Objectives:

• Reflect on our attitudes toward dying and working with dying people, as well as the approaches of the institutions we live and work within

• Explore practices that can enhance consciousness of dying - across the spectrum of life

• Discuss Conscious Dying philosophy, the End-of-Life Doula movement, and the current use of entheogens in research and practice

*Stephanie Hope and William Rosa have no actual or potential conflicts of interest in relation to this presentation.*
Life and death are one thread, the same line viewed from different sides.
   *Lao Tzu*

When your time comes to die, be not like those whose hearts are filled with fear of death, so...they weep and pray for a little more time...Sing your death song, and die like a hero going home.
   *Tecumseh*

A dying man needs to die, as a sleepy man needs to sleep, and there comes a time when it is wrong, as well as useless, to resist.
   *Stewart Alsop*

I’m not afraid to die, I just don’t want to be there when it happens.
   *Woody Allen*

I intend to live forever, or die trying.
   *Groucho Marx*
E V O L U T I O N O F E N D - O F - L I F E C A R E

CURE

• Aggressive, life-prolonging
• Results in more deaths in acute care hospital settings
• High cost
• Low quality of life
• Sometimes appropriate
“Person-centered model for healthcare...that provides patients and loved ones with comfort, peace, and dignity during life’s most intimate and vulnerable experiences.”

National Hospice & Palliative Care Organization
“Restore death and dying to its natural place in the sacred circle of life by creating a new wisdom-based culture of healing.”

Conscious Dying Institute
ANCIENT PRACTICE & MODERN TRENDS

• Religious wisdom preparing for death embracing suffering
• Observation of nature
• Care for dying family members at home

• Doula movement
• Death cafes
• Green burials
• Being Mortal
  Atul Gawande
REFLECTIVE QUESTIONS:

Is death a design flaw or a design feature?

In which way do you treat death in your practice?

In which way is death treated in our medical & cultural institutions?
DEATH ACKNOWLEDGING, LIFE AFFIRMING PRACTICES

- Compost
- Contemplate natural cycles
- Examine language use
- Engage cultural practices
  - Buddhist Nine Contemplations
  - Mexican Dia De Los Muertos
  - Yogic Savasana
- Deepen relationship with dream life
- Practice rituals – daily, monthly, seasonally, yearly, rites of passage
- Prepare advanced directives and beyond
- Cultivate gratitude and present moment awareness
- "Be with" upsetting circumstances - without fixing
CONSCIOUS DYING

• Rooted in a Caring Science ontology

• Restore death to its sacred place in the beauty, mystery, & celebration of life

• Renew the purpose and art of caregiving as a spiritual practice

• Embrace an ethic of evolving human-centered care

• Promote healing and wholeness for all

Estes (2013); Rosa & Estes (2016); Rosa, Estes & Watson (2017)
WE ARE...

- Starting with the end in mind
- Whole, held, and healing
- Stewards of the great mystery
- Servants of death’s true purpose

Conscious Dying Institute (2018); Estes (2013)
CONSCIOUS DYING PRINCIPLES & PRACTICES
CONSCIOUS DYING PRINCIPLES AND PRACTICES:
INDIVIDUAL & SYSTEMS REFLECTION

1. Increase beauty, pleasure, contentment.
2. Provide emotional and spiritual support.
3. Initiate conversations about the dying process.
4. Practice self-care to reduce burnout and emotional fatigue.
5. Demystify the stages of the dying process.

Estes (2013); Rosa (2014)
6. Acknowledge mysteries, miracles, and unexplained events.

7. Learn how to be with intense emotions.

8. Honor others’ beliefs without allowing them to threaten your own.

9. Be a steward of conscious deaths.

10. Attend at bedside. No one dies alone.
Conscious Dying emerges through:

- Acts of presence, humility, curiosity, willingness and reverence
- Attention to the Conscious Dying Principles & Practices
- Embracing the Subtle Energy Realms
- A holistic paradigm

Rosa & Hope (2017); Rosa, Estes, Hope & Watson (2019)
WHAT IS A ‘DEATH DOULA’?

- Service to the dying person, family members, & communities
- Allowing to speak openly
- Exploring the meaning of life
- Preparing for last days through an intuitive presence
- Modeling, teaching, communicating, processing
END-OF-LIFE DOULAS

- National Hospice and Palliative Organization: EOLD Advisory Council
- Share much in common with palliative specialists
- Integrating humanity into the realities of medicalized care
- Improving the quality of health services

Fukuzawa & Kondo, 2017; INELDA, 2017; NEOLDA, 2017; NHPCO, 2018; Rawlings et al., 2018
SUPPORTING SPIRITUAL QUALITIES

- Relaxation
- Interiority
- Brightness
- Radiance
- Silence
- Sacredness
- Transcendence
- Knowing
- Intensity
- Merging
- Presence
- Love

Conscious Dying Institute (2018)
ACKNOWLEDGE UNEXPLAINABLE EVENTS
VALIDATE THE PRESENCE OF DEPARTED LOVED ONES
PROTECT THE TIME OF CROSSING OVER
ENTHEOGENIC THERAPY FOR SPIRITUAL DISTRESS RELATED TO SERIOUS ILLNESS

• Entheogen: medicine that when ingested can engender an experience of the sacred (also known as psychedelics)

• Used for healing and growth in indigenous societies - psilocybin mushrooms, ayahuasca, peyote, iboga, salvia divinorum

• >100 trials of psilocybin and LSD in 1960s before research was banned

• Promising new research results treating anxiety and depression in people with cancer or other advanced serious illness
I had the opportunity to relax. I rather connected to my inner world... It was less about my illness. I was able to put it into perspective... Not to see oneself with one’s sickness as center. There are more important things in life. ... The evolution of humankind for example. ... Your Inner Ego gets diminished, I believe, and you are looking at the whole ... you are indeed starting to build relations with plants or with the entire living world around. You think less about yourself, you are thinking – across borders.

~LSD serious illness study (Gasser, Kirchner, & Passie, 2015)
ENTHEOGENS - RESEARCH

- Psilocybin or LSD administered in supportive setting
- 8 hour dosing session
- Two trained guides
- 3 preparation sessions before, 3 integration sessions after
PSILOCYBIN

Griffiths (2006) – healthy volunteers
• 67% of subjects rating the experience as either “the single most meaningful experience of his or her life or among the top five...similar, for example, to the birth of a first child or death of a parent”

Griffiths et al. (2016) at Johns Hopkins; Ross et al. (2016 ) at NYU – existential anxiety in cancer patients
• RCT, placebo controlled, crossover design, N=51 at Johns Hopkins, 29 at NYU
• Immediate, large reductions in symptoms of anxiety and depression
• Results sustained after six months - 60–80% of participants continued with clinically significant reductions in depression or anxiety
• Improvements in quality of life and attitudes toward death

Phase 3 trials upcoming which could lead to rescheduling for legal therapeutic use
LSD

Gasser et al., (2014) - anxiety associated with life-threatening illness
• Pilot, N=12
• RCT, placebo controlled, crossover design
• Decreases in state and trait anxiety scores approaching significance with large effect sizes
• Results maintained at 1 year
ENTHEOGENS RESEARCH - THEMES

• Single dose effect

• Meditated by mysticism – mystical experience increases likelihood of reductions in depression and anxiety

• Only transient, mild side effects reported in clinical trials

• Qualitative themes (Belser et al., 2017):
  Exalted feelings of joy, bliss, and love
  Embodiment
  Ineffability
  Alterations to identity
  Movement from separateness to interconnectedness
MEDITATION


Contact:
hopecoholisticwellness@gmail.com
wrosa@nursing.upenn.edu

“I return to God
I release my body to the earth
I retrieve my energy from all worldly things

I relax into the source of my being
Death is my teacher
I have prepared for this moment all of my life
All teachings converge for this departure
The truth of impermanence envelops me

I am free from suffering
I release my spirit to the light
I am forgiven
My work is done
I return to the light”

-TARRON ESTES, PRACTICE FOR DEATH