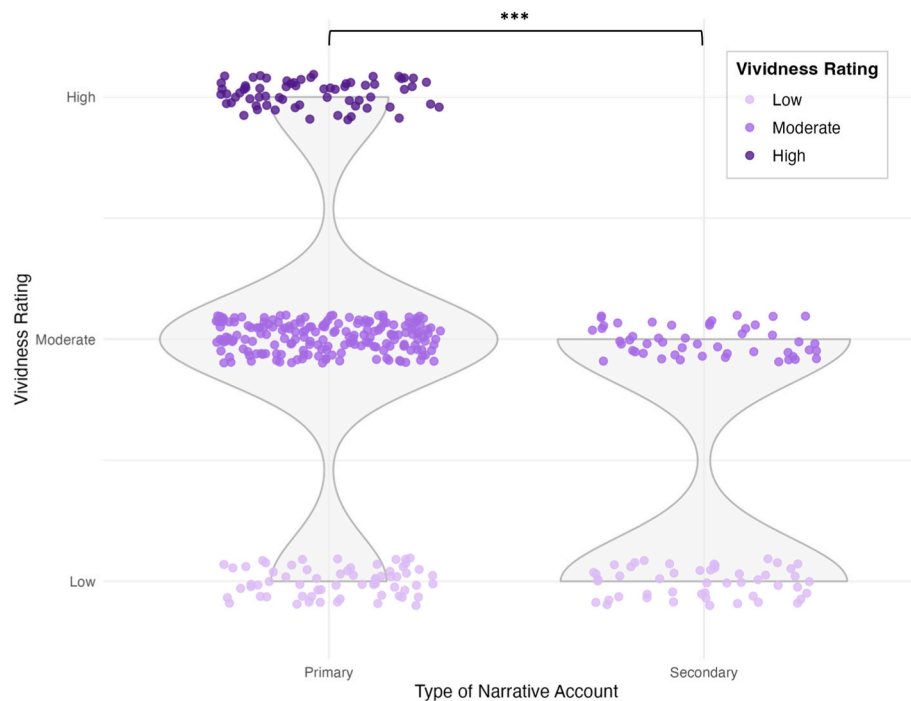


Fig. 5. Extent of vividness of dreams by narrative accounts. A total of 416 dreams categorized by type of narrative account, referring to first-person accounts (i.e., primary) vs. second/third-person accounts (i.e., secondary). Vividness ratings were graded as follows: *Low* – sparse details or vague (no clear setting or timeline; unnamed characters; no sensory detail or emotional reflection; no dialogue); *Moderate* – basic outline of events (setting mentioned but not richly depicted; one or two sensory or emotional elements; sequence understandable but gaps remain; minimal or implied dialogue); *High* – rich details (full description of place and time; multi-sensory detail; emotional depth & reflections; direct quotes and interaction). Asterisks indicate level of statistical significance: *** $p < .001$.

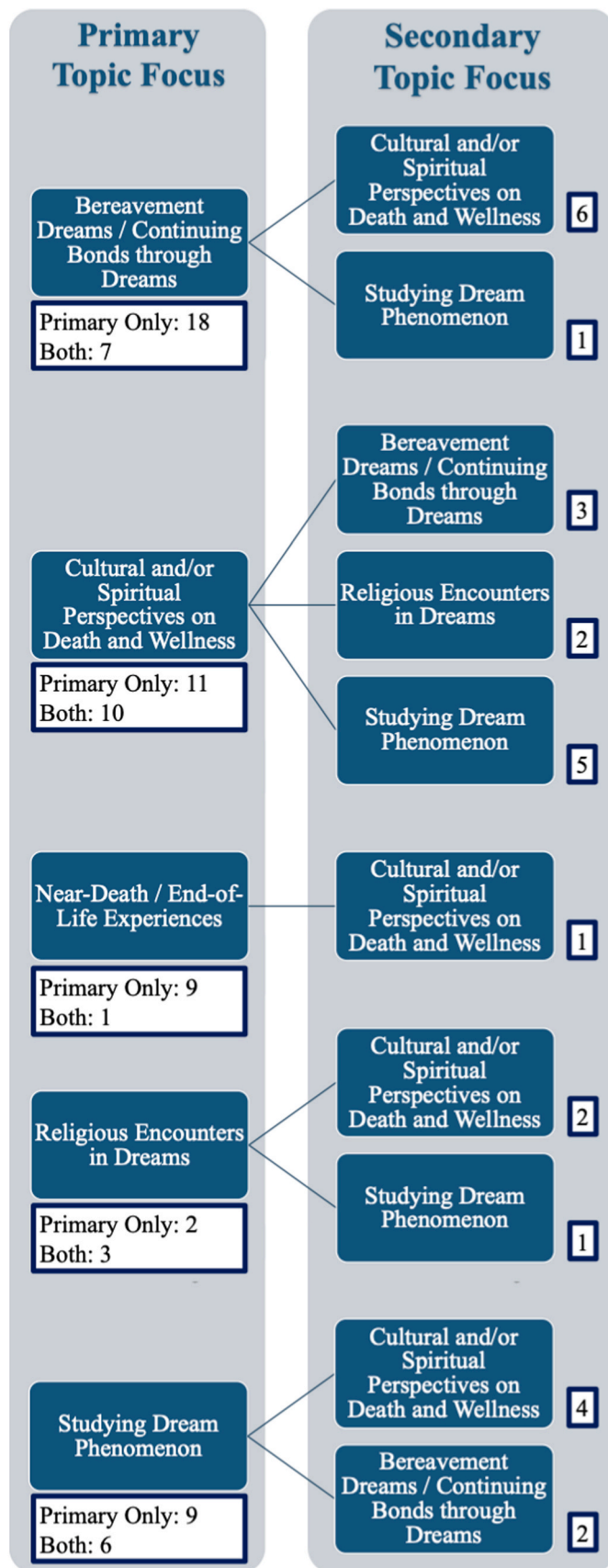
Christian with indigenous practices. In addition, there were 28.6 % of Muslims, 7.1 % of Jews, 7.1 % of Buddhists, as well as single dream reports from people who follow the Dugu, Shinto, and more general spiritual traditions.

3.4.2.3.4. Functionality of the dreaming experience. Based on existing literature as well as our findings during our preliminary data extraction stages, we devised 6 categories for the functionality of the dreaming experience: 1) Processing the death of the deceased (facilitate emotional processing and acceptance of the death of often a loved one), 2) Processing the imminent death of the dreamer (cope with the dreamer's own mortality and fears), 3) Unfinished business (prompt the dreamer to confront or reconcile unresolved matters), 4) Support of the dreamer in time of need (provide directly/indirectly guidance during a challenging period for the dreamer), 5) Use the dreamer as a messenger (communicate messages or insights to the dreamer, often for someone else), and 6) Spiritual awakening (inspire transformative experiences or insights related to spirituality). The most frequently encountered functionality in our dream reports was 'processing the death of the deceased' (52.4 %, $n = 155$), and the least frequent was spiritual awakening (5.4 %, $n = 16$) (Fig. S1). The majority of those who reported on their perceived interpretation of the dream stated that the dreams were reflections of something relevant to the circumstances in the dreamer's current life (Fig. S2). The modality of communication method used by the deceased in the dreams was similarly distributed such that the most common was verbal communication (29.6 %, $n = 92$), followed by non-verbal (28.0 %) and mixed (25.4 %) (Fig. S3). In many instances, how positive or negative the dream made the dreamer feel could be gleaned from some of the more vivid dream reports where the dreamer reflects while narrating the dream. We observed that 54.4 % ($n = 167$) of the reported valences were positive or pleasant. Nonetheless, 17.3 % of the dreams consisted of negative emotions after having the dream (Fig. S4).

4. Discussion

The current review is the first to offer a synthesis of interdisciplinary quantitative and qualitative literature pertaining to DoD, revealing critical insights into the interplay between these experiences and processes of grief, near-death experiences, cultural interpretations, spirituality and religion. In congruence to a recent ScR on end-of-life experiences (ELEs) [21], this review found that many DoD were perceived spiritual/transcendent in nature with the dreamers often attempting to make meaning from their experiences. However, unlike ELEs, DoD need not be related to only death and dying; rather, they can be experienced on a much wider spectrum from serving as a potential mechanism for psychological healing to a religious calling to simply relaying a message.

The predominant focus on DoD across the majority of included studies (68.2 %) highlights their significance as a relevant topic, indeed with authors coming from psychology, medicine, humanities and social sciences. All continents were represented except for Antarctica which is expected, with 19.1 % of all included studies having cultural and/or spiritual perspectives on death and wellness as their primary topic of focus. Moreover, major religions of the world are all represented in the articles included in this review. Still, given that the majority of the studies were conducted in North America (62.7 %), the geographic limitations raise concerns about the generalizability of findings across different cultures and communities. Part of the gap could also be a lack in consistent terminology. Although we chose to proceed with "Dreams of the Deceased," many studies used different terms such as bereavement dreams, visitation dreams, continuing-bonds dreams, ancestral dreams, end-of-life dreams, after death communications, etc. The choice of the term typically reflected the conceptualization of DoD as rooted in an event or a cause (e.g., death of a loved one, nearing death), and less often as a spiritual, cultural, or metaphysical experience (e.g., visited by a loved one). The latter should be the focus of future research in order to more holistically capture DoD's diverse manifestations as a human



(caption on next column)

Fig. 6. Topic focus of reports. Synthesized categories for primary and secondary (if any) topic focus for each article. Blue-filled boxes are five distinct yet interrelated topics reflected from the objectives of all articles. White-filled boxes indicate the number of articles that correspond to that category of topic focus, such that an article may either have just one primary topic focus or have both a primary and a secondary focus. (For interpretation of the references to colour in this figure legend, the reader is referred to the Web version of this article.)

experience.

There is a steady accumulative growth in studies related to DoD with a peak of publication in 2021. Indeed, this is related to the peak observed in a review of ELEs where its publications peak at 16 articles in 2020 [21]. Moreover, 5 reviews were included in this ScR of 110 articles, 4 of which were published after 2021, and one in 1977. Of these 5 review articles, 3 were related to bereavement [64–66] and 2 to ELEs [21,67]. On the one hand, the presence of review articles indicates the accumulation of reporting on DoD; on the other hand, the lack of diversity in study topics demonstrates the need for further education of the wider research community about this phenomenon, in both clinical and everyday circumstances.

In terms of methodological diversity, the review revealed a substantial emphasis on qualitative methodologies, with 59.1 % of the articles utilizing a qualitative approach alone, which brings this up to 81.8 % when including mixed methods and reviews. This underscores the complexity of dream experiences that quantitative metrics alone may fail to capture [68]. Indeed, even 20.0 % of the quantitative studies included in the MMSR showed interview as a data collection method, demonstrating that an integration of both approaches could yield more complete and potentially robust data.

On the other hand, in addition to being more inclusive in data collection approaches, the variations observed underscore a need for the development and standardization of more comprehensive assessments of dreams in future studies. The majority of studies did not utilize an established dream content collection or analysis tool or framework. Our study highlighted a number of reliable and valid tools that may be considered in future DoD studies, including the framework by Black and colleagues [46] focused specifically on DoD, as well as other general dream content scoring systems such as Hall and Van de Castle's [59] and Garfield's [51]. The classification system utilized in our review for assessing the degree of focus on DoD (primary, incidental, secondary) offers an example of a framework that facilitates comparative analysis. Similarly, vividness is a standard measure used in studies of memory recollection [69]. Therefore, given that recounting a dream is a basic exercise of recollection, we developed a vividness rating scale which we hope future studies could further tune and adapt for more robust classification of visitation dreams to enable accumulation of literature on this topic.

The quantitative and qualitative evidence highlights that DoD are a cross-cultural phenomenon, occurring across historical, contemporary, and diverse contexts. Prevalence estimates vary widely but consistently indicate that DoD are very common, with demographic patterns showing higher frequency among women, older adults, and those in rural or socioeconomically disadvantaged groups. The emotional and psychological impact of DoD is strongly shaped by dream content and cultural interpretations. Psychological predictors further suggest that DoD reflect individual cognitive-emotional tendencies, psycho-social contexts, and spiritual worldviews. Despite variability, most studies converge on the meaningfulness of DoD, with many dreamers reporting them as impactful experiences in bereavement, end-of-life, and clinical contexts. This meaning-making effort resonates with rapidly developing research in palliative care [70] and psychedelic treatment for trauma recovery [71], all of which are including DoD as part of the treatment experience. It is important to note that studies may conflate dream phenomenology with cultural interpretive frameworks which could make it difficult to differentiate the descriptive features of a dream (e.g.,

Table 4
Characteristics of dreamer and the deceased in the dreams of the deceased.

| | Num. | % |
|--|------|------|
| Relationship of the Deceased to the Dreamer (n = 229) | | |
| Parent | 85 | 37.1 |
| Spouse/Partner | 28 | 12.2 |
| Child (i.e., older child, not infant) | 28 | 12.2 |
| Grandparent | 25 | 10.9 |
| Sibling | 16 | 7.0 |
| Religious Figure | 12 | 5.2 |
| Relative | 9 | 3.9 |
| Friend | 6 | 2.6 |
| Infant (i.e., very young child) | 2 | 0.9 |
| Unborn | 2 | 0.9 |
| Other: | 17 | 7.4 |
| In-Laws | 8 | 3.5 |
| Professional/Academic Relationships | 4 | 1.7 |
| Great-grandparent | 2 | 0.9 |
| Neighbor | 2 | 0.9 |
| Ancestor | 1 | 0.4 |
| Religious Affiliation of the Dreamer (n = 28) | | |
| Christian | 13 | 46.4 |
| Muslim | 8 | 28.6 |
| Jewish | 2 | 7.1 |
| Buddhist | 2 | 7.1 |
| Other - Dugu | 1 | 3.6 |
| Other - Shinto | 1 | 3.6 |
| Other - Spiritual | 1 | 3.6 |

appearance of the deceased) from the interpretations of the dreamer (e.g., to comfort), especially with an overlay of culturally specific interpretations. For instance, for a community with a culture deeming DoD as a sign of the soul of the deceased being “stuck” in this realm, even if the appearance of the deceased and what they do in the dream resemble peace and serenity, the dreamer would still feel distress and interpret the dream in an ominous light. Therefore, studies would benefit from a careful examination of where empirical content ends and meaning-making begins in dream narratives. Together, these findings indicate that DoD represent not only a prevalent phenomenon but also one with significant psychological and cultural resonance, warranting closer interdisciplinary study.

Dreams are often included in relation to prevalence of nightmares as part of clinical psychological assessments. In the DSM-5 [72], dreams are primarily framed in terms of pathology whereby nightmares are a core intrusion symptom of PTSD and the defining feature of Nightmare Disorder. This emphasis is mirrored in standardized PTSD assessments such as the CAPS-5 [73] and PCL-5 [74], which specifically probe for distressing dreams. Alongside diagnostic assessments, nightmares have also been studied on its own right both as a risk factor in disease development [75,76] and as a target for treatment [77]. However, in focusing exclusively on nightmares in our encounters of assessing mental health, we are neglecting the broader spectrum of dream experience. Our findings highlight the importance of broadening clinical inquiry to also include comforting, restorative, and/or spiritually significant dreams involving deceased loved ones. The presence or absence of such dreams may provide valuable insight into an individual's process of grief integration and trauma recovery. Attending to these dimensions could leverage comforting dreams as a tool to enrich therapeutic encounters.

By advancing dream inquiry into routine mental health assessment, we can develop a potential marker of resilience, recovery, and emotional processing.

4.1. Limitations and future research directions

Despite these contributions, it is essential to acknowledge the limitations of the current review. To our knowledge, this is the first ScR and MMSR for DoD. Given the exploratory nature of this mixed methods review, no formal methodological quality appraisal was conducted,

which may influence interpretation of aggregated findings. As a result, the synthesis reflects patterns and themes across studies rather than weighted or meta-analytic judgements. There may be risk of publication bias toward meaningful or vivid dreams of the deceased, which is especially true if multiple dreams are reported from a single individual as represented from some of the reports in our analysis. Additionally, some qualitative studies focused on cultural or religious meanings may overrepresent positive dream themes. Nevertheless, the presence of both positive and negative (17.3 %) dream valence reports suggests meaningful variability across reports. While several studies relied on small or convenience samples, others included moderate to large sample sizes of hundreds and even thousands of participants, which supports the robustness of the observed prevalence patterns. These considerations underscore the need to interpret findings descriptively and within the context of heterogeneous methodologies.

A thorough comparison across population types, perceived functionality, as well as characteristics of the deceased/dreamer was inhibited due to the diversity in study designs and methodologies, including the absence of a consistent dream reporting mechanism. Self-reported data may introduce biases related to the individual's emotional state and dream recall abilities. For instance, functionality of the dreaming experience was determined by several factors: the functions recognized by the dreamers themselves, categorization by the authors of the articles reporting these dreams, and interpretations by the researchers of this present paper after gathering all relevant information. To demonstrate, a dreamer could state while describing the dream, “We talked with my psychologist that everything went to the right places in the unconscious. The fact was accepted in the unconscious,” which was clearly a category of “Processing the death of the deceased.” In other instances, the functionality is more subtle and require a determination from the researchers. While diving into a deeper level of analysis, the various level of interpretations of functionality can introduce variability. Similarly, while the vividness rating was developed to further capture qualitative depth, cultural variability in narrative style could be misinterpreted as differences in vividness of dream reports. Moreover, one author (ZM) was the sole determiner of the vividness ratings. The vividness scale could benefit from future validation and reliability assessments across settings and cultures. Indeed, there are linguistics-based approaches for the automated analysis of dream experiences which future studies may consider employing to capture of the dream content [78].

On the other hand, the narrow focus of a particular population or individual in some studies might limit the reproducibility of findings. The majority of the studies being conducted in North America could also introduce cultural biases, such as the salience of afterlife beliefs within North American contexts, shaped by religious and spiritual traditions as well as popular media. Moreover, prevalence estimates vary widely depending on the method of dream collection, participants' dream recall frequency, and population characteristics. For instance, in a culture where afterlife beliefs are prominent, reported prevalence may reflect culturally shaped willingness to disclose such dreams rather than true frequency of occurrence, thereby introducing possible recall bias.

Despite the existence of robust theoretical frameworks for sleep-dependent emotional processing and associations between sleep disturbances and bereavement, no study to date has specifically examined the relationship between dreaming of deceased individuals and rapid eye movement (REM) related dream theories, memory and affect regulation models, or clinical sleep outcomes during acute grief. Bereavement studies do not assess DoD directly, instead focus on general sleep quality measures [79], while trauma literature examines nightmares broadly rather than deceased-specific content [80]. While there are modest reports of DoDs perceived with negative emotions, the frequency of such dreams becoming a clinical concern of pathological nightmares, if at all, is undocumented. It has been shown that sleep disturbances are prevalent in bereavement and that grief intensity positively associates with sleep difficulties [81]. Sleep disturbances, particularly REM

abnormalities, are common in mood disorders including major depression and PTSD [82]. It has also been shown that REM sleep facilitates emotional memory processing through decoupling emotional tone from memory content [83]. Therefore, future prospective studies using dream recording methods (e.g., dream diary) could test whether DoDs relate to REM sleep parameters and grief trajectory, bridging the gap between established emotional memory models and grief-specific phenomena.

Additionally, while we identified a wealth of literature focusing on DoD, the nuances of how these dreams are processed in varying psychological frameworks and disciplines remain underexplored. To fully understand the complexities of DoD, future research should expand beyond end-of-life, bereavement, and grief, to incorporate cultural, religious, and spiritual contexts to examine how these factors influence dream experiences. Given that our findings suggest DoD as an area of study already benefiting from researchers from diverse disciplines, interdisciplinary collaborations between psychologists, neuroscientists, healthcare researchers, anthropologists, and spiritual care experts would further enrich both academic discourse and clinical applications.

CRedit authorship contribution statement

Zulkayda Mamat: Writing – review & editing, Writing – original draft, Visualization, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Rumia B. Owaisi:** Writing – review & editing, Investigation. **Sarif Alrai:** Writing – review & editing, Investigation. **Ayşe Kaya Goktepe:** Writing – review & editing, Investigation. **Jacob White:** Writing – review & editing, Resources, Methodology. **Peter J. Bayley:** Writing – review & editing. **Khalid Elzamzamy:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

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Declaration of competing interest

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Appendix A. Supplementary data

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References

- Diekemann S, Born J. The memory function of sleep. *Nat Rev Neurosci* 2010;11(2):114–26. <https://doi.org/10.1038/nrn2762>.
- Cartwright RD. Problem solving: waking and dreaming. *J Abnorm Psychol* 1974;83(4):451–5. <https://doi.org/10.1037/h0036811>.
- Domhoff GW. The scientific study of dreams: neural networks, cognitive development, and content analysis. American Psychological Association; 2003. p. 209. <https://doi.org/10.1037/10463-000>.
- Jung CG, Jaffe A, Winston C, Winston R. Memories, dreams, reflections. Knopf Doubleday Publishing Group; 2011. <https://books.google.com/books?id=w6vUgN16x6EC>.
- Dean DM. Dreaming the dead: The social impact of dreams in an Afro-Cuban community (1995-73491-001; Issues 3-A) [ProQuest Information & Learning]. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=psyh&AN=1995-73491-001&site=ehost-live&scope=site&authType=ip,shib&custid=s3555202>; 1993.
- Mittermaier A. Dreams from elsewhere: muslim subjectivities beyond the trope of self-cultivation. *J R Anthropol Inst* 2012;18(2):247–65. <https://doi.org/10.1111/j.1467-9655.2012.01742.x>.
- Nicholson NL. When mourning comes: A phenomenological exploration of dreams of the bereaved parent (2017-10862-251; Issues 5-B(E)) [ProQuest Information & Learning]. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=psyh&AN=2017-10862-251&site=ehost-live&scope=site&authType=ip,shib&custid=s3555202>; 2017.
- Yu CK-C. Imperial dreams and oneirography in ancient china—we share similar dream motifs with our ancestors living two millennia ago. *Dreaming* 2022;32(4):364–74. <https://doi.org/10.1037/drm0000195>.
- Black J, Belicki K, McCann A, Piro R. Dreaming of the deceased after miscarriage: a pilot study. *Dreaming* 2021;31(3):229–43. <https://doi.org/10.1037/drm0000177>.
- Grant PC, Levy K, Lattimer TA, Depner RM, Kerr CW. Attitudes and perceptions of end-of-life dreams and visions and their implication to the bereaved family caregiver experience. *Am J Hosp Palliat Med* 2021;38(7):778–84. <https://doi.org/10.1177/1049909120952318>.
- Nyblom S, Molander U, Benkel I. End-of-life dreams and visions as perceived by palliative care professionals: a qualitative study. *Palliat Support Care* 2022;20(6):801–6. <https://doi.org/10.1017/S1478951521001681>.
- Glaskin K. Innovation and ancestral revelation: the case of dreams. *J R Anthropol Inst* 2005;11(2):297–314. <https://doi.org/10.1111/j.1467-9655.2005.00237.x>.
- Mittermaier A. Dreams that Matter: An Anthropology of the Imagination in Contemporary Egypt [Doctor of Philosophy in the Graduate School of Arts and Sciences]. Columbia University; 2006.
- Black J. Dreams in bereavement: Examining themes, content, and meaning of dreams that contain imagery of the deceased. (Issue Book, Whole) [Trent University]. https://batadora.trentu.ca/_flysystem/fedora/2022-04/EXAMINING_DREAMS_DREAM_CONTENT_AND_MEANING_OF_DREAMS_IN_BEREAVEMENT.pdf; 2014.
- Foster TL, Roth M, Contreras R, Jo Gilmer M, Gordon JE. Continuing bonds reported by bereaved individuals in Ecuador. *Bereavement Care* 2012;31(3):120–8. <https://doi.org/10.1080/02682621.2012.740290>.
- Jahn DR, Spencer-Thomas S. Continuing bonds through after-death spiritual experiences in individuals bereaved by suicide. *J Spirituality Ment Health* 2014;16(4):311–24. <https://doi.org/10.1080/19349637.2015.957612>.
- Wright ST, Kerr CW, Doroszczuk NM, Kuszcak SM, Hang PC, Luczkiewicz DL. The impact of dreams of the deceased on bereavement: a survey of hospice caregivers. *The American Journal of Hospice & Palliative Care* 2014;31(2):132–8. <https://doi.org/10.1177/1049909113479201>.
- Claxton-Oldfield S, Dunnett A. Hospice palliative care volunteers' experiences with unusual end-of-life phenomena. *Omega: J Death Dying* 2018;77(1):3–14. <https://doi.org/10.1177/0030222816666541>.
- Claxton-Oldfield S, Richard N. Nursing home staff members' experiences with and beliefs about unusual end-of-life phenomena. *Omega: J Death Dying* 2022;86(2):609–23. <https://doi.org/10.1177/0030222820981238>.
- Dam A. Significance of end-of-life dreams and visions experienced by the terminally ill in rural and urban India. *Indian J Palliat Care* 2016;22(2):130. <https://doi.org/10.4103/0973-1075.179600>.
- Silva TO, Ribeiro HG, Moreira-Almeida A. End-of-life experiences in the dying process: scoping and mixed-methods systematic review. *BMJ Support Palliat Care* 2023;13(e3):e24–40. <https://doi.org/10.1136/spcare-2022-004055>.
- Peters M, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Chapter 11: scoping reviews. In: Aromataris E, Munn Z, editors. *JBI manual for evidence synthesis*. JBI; 2020. <https://doi.org/10.46658/JBIMES-20-12>.
- Lizarondo L, Stern C, Carrier J, Godfrey C, Rieger K, Salmond S, Apostolou J, Kirkpatrick P, Loveday H. Mixed methods systematic reviews. In: Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBI manual for evidence synthesis*. JBI; 2024. <https://doi.org/10.46658/JBIMES-24-07>.
- Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, Shamseer L, Tetzlaff JM, Akl EA, Brennan SE, Chou R, Glanville J, Grimshaw JM, Hróbjartsson A, Lalin MM, Li T, Loder EW, Mayo-Wilson E, McDonald S, Moher D. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. <https://doi.org/10.1136/bmj.n71>.
- Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, Moher D, Peters MDJ, Horsley T, Weeks L, Hempel S, Akl EA, Chang C, McGowan J, Stewart L, Hartling L, Aldcroft A, Wilson MG, Garrity C, Straus SE. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med* 2018;169(7):467–73. <https://doi.org/10.7326/M18-0850>.
- Covidence systematic review software [Computer software]. Veritas Health Innovation; 2025. www.covidence.org.
- Qualtrics XM platform [Computer software]. <https://www.qualtrics.com>; 2025.
- Addis DR, Wong AT, Schacter DL. Age-related changes in the episodic simulation of future events. *Psychol Sci* 2008;19(1):33–41. <https://doi.org/10.1111/j.1467-9280.2008.02043.x>.
- Bulkley P. Pre-death dreams and visions: A study of their religious significance (1996-95010-165; Issues 11-A) [ProQuest Information & Learning]. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=psyh&AN=1996-95010-165&site=ehost-live&scope=site&authType=ip,shib&custid=s3555202>; 1996.
- Nell W. Religion and spirituality in contemporary dreams. *HTS Theologise Studies/Theol Stud* 2012;68(1). <https://doi.org/10.4102/hts.v68i1.1039>.
- Flores V. Finding healing, acceptance, and comfort in grief: a journey through dreams. Symbols, Signs, and Spirituality (Issue Dissertation/Thesis) [ProQuest Dissertations & Theses] 2023. <https://www.proquest.com/docview/2792937601>.

- [32] Ellis H. On dreaming of the dead. *Psychol Rev* 1895;2(5):458–61. <https://doi.org/10.1037/h0071227>.
- [33] Black J, Belicki K, Ralph J. The bereavement experience: dreams and waking experiences of the deceased. *Dreaming* 2024;35(2):184–9. <https://doi.org/10.1037/drm0000291>.
- [34] Adams K, Hyde B. Children's grief dreams and the theory of spiritual intelligence. *Dreaming* 2008;18(1):58–67. <https://doi.org/10.1037/1053-0797.18.1.58>.
- [35] Kellehear A, Pogonov V, Mindruta-Stratan R, Gorelco V. Deathbed visions from the Republic of Moldova: a content analysis of family observations. *Omega: J Death Dying* 2012;64(4):303–17. <https://doi.org/10.2190/om.64.4.b>.
- [36] Olsen MR, Schredl M, Carlsson I. People's views on dreaming: attitudes and subjective dream theories, with regard to age, education, and sex. *Dreaming* 2016; 26(2):158–68. <https://doi.org/10.1037/drm0000020>.
- [37] Puhle A, Parker A. An exploratory study of lucid dreams concerning deceased persons. *J Soc Psych Res* 2017;81(3):145–60.
- [38] Liang J, He Y. A cross-cultural comparison of typical dreams among naxi and han Chinese dreamers. *Dreaming* 2022;32(1):98–110. <https://doi.org/10.1037/drm0000196>.
- [39] Yoshioka Y. Typical dreams among Japanese people: gender and age differences. *Dreaming* 2025;35(1):86–99. <https://doi.org/10.1037/drm0000267>.
- [40] Kunzendorf RG, Watson G, Monroe L, Tassone S, Papoutsakis E, McArdle E, Gauthier A. The archaic belief in dream visitations as it relates to “Seeing Ghosts,” “Meeting the Lord,” as Well as “Encountering Extraterrestrials.”. *Imagin, Cognit Pers* 2007;27(1):71–85. <https://doi.org/10.2190/ic.27.1.g>.
- [41] Maggiolini A, Di Lorenzo M, Falotico E, Morelli M. The typical dreams in the life cycle. *International Journal of Dream Research* 2020;13:17–28. <https://doi.org/10.11588/IJODR.2020.1.61558>.
- [42] Schredl M, Piel E. Gender differences in dreaming: are they stable over time? *Pers Individ Differ* 2005;39(2):309–16. <https://doi.org/10.1016/j.paid.2005.01.016>.
- [43] Thwala JD, Pillay AL, Sargent C. The influence of urban/rural background, gender, age & education on the perception of and response to dreams among Zulu South Africans. *S Afr J Psychol* 2000;30(4):1–5. <https://doi.org/10.1177/008124630003000401>.
- [44] Black J, Belicki K, Emberley-Ralph J. Who dreams of the deceased? The roles of dream recall, grief intensity, attachment, and openness to experience. *Dreaming* 2019;29(1):57–78. <https://doi.org/10.1037/drm0000100>.
- [45] Belicki K, Gulko N, Ruzyccki K, Aristotle J. Sixteen years of dreams following spousal bereavement. *Omega: J Death Dying* 2003;47(2):93–106. <https://doi.org/10.2190/d78c-bcfe-nqny-emgv>.
- [46] Black J, DeCicco T, Seeley C, Murkar A, Black J, Fox P. Dreams of the deceased: can themes be reliably coded? *International Journal of Dream Research* 2016;9(2).
- [47] Liu T-H, Field NP. Continuing bonds and dreams following violent loss among Cambodian survivors of the pol pot era. *Death Stud* 2022;46(2):297–306. <https://doi.org/10.1080/07481187.2019.1699202>.
- [48] Hardison HG, Neimeyer RA, Lichstein KL. Insomnia and complicated grief symptoms in bereaved college students. *Behav Sleep Med* 2005;3(2):99–111. <https://doi.org/10.1207/s15402010bsm0302.4>.
- [49] Germain A, Shear KM, Walsh C, Buysse DJ, Monk TH, Reynolds CF, Frank E, Silowash R. Dream content in complicated grief: a window into loss-related cognitive schemas. *Death Stud* 2013;37(3):269–84. <https://doi.org/10.1080/07481187.2011.641138>.
- [50] Field NP, Packman W, Ronen R, Pries A, Davies B, Kramer R. Type of continuing bonds expression and its comforting versus distressing nature: implications for adjustment among bereaved mothers. *Death Stud* 2013;37(10):889–912. <https://doi.org/10.1080/07481187.2012.692458>.
- [51] Garfield P. Dreams in bereavement. In: *Trauma and dreams*. Harvard University Press; 1996. p. 186–211.
- [52] Barrett D. Through a glass darkly: images of the dead in dreams. *Omega: J Death Dying* 1992;24(2):97–108. <https://doi.org/10.2190/h9g7-7ak5-15tf-2awa>.
- [53] Hinton DE, Field NP, Nickerson A, Bryant RA, Simon N. Dreams of the dead among Cambodian refugees: frequency, phenomenology, and relationship to complicated grief and posttraumatic stress disorder. *Death Stud* 2013;37(8):750–67. <https://doi.org/10.1080/07481187.2012.692457>.
- [54] Hinton DE, Peou S, Joshi S, Nickerson A, Simon NM. Normal grief and complicated bereavement among traumatized Cambodian refugees: cultural context and the central role of dreams of the dead. *Culture, Medicine, and Psychiatry* 2013;37(3): 427–64. <https://doi.org/10.1007/s11013-013-9324-0>.
- [55] Grant P, Wright S, Depner R, Luczkiewicz D. The significance of end-of-life dreams and visions. *Nursing Times* 2014;110(28):22–4.
- [56] Black J, Belicki K, Piro R, Hughes H. Comforting versus distressing dreams of the deceased: relations to grief, trauma, attachment, continuing bonds, and post-dream reactions. *Omega: J Death Dying* 2021;84(2):525–50. <https://doi.org/10.1177/0030222820903850>.
- [57] Zhang D, Li Q, Shen H, Song H, Xu K, Liu F, Wang J, Liu D. The dreams of monks: studies on Chinese buddhists' dream content. *Dreaming* 2018;28(3):235–44. <https://doi.org/10.1037/drm0000079>.
- [58] Gao C, Shen H. Study of the images and contents in typical dreams of heart transplant recipients. *Dreaming* 2021;31(4):320–8. <https://doi.org/10.1037/drm0000183>.
- [59] Hall CS, Van De Castle RL. The content analysis of dreams. Appleton-Century-Crofts; 1966. p. 320. xiv.
- [60] Domhoff GW. Dreaming as embodied simulation: a widower's dreams of his deceased wife. *Dreaming* 2015;25(3):232–56. <https://doi.org/10.1037/a0039291>.
- [61] Owczarski W. Dreams in bereavement: Case study. *Int J Dream Res* 2021;14:30–5. <https://doi.org/10.11588/IJODR.2021.1.74179>.
- [62] Ali U, Tasnim Rehna, Subaita Zubair. Wish I could see you without closing my eyes: Thematic Analysis of dream content of grieved parents with the perspective of religious, cultural and psychological dimension. *Int J Dream Res* 2021;14:36–46. <https://doi.org/10.11588/IJODR.2021.1.74960>.
- [63] Toyoshima L. Early mother loss: From adults' perspectives (2003-95022-020; Issues 5-B) [Alliant International University]. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=psyh&AN=2003-95022-020&site=ehost-live&scope=site&authType=ip,shib&custid=s3555202>; 2003.
- [64] Davoudi N. Remember death: an examination of death, mourning, and death anxiety within Islam. *Open Theol* 2022;8(1):221–36. <https://doi.org/10.1515/oph-2022-0205>.
- [65] Goodall R, Kryszynska K, Andriessen K. Continuing bonds after loss by suicide: a systematic review. *Int J Environ Res Publ Health* 2022;19(5):2963. <https://doi.org/10.3390/ijerph19052963>.
- [66] Moody JH. Dreaming and bereavement. *Pastor Psychol* 1977;26(1):12–22. <https://doi.org/10.1007/bf01761192>.
- [67] Rabitti E, Cavuto S, Diaz Crescitelli ME, Bassi MC, Ghirotto L. Hospice patients' end-of-life dreams and visions: a systematic review of qualitative studies. *Am J Hosp Palliat Med* 2024;41(1):99–112. <https://doi.org/10.1177/10499091231163571>.
- [68] Bontempo e Silva L, Beck G, Jaschack M. The value of subjectivity in the study of dreams: an alternative methodology in a quantitative field. *American Journal of Qualitative Research* 2023;7(1):46–57. <https://doi.org/10.29333/ajqr/12792>.
- [69] D'Angiulli A, Runge M, Faulkner A, Zakizadeh J, Chan A, Morcos S. Vividness of visual imagery and incidental recall of verbal cues, when phenomenological availability reflects long-term memory accessibility. *Front Psychol* 2013;4. <https://doi.org/10.3389/fpsyg.2013.00001>.
- [70] Handique S, Bennett M, Ryan SD. Fulfilling end-of-life dreams: a scoping review of bucket lists in palliative and hospice care. *Palliat Support Care* 2025;23:e167. <https://doi.org/10.1017/S1478951525100473>.
- [71] Koslowski M, de Haas M-P, Fischmann T. Converging theories on dreaming: between freud, predictive processing, and psychedelic research. *Front Hum Neurosci* 2023;17:1080177. <https://doi.org/10.3389/fnhum.2023.1080177>.
- [72] American Psychiatric Association: Diagnostic and statistical manual of mental disorders. fifth ed. American Psychiatric Association; 2013. <https://doi.org/10.1176/appi.books.9780890425596>.
- [73] Weathers FW, Bovin MJ, Lee DJ, Sloan DM, Schnurr PP, Kaloupek DG, Keane TM, Marx BP. The clinician-administered PTSD scale for DSM-5 (CAPS-5): Development and initial psychometric evaluation in military veterans. *Psychol Assess* 2018;30(3):383–95. <https://doi.org/10.1037/pas0000486>.
- [74] Weathers FW, Litz BT, Keane TM, Palmieri PA, Marx BP, Schnurr PP. The PTSD checklist for DSM-5 (PCL-5). National Center for PTSD; 2013. www.ptsd.va.gov.
- [75] Campbell AA, Taylor KA, Augustine AV, Sherwood A, Wu JQ, Beckham JC, Hoerle JM, Ulmer CS, VA Mid-Atlantic MIRECC. Nightmares: an independent risk factor for cardiovascular disease? *Sleep* 2023;46(6). <https://doi.org/10.1093/sleep/zsad089>.
- [76] Scarpelli S, De Santis A, Alfonsi V, Gorgoni M, Morin CM, Espie C, Merikanto I, Chung F, Penzel T, Bjorvatn B, Dauvilliers Y, Holzinger B, Wing YK, Partinen M, Plazzi G, De Gennaro L. The role of sleep and dreams in long-COVID. *Journal of Sleep Research* 2023;32(3):e13789. <https://doi.org/10.1111/jsr.13789>.
- [77] Geldenhuys C, van den Heuvel LL, Steyn P, Seedat S. Pharmacological management of nightmares associated with posttraumatic stress disorder. *CNS Drugs* 2022;36(7):721–37. <https://doi.org/10.1007/s40263-022-00929-x>.
- [78] Elce V, Handjaras G, Bernardi G, Elce V, Handjaras G, Bernardi G. The language of dreams: application of linguistics-based approaches for the automated analysis of dream experiences. *Clocks & Sleep* 2021;3(3):495–514. <https://doi.org/10.3390/clocks3030035>.
- [79] Monk TH, Germain A, Reynolds CF. Sleep disturbance in bereavement. *Psychiatr Ann* 2008;38(10):671–5. <https://doi.org/10.3928/00485713-20081001-06>.
- [80] Brock MS, Powell TA, Creamer JL, Moore BA, Mysliwiec V. Trauma associated sleep disorder: clinical developments 5 years after discovery. *Curr Psychiatry Rep* 2019;21(9):80. <https://doi.org/10.1007/s11920-019-1066-4>.
- [81] Lancel M, Stroebel M, Eisma MC. Sleep disturbances in bereavement: a systematic review. *Sleep Med Rev* 2020;53:101331. <https://doi.org/10.1016/j.smrv.2020.101331>.
- [82] Germain A. Sleep disturbances as the hallmark of PTSD: where are we now? *Am J Psychiatr* 2013;170(4):372–82. <https://doi.org/10.1176/appi.ajp.2012.12040432>.
- [83] Walker MP, van der Helm E. Overnight therapy? The role of sleep in emotional brain processing. *Psychol Bull* 2009;135(5):731–48. <https://doi.org/10.1037/a0016570>.