

Fact Sheet: Terminal Lucidity (TL)

Terminal lucidity (TL) is a type of end-of-life experience (ELE) characterized by the “sudden return of mental clarity shortly before death” (Nahm, 2009).

What forms does TL take?

TL can take various forms.

TL implies that the person experiencing it (TL experiencer [TLer]) was, prior to the experience, either non-lucid or had limited ability to communicate, move, or otherwise indicate their lucidity. Such limitation in communication or movement could have resulted from a long-term, if not life-long, condition or might have developed as part of a more recent illness leading toward death.

TL often occurs close to the time of physical death. Even though the exact timeframe is under debate, TLers often die within hours to a few weeks of the TL—which is why this phenomenon is termed “terminal.”

TLers sometimes display abilities that they never had previously or that they had lost for a long time. A TLer who did not have one or more of the following functions before the TL event might gain or regain them during the event:

- Communicate meaningfully, including the ability to speak or speak more clearly and/or to write, draw, or use sign language
- Recognize people, and indicate that recognition or connection verbally and/or non-verbally
- Express an understanding of their circumstances—in many cases, including awareness of their impending death
- Perform physical tasks such as holding hands, sitting or getting up, and even walking
- Sing or play a musical instrument

Who has TLs?

TL has been reported in many cultures throughout history and across age groups.

People with organically-based disabilities or loss of strength close to death, in which case lucid communication should not be possible, have “emerged” temporarily from a variety of conditions, including

lifelong physical or developmental disability, long-term severe mental illness, advanced dementia, and coma.

In modern times, cases of apparent TL have been reported as early as 1808. TLers have ranged in age from young children to the advanced elderly. TL has been reported in diverse cultures, including Western Europe, India, and China.

It is very likely that TL is greatly underreported—because TL events can occur without being noticed, if nobody is around to witness them, or because those witnessing them do not realize what is happening. Estimates of TL incidence have ranged from 2–6% of terminally ill persons to statements such as “relatively frequent.”

Are TLs hallucinations?

The lucid nature of TLs indicates that they are not hallucinations.

In their communication, TLers are typically clear and rational, often referring to very specific memories and current circumstances. This clarity is a key element of TL.

TL can occur along with other transpersonal, often spiritual, ELEs, such as after-death communication and nearing-death awareness (see IANDS Fact Sheets on these phenomena). If the TLer communicates their perceptions, witnesses who do not understand the phenomenon or whose belief system does not allow for the possibility of transpersonal experiences might misclassify the TLer’s communications. TL itself does not refer to the content of communication or to any connected experiences. It merely describes the spontaneous temporary recovery of function (STRF) that occurs before permanent physical death.

What are the effects of TLs?

The greatest effects seem to be on the TL witnesses even more than the TLers.

Unlike other transpersonal experiencers, TLers might not be consciously aware of having an unusual experience.

For the TLER, the experience of TL may feel completely natural, and the subsequent return to the condition of disability and then death leaves little or no opportunity for observable aftereffects. Generally, the effects of TL are most significant for those close to the person who witnessed or participated in the TL episode.

Witnesses unfamiliar with TL can be confused about the medical status of the person experiencing it. They might mistake TL for an unexplained permanent recovery of function and, consequently, might experience unsubstantiated hope and/or initiate unwarranted medical treatment.

TL witnesses knowledgeable about this phenomenon, or simply recognizing the spontaneous recovery of function as temporary, may have an experience that is meaningful both for them and for the TLER.

- If the TLER is communicative, they and the witnesses might share interactions that provide opportunities for final goodbyes and give them a feeling of closure.
- Witnesses might feel reassured of the enduring personhood of the TLER, even if the TLER had been unresponsive for a long time.
- Witnesses might have a sense that the dying person accepts and feels peaceful about, or even positively anticipatory of, their impending physical death.
- Witnesses, observing a TLER's behavior that should be impossible based on current medical understanding of brain function, sometimes conclude that there is more to life than physical human existence and see TL as a confirmation of an eternal soul; as a result, they often lose their fear of death.

Medical caregivers who are able to distinguish TL from symptoms indicating a change in the progression of illness can make more accurate assessments and better treatment decisions. For example, when TL co-occurs with other ELEs, medical personnel might refrain from unnecessarily medicating the patients, thus helping them retain their ability to communicate.

Medical caregivers who recognize the onset of a TL episode may contact those emotionally or relationally close to the dying person to make them aware of the

observed TL as a window of opportunity for a possibly last meaningful communication.

Caregivers who spend significant time with patients are more likely to encounter and recognize TL than those who see the patients for only brief periods.

Regardless of the conceptualization of TLs, they are emotionally significant events for those connected to a person who comes close to their end of life, and knowledge about them provides opportunities to improve caregiving.

Suggestions and Resources:

Reading about TLs can be helpful. We recommend the following article and books:

- Nahm, M. (2009). Terminal lucidity in people with mental illness and other mental disability: An overview and implications for possible explanatory models. *Journal of Near-Death Studies*, 28(2), 87–106. <https://doi.org/10.17514/JNDS-2009-28-2-p87-106>.
- Batthyány, A. (2023). *Threshold: Terminal lucidity and the border of life and death*. St. Martin's.
- Nahm, M. (2012). *Wenn die Dunkelheit ein Ende findet: Terminale Geistesklarheit und andere ungewöhnliche Phänomene in Todesnähe [When darkness comes to an end: Terminal lucidity and other unusual phenomena near death]*. Crotona. [German]

Also potentially helpful are resources provided by the Shared Crossing Project, which recognizes TL among their Spectrum of End-of-Life Experiences (<https://www.sharedcrossing.com/about-shared%20crossings>)

Caregivers of patients/loved ones with organically-based disabilities or weakness can watch for possible occurrences of TL and, thus, be prepared to take advantage of the temporary opportunity for meaningful communication prior to the end of the TLER's physical life.

The information in this Fact Sheet is based on a systematic review of literature on TL and similar phenomena published since 1998.

Written by: Norman Klaunig, MA, MBA, PhD Student, University of the Cumberlands