

"Finally, finally, finally — an ayahuasca book
I can recommend without reservation."

— James Fadiman, PhD, author of *The Psychedelic Explorer's Guide*

LISTENING TO AYAHUASCA



New Hope for
Depression, Addiction,
PTSD, and Anxiety

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Introduction



Join me on a journey into the ayahuasca underground of North America, where people are drinking a medicine that has been used for thousands of years by the indigenous tribes of the Amazon. The medicine is a tea composed of two plants — the ayahuasca vine, *Banisteriopsis caapi*, for which the brew is named, and the leaves from the *Psychotria viridis* bush. Part of my journey includes research I conducted from 2008 to 2012 on the use of ayahuasca, and it also includes my own stories of mystical experiences, slow healing, and ontological crises. As a cautious researcher and an enthusiastic psychotherapist, I've talked with hundreds of people about their ayahuasca ceremonies, sometimes taking research notes, at other times encouraging therapeutic insight, and always asking: "What happened next? How did you change? How is your life different?"

During my journey, I received frequent emails from strangers searching for information about the medicine. Some wanted to participate in the research study, others wanted to share their

experiences, but most were seeking a source for the medicine. Those emails struck a consistent note. In one way or another, they said, “I’m suffering.”

Like any good therapist, rather than suggest taking an illegal substance, I recommended they go to a psychotherapist, try antidepressants, and trust their doctor to find the right combination and dosage from the panoply of psychiatric drugs. Inevitably, those people wrote back, “I’ve done all that for years. Nothing’s helped.”

These people were suffering with what psychiatrists call treatment-resistant depression — they were the unlucky 30 to 50 percent of depression sufferers who don’t respond to antidepressant medications.¹ Rightfully, they felt demoralized, but with what little hope they had left, they were seeking help from Grandmother Ayahuasca. They were willing to try anything, including a medicine from the Amazon jungle whose active ingredient, DMT (dimethyltryptamine), was and is illegal. Today, the US Drug Enforcement Agency lists it as a “Schedule I” drug — meaning they consider it as having a high risk of abuse as well as being dangerous with no therapeutic benefits.² After thirty-five years of private practice in psychotherapy, I’ve seen a few people with treatment-resistant depression. One client stands out, however, as possibly the most depressed man I’ve ever seen in my office. He was in his midthirties, married with a young child. Although very bright, he could barely work as a house painter, struggling to get out of bed in the mornings. In my office, as I tried unsuccessfully to engage him with questions, he remained a ruffled lump sitting on the sofa. Not easily discouraged, I noticed he was barely breathing and asked if we could do some bodywork to improve his respiration. He was too depressed to resist, and I cajoled him to lie on the carpeted floor and focus on the movement of his ribs, feeling them expand with every inhale. He was able to take in bigger breaths and to relax with every long, slow exhale. I was encouraged. Perhaps a body-oriented approach could reach him.

Then I’m not sure what happened. I might have said, “Find a

position that feels the most comfortable to you.” With renewed energy, he made his way into a pile of pillows I had stacked against a wall. He burrowed in deep, creating a cave for himself, and leaving me alone on the floor in the center of the room. I had lost my client.

Undaunted, I moved closer to the stack of pillows and encouraged him to come out. I tried metaphors — a bear hibernating and awakening to the spring thaw, an infant waiting to be born. I whispered for him to rest and rejuvenate in his cave, to gather his strength in the quiet darkness before he emerged into the light. No movement ensued.

Finally, I asked, “What would entice you to come out?” Silence. “Not even your four-year-old daughter?” Blond curls, full of life. No response.

This is how I learned about treatment-resistant depression. It doesn’t budge. Nothing helps. The suffering is terrible. We usually think of depression as similar to our “bad days” when our self-critic goes into overdrive or perhaps when we encounter multiple discouraging disappointments. Not even close. My client’s depression was of a totally different order, practically unimaginable, like comparing a torn cuticle to a spinal cord injury. I knew that one hour a week of psychotherapy would not help him. He, like others with this kind of depression, would have to suffer silently or seek alternative treatments.

In 2006, *National Geographic Adventure* published a story called “Peru: Hell and Back” by Kira Salak, who journeyed to Peru to participate in an ayahuasca ceremony with a shaman.³ Afterward, this story received more inquiries than any other article in the history of the magazine. Why? The article said ayahuasca could cure depression. Salak wrote, “The severe depression that had ruled my life since childhood had miraculously vanished.” That one sentence not only described intractable depression but also created hope for fellow sufferers.

The mother of one of those sufferers emailed me during the

course of my ayahuasca research. A psychiatric nurse practitioner, she could write prescriptions for antidepressants, which is more than I can do as a psychologist, and yet she was unable to find help for her young adult daughter, who had been suffering with intractable depression for most of her life.

I responded to her email as a colleague, but I also identified with her as a mother. The irony of being able to help others but not one's own is sometimes too much to bear. I called her, and she told me a now-familiar story. Her daughter had seen many therapists, tried an array of psychotropic meds. Nothing helped. She wanted to try ayahuasca.

I explained that, as a researcher, I was open to sharing my own experiences with Grandmother Ayahuasca, but I had made the decision not to help people find a source for the medicine. This remains true. For one thing, my sources are confidential, but mostly I don't want to be in the position of referring people I have never met to an illegal drug.

However, I could give the woman advice about ayahuasca itself. First of all, drinking it is a challenging experience, replete with explosive diarrhea and vomiting. Second, there's no way to find a shaman or practitioner you can trust except by reputation, and even that's not always trustworthy. Third, there's no way to know what dosage or potency you're getting, since every batch of ayahuasca tea is different.

Furthermore, using ayahuasca within the United States almost invariably means you're breaking the law, since it is classified as a Schedule I drug. The only exceptions to this are two ayahuasca churches in New Mexico and Oregon, which have attained the legal right to use ayahuasca under the Religious Freedom Restoration Act.⁴ If you are a member of these churches, you can legally take ayahuasca as part of a church ceremony, but these groups are relatively small, and they constitute a unique situation.

Finally, if you travel to the Amazon to drink ayahuasca, you'll

have to navigate a wildly different culture, you'll be more vulnerable to environmental dangers, and you'll have fewer options in case of emergency.

You would think this rather discouraging advice would stop people in their tracks, but then you'd underestimate the extent of people's desperation.

My strongest advice for this woman was "Don't go to the Amazon." Then, as now, I've heard too many stories of shamans raping young women, and I've seen too many slick promotional videos by narcissistic Westerners, who were supposedly trained by indigenous shamans, opening retreat centers. In addition, untrained local entrepreneurs will pass themselves off as shamans with signs at the airport for "authentic" ayahuasca healings, but their dark, mysterious brews don't amount to much. "Too many known unknowns in Peru," I told her. Most importantly in her case, what if her daughter needed more than a few ceremonies? Stories of immediate "cures" are the most dramatic and the most often repeated, but not everyone experiences this. Her daughter couldn't commute to Peru for ongoing treatment.

I said, "Find a connection here in the States so your daughter can do a series of ceremonies at least once or twice a month for a few months. And then reevaluate."

A year later, I followed up and learned that the young woman had found a connection to a shamanic group and was making progress, but that her progress was quite slow and this frustrated her. Her mother said, "She keeps looking back at all the time she's lost in her life due to depression."

I was glad to hear the daughter had found some relief, even though she hadn't experienced one of those spontaneous, miraculous cures. The fact that ayahuasca helped, when years of Western medicine hadn't, is important and significant. This remains the kind of personal story that inspires further research into the medicine.

The young woman's expressed regret over the time she'd lost due to depression was an unmistakable call for therapy. She needed

to mourn the life she had missed before she could look forward to her future. Ideally, a person like this could find a psychotherapist who has had his or her own experiences with the medicine and is conversant with Grandmother Ayahuasca. Such a therapist could maximize the person's shamanic experiences within a therapeutic process and would know how to work with and integrate psychological material from the ceremonies into daily life. The therapist would know how to work on multiple levels of reality: sometimes in practical ways akin to cognitive therapy; sometimes with images from visions in a more Jungian framework; and sometimes shamanically, as in, "Let's ask Grandmother Ayahuasca for help on this issue."

Psychiatric research has consistently found that it's the combination of psychotherapy and psychotropic meds that's the most effective approach to depression, and this dual approach is likely to hold true for ayahuasca as well.⁵ Current research studies into the therapeutic benefits of psilocybin, LSD, and MDMA (or ecstasy)⁶ build on this finding by conducting sessions within a therapeutic setting. They structure preparatory interviews and follow-up sessions directly into the protocols in order to maximize the dual approach of using drugs plus counseling.

At this time, there is no existing treatment setting for using ayahuasca in combination with psychotherapy in North America. Maybe one day, but not yet. Right now there are very few ayahuasca-experienced therapists for people in the ayahuasca underground to consult. Most people process and integrate their experiences on their own without the added benefit of psychotherapy. This means that they miss the time of greatest therapeutic opportunity — the first few weeks after a ceremony when the psyche is most flexible and open. Unfortunately, most people return to their work-a-day lives after a ceremony, and they have to be appropriately discreet about even mentioning their illegal activities.

In sharp contrast, compare this situation to how the Navajo treat those who return from a vision quest. One study noted, "For four

days after the conclusion of the ceremony, the patient is considered by family and friends as if he or she is a Holy Person and given an opportunity to focus, evaluate, interpret, and experience a new self.”⁷

The story above of the seriously depressed young woman who discovered improvement but no miraculous recovery through ayahuasca is realistic. Some people enjoy an immediate healing after a ceremony, and those cases garner most of the publicity. Meanwhile, at the other extreme, some people experience no response whatsoever to this powerful medicine. While everyone around them is vomiting profusely, they sit slightly bored, wondering why nothing is happening. We understand so little about this medicine. I once asked the presiding shaman at a ceremony about one person’s seeming immunity to the powerful effects of the tea. The shaman needed no translator. He simply shrugged and said, “Grandmother did not call him.”

Kira Salak, author of the *National Geographic Adventure* article, is one of the lucky ones who enjoyed a miraculous healing through ayahuasca. Immediately after the ceremony, she wrote, “There were no more morbid, incessant desires to die. Gone was the ‘suicidal ideation’ that had made joy seem impossible for me, and made my life feel like some kind of punishment.”⁸ Afterward, so many people contacted her about her ayahuasca experiences that she created a special section of her website to summarize her current mental health status.

Nine years later, she wrote on her website: “The depression has never returned. . . . The slate was ‘wiped clean,’ and life has been unbelievably wonderful since that old cloud was taken away. Miraculous? As someone who suffered from depression her whole life, I would say, yes. Absolutely miraculous.”⁹

However, this doesn’t mean that even if you do exactly what Salak did you will experience a miracle. A psychotherapy client of mine once gave me a promotional DVD from the same retreat center in Peru where Kira Salak experienced her healing, and it showed a

ceremony with the same American shaman. I was horrified at this shaman's behavior. He was yelling like an army drill sergeant — “Drop your ego!” — while the participants were under the full sway of the medicine, which is a time for sensitive and subtle energy. I was so upset by the video that I immediately called my client even though it was ten o'clock Saturday night. I told him not to go to this retreat center. He canceled his plans.

Years later I met a woman who had spent months working with this same American shaman and who was seriously damaged by his ranting and manipulations. It took her years to free herself of the trauma and his energy, yet this was the man who orchestrated the miraculous healing that Salak described.

I hope these examples provide a glimpse into the complexity of ayahuasca and how little we know about this mysterious medicine from the Amazon rain forest. This is not a simple story about healing. The risks are significant, but the opportunity is beyond what Western medicine and psychotherapy can offer.

This book is intended for people considering ayahuasca and for people drinking the medicine. I hope it will help them integrate their insights and visions into their daily lives. There is much work people can do on their own to maximize the healing that ayahuasca offers. I also hope this book will inform psychotherapists about the process of integration after ayahuasca ceremonies, so they can provide a supportive and respectful container for the unfolding of healing.