

# **Psychedelic Deathworker Project: Emerging Expertise and Professional Vision**

## **Preliminary Report**

### **Background**

In recent years, psychedelic medicines have expanded into several domains of the helping professions, including care at end-of-life. Clinical research on the potential role of psychedelics in these contexts has been conducted since the early 2000s, with an aggregate sample of 134<sup>1,2,3,4,5</sup> participants in completed psilocybin trials and 19<sup>6</sup> in completed MDMA trials. These studies acknowledge limitations due to exclusionary criteria that often do not represent the population at large.

This project aimed to deepen understanding of psychedelic practitioner perspectives in end-of-life contexts, emphasizing the relational aspects of this work beyond clinical research models. By gathering first-hand narratives from both above ground and underground practitioners actively working with psychedelics and those facing end-of-life, this project sought to inform future research and open new areas of inquiry.

### **Aims and Rationale**

This study explores the emerging roles, practices, and insights of psychedelic deathworkers—practitioners who support those facing life-threatening illnesses using psychedelic medicines. We recognize that psychedelic work at end-of-life is deeply relational, involving complex interactions between the client, their social context, the practitioner, and the psychedelic medicine itself. From this perspective, the project aimed to:

- Map the current state of this emerging field across diverse practice settings.
- Examine the relational complexities inherent in psychedelic work at end-of-life.
- Identify practitioner insights, challenges, and lessons learned to inform evolving best practices.

### **Methods**

A 24-question mixed-methods survey was distributed via the nonprofit End of Life Psychedelic Care's database, professional facilitator networks, and relevant online groups. Respondents provided demographic information, described their training and practice settings, and offered qualitative reflections on preparation, journey protocols, integration, challenges, and case examples.

### **Results**

A total of 100 respondents completed some or all the questions. In the aggregate, the 100 respondents have served 839+ clients:

Key Quantitative Results:

- **Gender:** women (73%), men (21%), transgender/non-binary (4%).
- **Race/Ethnicity:** White (81%), Asian (6%) , Hispanic (5%), Native American (4%), Black (3%)

- **Professional Roles** (multiple selections possible): End of Life Doula (43%), Mental Health Therapists/Social Worker (29%), Physicians/Nurse (28%), Chaplain/Spiritual Counselor (19%), Facilitator/Guide (14%), Other (17%).
- **Facilitators Work Environments:** Above Ground (29%), Underground (13%), Above and Underground (57%)
- **Facilitator Training:** Comprehensive, Multi-Psychedelic Training (43), Apprenticeship (27), Ketamine-Specific Training (17), State-Specific Psilocybin Training (8), Other Psychedelic Programs (14), End of Life/Spiritual Programs (11), and Other (6)
- **Psychedelic Medicines Served:** Psilocybin (48), Ketamine (31), MDMA (21), 5-MEO-DMT (6), Other (10)

## Discussion

This survey provides a unique lens into the emerging field of psychedelic-assisted end-of-life care, highlighting the cross-section of personal transformation, spiritual frameworks, and relational complexities.

## Key Findings

- **Modalities:** One third of respondents employed psychotherapy such as Internal Family Systems (IFS), as an adjunct therapy. Sessions frequently include ritual, breathwork, supportive touch, sound baths, and yoga
- **Preparation and integration:** Careful medical screening, family education, and extended post-journey support are essential.
- **Relational complexity:** Case studies illustrate powerful transformations in fear, meaning-making, and family healing, but also emotional volatility, strained dynamics, and challenges around timing and readiness.
- **Spirituality and frameworks:** Many practitioners integrate Buddhist, Nondual, animist, and other personal frameworks. Psychedelic work at end-of-life was described as sacred, relational, and spiritually significant by most respondents. Respondents also reported clients experiencing “death” and/or losing their fear of death.

## Clinical and Relational Challenges

Facilitators reported substantial challenges while working with dying individuals:

- **Psychological:** Fear, panic, resistance, paranoia, and ego defenses were common (48 instances). These were addressed using breathwork, grounding, body-based calming, and safety agreements.
- **Physical/Medical:** Nausea, hypertension, vomiting, and somatic distress were frequently reported, especially among frail or terminally ill clients (28 instances). Practitioners adapted with medical monitoring, medications, and careful dosing.
- **Relational:** Interpersonal challenges included family interference, fear, and complex projections (14 instances), requiring clear boundary-setting and communication.

- **Spiritual/Energetic:** Some clients faced entity encounters or intense visionary content (15 instances). Ritual tools, prayers, and energetic practices were employed in response.
- **Facilitator-Related:** The work took a toll on facilitators themselves (20 instances), requiring emotional regulation, strong boundaries, co-facilitation, self-care practices, and support systems.
- **Systemic Gaps:** Rushed or inadequate screening and preparation were identified in 18 instances as root causes of preventable distress.

## Limitations

This self-selected survey skewed heavily to respondents identifying as white and female likely misrepresents experienced facilitators working in above-ground, underground, or hybrid settings, reflecting current legal and access constraints. These responses are neither generalizable nor scientifically validated. Further research is required to better understand the multi-dimensional nature of work in this field.

## Conclusions

Many of the key findings, insights, and cautions are congruent with what we've learned about the use of psychedelics for all stages of life. However, there are some that are clearly more important and sometimes essential to inform the work and training going forward. They include:

- **Facilitator self-care is essential** to prevent emotional overwhelm, especially due to amplified emotional dynamics.
- **Family involvement** is often critical—both as support and a potential obstacle—requiring careful preparation and inclusion in education and integration.
- **Spirituality plays a central role** in end-of-life work for the majority of individuals and must be acknowledged and respected in all its diverse forms.
- **Grief support for families** may begin before a client's passing, becoming part of the practitioner's extended role.
- **Preparation and integration** may need to expand beyond the psychedelic session, using holistic modalities and longer-term engagement for both preparation and integration.
- **During sessions facilitators often took a more active role**, leading other modalities (e.g., breathwork, yoga, sound, supportive touch) to deepen support during the journey.
- **Medical screening is critical** due to complex health conditions and interactions with treatments at end-of-life.

Those who work with psychedelics and the dying report and psychedelic-assisted care report profound opportunities for healing, connection, and reframing death as a meaningful and transformative process.

As one facilitator summarized:

"Death doesn't have to be scary, it can be beautiful, meaningful, and intentional, not just for the person dying but for all of those who are involved."

## References

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