

Practice

Palliative Nursing and Sacred Medicine

A Holistic Stance on Entheogens, Healing, and Spiritual Care

Journal of Holistic Nursing
American Holistic Nurses Association
Volume XX Number X
XXXX 201X 1–7
© The Author(s) 2018
10.1177/0898010118770302
journals.sagepub.com/home/jhn

William E. Rosa, MS, AGPCNP-BC, ACHPN, AHN-BC, CCRN-CMC, FCCM

University of Pennsylvania

Stephanie Hope, RN, BSN, NC-BC

University of Minnesota

Marianne Matzo, PhD, APRN-CNP, AOCNP, ACHPN, FPCN, FAAN

Hospice and Palliative Nurses Association

The fields of palliative and holistic nursing both maintain a commitment to the care of the whole person, including a focus on spiritual care. Advanced serious illness may pose a plethora of challenges to patients seeking to create meaning and purpose in their lives. The purpose of this article is to introduce scholarly dialogue on the integration of entheogens, medicines that engender an experience of the sacred, into the spiritual and holistic care of patients experiencing advanced serious illness. A brief history of the global use of entheogens as well as a case study are provided. Clinical trials show impressive preliminary findings regarding the healing potential of these medicinal agents. While other professions, such as psychology, pharmacy, and medicine, are disseminating data related to patient outcomes secondary to entheogen administration, the nursing literature has not been involved in raising awareness of such advancements. Research is illustrating their effectiveness in achieving integrative experiences for patients confronting advanced serious illness and their ability to promote presence, introspection, decreased fear, and increased joy and acceptance. Evidence-based knowledge surrounding this potentially sensitive topic is necessary to invite understanding, promote scientific knowledge development, and create healing environments for patients, nurses, and researchers alike.

Keywords: *death and dying; end of life; palliative care; grief, loss, suffering; healing; spirituality*

The National Consensus Project for Quality Palliative Care's Clinical Practice Guidelines require that "the palliative care service facilitates religious, spiritual, and cultural rituals or practices as desired by patient and family, especially at and after the time of death" (National Consensus Project for Quality Palliative Care, 2013, p. 27). *Spirituality* is a constantly emerging personal experience and may be defined as follows:

The feelings thoughts, experiences, and behaviors that arise from a search for meaning. That which is generally considered sacred or holy. Usually . . . considered to involve a sense of connection with an absolute, imminent, or transcendent spiritual force.

. . . The essence of being and relatedness that permeates all of life. . . . The interconnectedness with self, others, nature, and God/Life/Force/Absolute/Transcendent. Not necessarily synonymous with religion. (American Nurses Association & American Holistic Nurses Association, 2013, p. 91)

There are times when human beings may be unable to create meaning and purpose in their lives amid

Authors' Note: Please address correspondence to William E. Rosa, MS, AGPCNP-BC, ACHPN, AHN-BC, CCRN-CMC, FCCM, University of Pennsylvania, School of Nursing, 418 Curie Blvd., Philadelphia, PA 19104; e-mail: wrosa@nursing.upenn.edu.

rapid functional decline and loss of autonomy or identity. Despite spiritual interventions such as reading scripture from one's faith tradition, receiving expert spiritual counsel, participating in rituals, or creating aesthetically healing surroundings, peace may continue to elude patients with deep spiritual injury or distress. Spiritual care can be accomplished in a variety of ways: through the individual, inner experience (i.e., meditation, reflective journaling); through the body (i.e., yoga, breathing practices); between or among people (i.e., prayer/support groups, being with loving family and friends); and through natural, social, cultural, and institutional environments (i.e., organized religious services, being nature; Quinn, 2014). Nurse scholars have long discussed spirituality, spiritual care, and spiritual healing in terms of

- Striving to become more god-like and awakening at the metaphysical level (Watson, 2012)
- Being open to the *transpersonal* in order to embrace inner wisdom and guidance from sources beyond the physical, conscious realm (Burkhardt & Nagai-Jacobson, 2016; Quinn, 2016)
- Engaging in self-compassion and giving/receiving compassionate care to and from others (Rosa, in press)
- Providing care that conforms to the patient in a manner that respects their narrative and constantly evolving experience (Rosa & Estes, 2016)
- Employing the presence, humility, curiosity, willingness, and reverence necessary to support spiritual awareness and growth (Rosa & Hope, 2017)

Despite these tools and theoretical approaches, as palliative care and holistic nurses, we often hear the suffering one express confusion, doubt, and despair regarding a broad spectrum of spiritual needs.

The purpose of this article is to introduce scholarly dialogue on the integration of entheogens, medicines which engender an experience of the sacred, into the spiritual and holistic care of patients experiencing advanced serious illness. Clinical trials of psilocybin, to be discussed, show impressive preliminary findings regarding the healing potential of these medicinal agents. While other professions, such as psychology, pharmacy, and medicine, are disseminating data related to patient outcomes secondary to entheogen adminis-

tration, the nursing literature has not been involved in raising awareness of such advancements. This work strives to heighten knowledge regarding entheogens and identify opportunities for nurse engagement within this field, which continues to emerge and evolve over time alongside growing evidence.

Current spiritual care interventions, such as employing compassionate presence, bearing witness, deep listening, centering prayer, reading scripture, and connecting to community, are all crucial to the *art* of tending spirit (Katseres & Rosa, in press). However, as a specialty, palliative nurse clinicians invested in the holistic delivery of care must begin to more actively explore the *science* of spiritual care and the future tools gradually becoming available to expand the well-being of patients at spiritual–existential levels. Understandably, the possibility of integrating entheogens into palliative care practice will spark strong opinions on all sides. Remembering the spiritual needs of patients and committing to the alleviation of self-identified suffering calls for the ongoing active development of both the art and science of palliative nursing.

Case Study: A Search for Peace¹

Avery Galen, a 49-year-old woman with recently diagnosed stage IV uterine cancer, sits in a small room, so comfortably furnished and decorated she almost forgets it is a research clinic. Over the 6 weeks since receiving the diagnosis, she has had frequent bouts of severe anxiety and overwhelming distress secondary to her fear of dying. Avery has been experiencing extreme disease in her body and says she “feels like an imposter” in her own skin. Some previous regrets and resentments have bubbled to the surface over the past few days, leading her to think of past transgressions for which she has not asked forgiveness and offenses she has yet to forgive. She has experienced deep spiritual injury, having been sexually abused as a child by a religious leader in her community. This abuse led her to question the existence of a Higher Power and avoid the intimacies of romantic partnership in her adult years. “Not enough time, not enough time,” she whispers to herself, audible to the nurse and psychiatrist who sit by her side, ready to accompany her through an incredible journey.

Avery is receiving her first dose of psilocybin (the active component of “magic mushrooms”) today as a part of an academic medical center clinical trial. She

found the researchers after reading an article about their work in the newspaper. The nurse sits beside Avery, takes a deep breath to center himself and pauses. “What are you hoping for today, Avery?” Avery takes a few moments and finally whispers, “Peace.”

“And what are you most worried about?” the nurse asks. After wiping the tears from her face, Avery finally makes eye contact and responds, “I’m terrified this won’t work.” The nurse reassures Avery that regardless of the outcomes today, she will be supported and guided safely through the experience. Avery thanks her nurse and, for a moment, takes his hand. Life as she has previously known it will never be quite the same.

A Brief History and the Medical Emergence of Entheogens

Entheogens include sacred medicines used for millennia by indigenous people for healing and spiritual growth, such as psilocybin mushrooms, ayahuasca, peyote, iboga, and salvia divinorum (Schultes, Hofmann, & Ratsch, 1998). These medicines are used in various cultural contexts, often under the direction of a *shaman*—a medicine man or woman—highly trained to navigate nonordinary states of consciousness and metaphysical realms, assisted by drumming and devotional songs, healing rituals, and a deep knowledge of and connection to the natural world (Heaven & Charing, 2006). Sacred medicines are used as sacraments in worship ceremonies of recognized religious groups, such as with ayahuasca in the Church of Santo Daime and the União de Vegetal and with peyote in the Native American Church (Barnard, 2014; Labate & MacRae, 2010; Maroukis, 2010).

In the 1960s, the discovery of lysergic acid diethylamide (LSD) by Albert Hoffman sparked a period of research regarding the potential applications of entheogenic substances for physical, emotional, and spiritual purposes. Over a hundred trials of LSD and psilocybin were conducted at this time, many receiving government funding, with varying therapeutic approaches and levels of scientific rigor (Liester, 2014). Perhaps the most culturally memorable of these studies is Walter Pahnke’s 1962 Good Friday Experiment, a double-blind randomized controlled matched trial in which psilocybin and an active placebo were given to 20 divinity students in a chapel basement (with altar and other religious iconography present) during a broadcast of a Good Friday Service, to investigate if a mystical experience

can be occasioned under these circumstances (4 out of 10 subjects had a mystical experience, according to Pahnke’s criteria; Doblin, 1991). Despite promising results, psychedelic research was halted by a political backlash and made illegal in the late 1960s; only in the last decade has there been a resurgence.

In 2006, Griffiths and colleagues, in a double-blind placebo-controlled randomized controlled trial, found large doses of synthetic psilocybin administered to healthy participants in a comfortable, supportive setting over the course of an 8-hour session occasioned complete mystical-type experiences in 22 of the 36 participants (as compared with 4 of 36 participants after methyphenidate placebo). Notably,

67% of the volunteers rated the experience with psilocybin to be 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, Richards, McCann, & Jesse, 2006, pp. 276-277)

In 2016, two landmark studies of synthetic psilocybin for the treatment of cancer-related anxiety and depression were published in the *Journal of Psychopharmacology* by research teams at New York University (NYU) and Johns Hopkins using the same study methodology. The results of both studies were impressive, if not profound: immediate reduction of anxiety and depressive symptoms in participants in the psilocybin group (as compared with active placebo group before crossover). At 6-month follow-up these reductions were largely maintained in both studies (though long-term results are limited by lack of comparison group after crossover; Griffiths et al., 2016, Ross et al., 2016). In a phenomenological analysis of interviews with patients in the NYU study, Belser et al. (2017) reported:

Typical themes found in the majority of most transcripts included the following: exalted feelings of joy, bliss, and love; embodiment; ineffability; alterations to identity; a movement from feelings of separateness to interconnectedness; experiences of transient psychological distress; the appearance of loved ones as guiding spirits; and sharing the experience with loved ones posttreatment. (p. 354)

Additional qualitative analyses of interviews with the NYU patients, which related specifically to their cancer experiences, identified themes of

reconciliations with death, an acknowledgment of cancer's place in life, and emotional uncoupling from cancer. . . . Psilocybin therapy helped facilitate a felt reconnection to life, a reclaiming of presence, and greater confidence in the face of cancer recurrence. (Swift et al., 2017, p. 488)

Of importance is the therapeutic context in which the psilocybin was administered in these trials. Participants prepared for the two 8-hour-long dosing sessions (of either psilocybin or an active non-psychedelic placebo scheduled several weeks apart) by engaging in three therapy sessions with two study therapists to explore current personal existential themes and concerns, as well as three therapy sessions after the dosing sessions to integrate the experience. The study therapists—psychiatrists, psychologists, social workers, and nurses—trained for their role by exploring psychosocial and spiritual domains of care for patients facing existential distress in didactic sessions, and by exploring their own views and fears about dying and the unknown in dyadic sessions with their therapeutic partners. During the dosing sessions, participants were invited to lie down on a comfortable couch in a thoughtfully decorated room, to put on eye shades and headphones playing instrumental music, and to pay attention to their inward experiences.

No serious adverse events were asserted in either the Griffiths et al. (2016) or Ross et al. (2016) studies—only nonserious, transient adverse events (which resolved by the end of the session) such as moderate increases in blood pressure, nausea, anxiety, and psychological distress were reported. However, in a survey of 1,993 psilocybin users in the community, 2.6% of respondents endorsed acting in a physically aggressive manner during a “bad trip” and 2.7% reported seeking medical help (Carbonaro et al., 2016). This discrepancy in adverse events between clinical and community settings highlights the importance of providing attentive and therapeutic care before, during, and after a psilocybin experience to ensure the physical and psychospiritual safety and well-being of participants.

Entheogen Use and Nursing

The explicitly spiritual nature of these studies raises interesting questions regarding their

foreseeable clinical applications. Advanced practice nurses and physicians are currently comfortable prescribing and administering medications for physical, mental, and psychological diseases and symptoms, but what about for spiritual distress, or for spiritual growth? Who is best able to decide if a patient would benefit from a psilocybin-mediated experience and assist them through a journey: a physician, nurse, therapist, chaplain, energy healer, or shaman? How do we approach these sacred medicines with respect and cultural humility for the healing traditions, such as entheogen use, which have been practiced for centuries?

As trials of psilocybin for cancer-related anxiety progress from Phase II (measuring efficacy in ideal conditions with tens to hundreds of subjects) to Phase III (measuring effectiveness in clinical practice conditions at multiple sites with hundreds to thousands of subjects), and the potential of rescheduling psilocybin and other entheogens for therapeutic purposes becomes closer to more readily accessible implementation, the palliative care community should begin to engage in dialogue about how these ancient (and yet modern) spiritual rituals will influence and potentially enhance the provision of palliative care.

Within these interdisciplinary conversations, the voice of nurses is essential. In a review of the literature, Phelps (2017) identified six therapeutic competencies in caring for patients receiving psychedelic therapy: “empathetic abiding presence; trust enhancement; spiritual intelligence; knowledge of the physical and psychological effects of psychedelics; therapist self-awareness and ethical integrity; and proficiency in complementary techniques” (p. 450). These qualities explicitly reflect the core values and competencies of nursing. Nursing is consistently rated to be the most trusted profession, highlighting the value the profession places on cultivating trusting relationships and maintaining ethical integrity (Norman, 2016). Nurses in certain specialties, such as hospice and palliative care, which emphasizes literacy in spiritual care, and holistic nursing, which encourages the integration of complementary techniques into nursing practice, are particularly well suited to provide this care. Historically, nurses are the professionals who remain at the bedside, witnessing and holding space for patients enduring challenging events in real time—

whether during childbirth, a cardiac event, severe anxiety, or death. Holistic nursing wisdom regarding how to care for oneself in order to hold such a space for others will be a valuable contribution to the emerging field of clinical work with entheogens. Nurses, due to their bedside proximity and relationship of trust with patients, also hear patients' stories and assist them to find meaning in these narratives—a crucial task in integrating an entheogenic experience.

Implications for Nurses

Classic entheogens, such as psilocybin, are being studied for their abilities to induce deep self-reflection and introspection. These medicines may provide an opportunity to delve into the existential mysteries surrounding one's dying and death and promote healing at spiritual levels of consciousness. Entheogens, if rescheduled for therapeutic use, have the potential to be relevant resources for the palliative care nurse in the next decade (Sessa, 2008). As influential journalism platforms continue to publish narratives of entheogen use in various populations (Bleyer, 2017; Pollan, 2015; Slater, 2012), nurses will be expected to have knowledge of the associated spiritual implications and potential benefits and risks.

Some steps nurses can take to promote an equitable dissemination of this knowledge might include the following:

- Talk with palliative care specialists, pharmacologists, and providers who have experience with entheogens regarding their responsible use
- Increase awareness about clinical trials to stay informed and refer when appropriate (i.e., inclusion and exclusion criteria, enrollment opportunities for patients)
- Make high-quality literature available to interested patients and families and seek scientifically supported responses to questions
- Reflect on holistic care opportunities not currently met by existing services and standards in your own facility or system, and identify potential healing outcomes possible with the use of entheogens
- Identify responsible resources to stay connected to ongoing knowledge dissemination and foster interprofessional community

development, such as MAPS: The Multidisciplinary Association for Psychedelic Studies (maps.org), and Heffter Research Institute (<http://heffter.org/cancer-distress/>)

- Train for a certificate in psychedelic assisted therapies and research (in preparation for the likely rescheduling of such medicines) at the California Institute of Integral Studies (<https://www.ciis.edu/public-programs/certificate-programs/certificate-in-psychedelic-assisted-therapies-and-research>)

Case Study Revisited: An Experience of Deep Healing

Eight hours later, Avery Galen emerges from her journey, having encountered an array of sensations, thoughts, and emotions. At times, she felt a dull sense of nausea and impending anxiety, but as her journey progressed she experienced a warm, liquid sensation in her heart that intensified until she wept deeply. Though she heeded the advice of her therapists to turn inwardly as much as possible and wait until after the journey was over to try and put words to it, she was deeply comforted by their presence and her nurse's occasional gentle and affirming touch. When words finally come, she says simply, "Love, so much love, it is always surrounding us. I can't believe I didn't feel it before. But I still have time."

In subsequent therapeutic integration sessions, Avery could tell the story of her experience at times, though some aspects remained "beyond words." She described an encounter with her cancer in embodied form, sitting in the chair next to her in the middle of a large, lush forest. She could look at her disease and acknowledge it as a part of her, and yet it felt small in comparison to the sense of vastness and connectivity she experienced in relation to all the trees and creatures of the surrounding forest. "I've always believed we are all connected," she explained, "but now I *feel* it." With this new felt sense, Avery reported being able to relate more deeply and easily with family members, and to be able to talk with them about difficult subjects, like her past experiences of abuse and the likelihood of her imminent death. She said her family also noticed a change in her; she seemed less anxious and more open.

Six months after her psilocybin experience, Avery feels her sense of renewal has “faded . . . but not completely.” She reports that with the progression of her cancer and experience of numerous losses (professional identity, functional independence, etc.) she has “as many bad days as good days.” But she described the psilocybin experience as a “touchstone” she could tap into when needed. She feels the experience continues to unfold as she faces new challenges, reminding her “each loss brings me closer to others.” Though she struggles with allowing her family to take care of her, she also reports feeling profound gratitude for their love. Though she misses the busy pace of days when she was well, she enjoys the opportunity to sit in her backyard, look at the trees, feel the breeze, and just “be.”

Conclusion

The field of palliative care continues to make impressive advances in pain and symptom management science, in local and global policy development, and in role modeling for all specialties the delivery of holistic human-centered care (Ferrell, Coyle, & Paice, 2015). Through interdisciplinary collaboration, palliative care specialists explore all arenas of health and well-being, walking beside patients through the peaks and valleys of serious illness. The physical, mental, emotional, and spiritual responses to suffering are dynamic and require continual reassessment by providers to give appropriate care (Ferrell & Coyle, 2008). Innovative paths in spiritual care are being paved to respond to the innermost sacred spaces of the human being at hand, diversifying the methods we may use in tending to spirit (Rosa & Estes, 2016). One such path is the use of sacred medicines or *entheogens* to engender spiritually healing experiences.

Though the current state of the science of entheogens in spiritual care is insufficient to warrant immediate rescheduling for clinical use, small but rigorously conducted clinical trials of these sacred medicines have so far indicated great potential in achieving integrative experiences for patients confronting advanced serious illness, and the ability to promote presence, introspection, decreased fear, and increased joy and acceptance. Scholarly dialogue surrounding this potentially sensitive topic is necessary to invite understanding of the application of cultural wisdom to clinical practice, promote scientific knowledge

development, and create healing environments for patients, nurses, and researchers alike.

Note

1. This is a hypothetical case study based on the patient diagnoses and experiences described in the entheogen literature. Since there are no nurse-led entheogen studies to date, there are no firsthand case studies to provide.

References

- American Nurses Association, & American Holistic Nurses Association. (2013). *Holistic nursing: Scope and standards of practice* (2nd ed.). Silver Spring, MD: Nursesbooks.org.
- Barnard, G. (2014). Entheogens in a religious context: The case of the Santo Daime religious tradition. *Zygon Journal of Religion & Science*, 49, 666-684.
- Belser, A. B., Agin-Liebes, G., Swift, T. C., Terrana, S., Devenot, N., Friedman, H. L., . . . Ross, S. (2017). Patient experiences of psilocybin-assisted psychotherapy: An interpretive phenomenological analysis. *Journal of Humanistic Psychology*, 57, 354-388.
- Bleyer, J. (2017). A radical new approach to beating addiction. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/articles/201705/radical-new-approach-beating-addiction>
- Burkhardt, M. A., & Nagai-Jacobson, M. G. (2016). Spirituality and health. In B. M. Dossey & L. Keegan (Eds.), *Holistic nursing: A handbook for practice* (6th ed., pp. 135-164). Burlington, MA: Jones & Bartlett.
- Carbonaro, T., Bradstreet, M., Barrett, F., MacLean, K., Jesse, R., Johnson, M., & Griffiths, R. (2016). Survey study of challenging experiences after ingesting psilocybin mushrooms: Acute and enduring positive and negative consequences. *Journal of Psychopharmacology*, 30, 1268-1278.
- Doblin, R. (1991). Panhke's "Good Friday Experiment": A long term follow-up and methodological critique. *Journal of Transpersonal Psychology*, 23(1), 1-28.
- Ferrell, B., & Coyle, N. (2008). *The nature of suffering and the goals of nursing*. New York, NY: Oxford University Press.
- Ferrell, B. R., Coyle, N., & Paice, J. A. (Eds.). (2015). *Oxford textbook of palliative nursing* (5th ed.). New York, NY: Oxford University Press.
- Griffiths, R. R., Johnson, M. W., Carducci, M. A., Umbricht, A., Richards, W. A., Richards, B. D., . . . Klinedinst, M. A. (2016). Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. *Journal of Psychopharmacology*, 30, 1181-1197.

- Griffiths, R. R., Richards, W., McCann, A., & Jesse, U. (2006). Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. *Psychopharmacology*, 187, 268-283.
- Heaven, R., & Charing, H. G. (2006). *Plant spirit shamanism: Traditional techniques for healing the soul*. Rochester, VT: Destiny Books.
- Katseres, J., & Rosa, W. (in press). Integrative nursing: Palliative care and end-of-life. In M. J. Kreitzer & M. Koithan (Eds.), *Integrative nursing* (2nd ed.). New York, NY: Oxford University Press.
- Labate, B. C., & MacRae, E. (Eds.). (2010). *Ayahuasca, ritual and religion in Brazil*. New York, NY: Equinox.
- Liester, M. (2014). A review of lysergic acid dethylamide (LSD) in the treatment of addictions: Historical perspectives and future prospects. *Current Drug Abuse Reviews*, 7, 146-156.
- Maroukis, T. C. (2010). *Religious freedom and the Native American church*. Norman: University of Oklahoma Press.
- National Consensus Project for Quality Palliative Care. (2013). *Clinical practice guidelines for quality palliative care* (3rd ed.). Pittsburgh, PA: Author.
- Norman, J. (2016). Americans rate healthcare providers on honesty, ethics. *Gallup News*. Retrieved from http://news.gallup.com/poll/200057/americans-rate-healthcare-providers-high-honestyethics.aspx?g_source=Social%20Issues&g_medium=lead&g_campaign=tiles
- Phelps, J. (2017). Developing guidelines and competencies for the training of psychedelic therapists. *Journal of Humanistic Psychology*, 57, 450-487.
- Pollan, M. (2015). The trip treatment. *The New Yorker*. Retrieved from <https://www.newyorker.com/magazine/2015/02/09/trip-treatment>
- Quinn, J. F. (2014). Integrative nursing care of the human spirit. In M. J. Kreitzer & M. Koithen (Eds.), *Integrative nursing* (pp. 314-328). New York, NY: Oxford University Press.
- Quinn, J. F. (2016). Transpersonal human caring and healing. In B. M. Dossey & L. Keegan (Eds.), *Holistic nursing: A handbook for practice* (6th ed., pp. 101-110). Burlington, MA: Jones & Bartlett.
- Rosa, W. (in press). Spiritual care intervention. In B. R. Ferrell & J. A. Paice (Eds.), *Oxford textbook of palliative nursing* (5th ed.). New York, NY: Oxford University Press.
- Rosa, W., & Estes, T. (2016). What end-of-life care needs now: An emerging praxis of the sacred and subtle. *Advances in Nursing Science*, 39, 333-345.
- Rosa, W., & Hope, S. (2017). Pain and suffering at end of life: Birthing the sacred passage. *Beginnings*, 37(4), 10-13.
- Ross, S., Bossis, A., Guss, J., Agin-Liebes, G., Malone, T., Cohen, B., . . . Schmidt, B. (2016). Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: A randomized controlled trial. *Journal of Psychopharmacology*, 30, 1165-1180.
- Schultes, R. E., Hofmann, A., & Ratsch, C. (1998). *Plants of the Gods: Their sacred, healing, and hallucinogenic powers*. Rochester, VT: Healing Arts.
- Sessa, B. (2008). Can psychedelic drugs play a role in palliative care? *European Journal of Palliative Care*, 15, 234-237.
- Slater, L. (2012). How psychedelic drugs can help patients face death. *The New York Times*. Retrieved from <http://www.nytimes.com/2012/04/22/magazine/how-psychedelic-drugs-can-help-patients-face-death.html>
- Swift, T. C., Belser, A. B., Agin-Liebes, G., Devenot, N., Terrana, S., Friedman, H. L., . . . Ross, S. (2017). Cancer at the dinner table: Experiences of psilocybin-assisted psychotherapy for the treatment of cancer-related distress. *Journal of Humanistic Psychology*, 57, 488-519.
- Watson, J. (2012). *Human caring science: A theory of nursing* (2nd ed.). Sudbury, MA: Jones & Bartlett.
- William E. Rosa**, MS, RN, LMT, AHN-BC, AGPCNP-BC, CCRN-CMC, Robert Wood Johnson Foundation Future of Nursing Scholar, University of Pennsylvania, School of Nursing, Philadelphia, PA.
- Stephanie Hope**, RN, BSN, NC-BC, Doctor of Nursing Practice Student, Integrative Health and Healing, University of Minnesota School of Nursing.
- Marianne Matzo**, PhD, APRN-CNP, AOCNP, ACHPN, FPCN, FAAN, Director of Research, Hospice and Palliative Nurses Association, Pittsburgh, PA.