

Nourishing the Spirit: Exploratory Research on Ayahuasca Experiences along the Continuum of Recovery from Eating Disorders

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ABSTRACT

Eating disorders (EDs) are serious health conditions that are among the most difficult to treat. Innovative treatments are needed and modalities from across cultures must be considered. Ayahuasca is a psychoactive plant-based tea originally used by Amazonian indigenous groups. A growing body of research points to its promise in the healing of various mental health issues. This study explored the potential therapeutic value of ayahuasca in the context of EDs, including the perceived impact of the preparatory diet and the ayahuasca purge. Sixteen individuals previously diagnosed with an ED participated in a semi-structured interview relating to their experiences with ceremonial ayahuasca drinking. Interviews were analyzed using thematic analysis. Themes presented relate to the reduction or cessation of ED and mental health symptoms, shifts in body perception, and the importance of a ceremonial setting and after-care. For some, the preparatory diet resulted in familiar patterns of concern; however, none felt triggered by the purge in ayahuasca. Ceremonial ayahuasca drinking shows promise in the healing of EDs and warrants further research.

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Eating disorders (EDs) are serious health conditions and are thought to occur on a continuum, with a complex etiology, and a heterogeneous trajectory (Fairburn and Bohn 2005; Fairburn and Harrison 2003). The physiological sequelae of EDs affect every system in the body (Misra and Klibanski 2014; Rome and Ammerman 2003). They are associated with a wide array of comorbid psychological symptoms and conditions, including poor concentration, major depression, anxiety, substance use problems, self-harm, and suicidality (Anderson et al. 2002; Pisetsky et al. 2013; Root et al. 2010). EDs can also have a serious impact on quality of life (Jenkins et al. 2011), as well as high premature mortality (Gowers and Bryant-Waugh 2004; Smink, Van Hoeken, and Hoek 2012).

EDs are among the most challenging mental disorders to treat. Not only is there a lack of evidence for one treatment over another (Bulik et al. 2007), but patients frequently drop out of treatment (Wallier et al. 2009). When they do complete treatment, relapse rates are high, especially for anorexia nervosa (Waller 2016). Not surprisingly, the ED field has called for the

investigation of new and promising treatments (Wilson, Grilo, and Vitousek 2007), including the consideration of therapeutic modalities from across cultures (Hay 2013).

Ayahuasca is a psychoactive plant-based tea originally used by Amazonian indigenous groups for medicinal and spiritual purposes (Labate and Cavnar 2014a). The brew is prepared from the Amazonian vine *Banisteriopsis caapi*, typically with additional admixture plants, most commonly the leaves of the *Psychotria viridis* bush. *B. caapi* contains the short-term reversible monoamine oxidase inhibitor (MAOI) alkaloids harmine, harmaline, and tetrahydroharmine. The active compound in *P. viridis* is the psychoactive alkaloid dimethyltryptamine (DMT). The MAOI components of ayahuasca have mild psychopharmacological antidepressant effects (Sanches et al. 2016), and are also known to have enzymatic activity that allows for the oral potentiation of DMT, a psychedelic compound (McKenna, Towers, and Abbot 1984). People who drink ayahuasca typically report powerful visions and ideations, often mystical or transcendental in nature,

and may interpret these as offering self-revelatory insights leading to positive behavioral changes (Shanon 2002).

Ayahuasca has been drunk in traditional Amazonian indigenous contexts for centuries, and is considered an important remedy in traditional folk healing (Beyer 2009). In the twentieth century, its use expanded beyond the Amazon through syncretic Brazilian religious movements that embraced its sacramental use (Labate and MacRae 2010), and more broadly, in the twenty-first century, through the globalization of traditional-style shamanic, religious, and hybrid ceremonial practices (Tupper 2008).

Although these practices vary, there are common elements, such as traditional preparatory dietary and behavioral restrictions (limiting meats, dairy, sugar, salt, alcohol, and sexual activity). At the time of the ceremony, individuals often drink together in a group setting with a few experienced drinkers functioning as ceremonial leaders, and music being played or sung for all or part of the ritual. Participants typically drink a small glass (50–150 ml) of the ayahuasca tea and the ceremony can last between four to eight hours, during which time the individual may experience nausea, purging (vomiting, diarrhea, crying, yawning, sweating, shaking), and altered states of consciousness that include visions, ideations, and intense emotions (Riba et al. 2001; Shanon 2002).

Research into the potential therapeutic benefits of ayahuasca drinking has expanded over the past decade, with preliminary results showing promise for mental health problems such as depression, anxiety, and addictions (Labate and Cavnar 2014b). Research on ayahuasca's therapeutic potential is part of a broader trend in recent medical and neuroscientific investigations of psychedelic drugs (e.g., LSD, psilocybin) as adjuncts to psychotherapy in treating certain mental illnesses (Tupper et al. 2015). The potential for ayahuasca to offer healing from EDs has not been explored, to our knowledge. However, there have been anecdotal reports of this potential in books, popular media reports, and online forums (Cohen 2014; Metzner 1999). By contrast, some researchers and clinicians have questioned whether ayahuasca can be helpful in treating EDs (Fernández and Fábregas 2014; Labate, Anderson, and Jungaberle 2011).

Although ayahuasca's therapeutic value remains a subject of active inquiry, as popular knowledge and interest in the brew has increased in recent years

outside South America, individuals with ED histories are participating in ayahuasca ceremonies. Thus, we conducted an exploratory study and collected data from participants with a history of ED and participation in ayahuasca ceremonies. Its purpose was to explore possible psychological and physical effects, including the perceived impact of the preparatory diet and experience of the ayahuasca purge.

Method

Recruitment

As part of a larger study, participants were selected purposefully for telephone interviews. Information-rich cases were sought with the objective of yielding insight and understanding of the participant, or using "criterion-based" sampling (Patton 2002). Recruitment methods included word of mouth, advertising on online discussion groups, targeted list-serves, social media, and a project website. Participants were encouraged to participate if they were previously diagnosed with an ED and had also participated in at least one ayahuasca ceremony.

Participants

The sample included 16 individuals (14 women, 2 men) residing in North America with a mean age of 33.5 years. Ten participants were at one point diagnosed with anorexia nervosa and six with bulimia nervosa.¹ Participants were in different phases of illness and/or recovery. Previous symptoms of other mental disorders were also reported, including anxiety, depressed mood, problematic substance use, self-harm, and suicidality (Table 1). Most participants ($n = 13$) had at some point engaged in specific ED treatment, and often multiple times in various settings, including outpatient, inpatient and residential programs, and with various psychotherapeutic modalities. The number of ayahuasca ceremonies in which subjects participated in their lifetime ranged from one to 30 (mean of 11, ± 3). The time between the most recent ayahuasca ceremony and the interview ranged from: one month or less ($n = 6$), 1–12 months ($n = 6$), and 1–3 years ($n = 4$). Most participants attended multi-day retreats that incorporated two or three successive ceremonies. These occurred in different settings, although most were rooted in Amazonian traditions (e.g., Shipibo, Ashaninka, and other). The remaining

¹Due to the sensitive nature of the interviews, diagnoses could not be validated with the diagnostician. However, we only included those participants who could provide detailed information regarding the time and nature of ED diagnosis. Also, a number of participants noted a change in primary symptoms over time, potentially meeting criteria for another ED diagnosis.

Table 1. Sample demographics and history of clinical characteristics.

Sample Characteristic	<i>M</i> (SD)	Range	<i>N</i> (%)
Age	33.5 (8.39)	21–50	16
Gender			
Female			14 (87.5)
Male			2 (12.5)
Education (highest level completed)			
Elementary school			1 (6.25)
High school			1 (6.25)
College diploma			1 (6.25)
Undergraduate degree			8 (50.0)
Graduate degree			5 (31.2)
Eating Disorder			
Anorexia nervosa			10 (62.5)
Bulimia nervosa			6 (37.5)
Other Symptoms			
Anxiety			15 (94.0)
Depressed mood/Suicidality			15 (94.0)
Self-harm			9 (56.2)
Problematic substance use			6 (37.5)

ceremonial settings were described by participants as eclectic. Some participants attended retreats in a similar style and they took place in North America, Central America, and South America. For those who reported having received after-care, the interviews were conducted after the conclusion of this work.

Procedure

University ethics approval was obtained from Laurentian University and the University of British Columbia. Respondents who agreed to an interview were contacted via telephone. At the beginning of the interview, informed consent was obtained and participants were instructed that they could skip any question they chose not to answer and could stop the interview at any time. The interview schedule was then administered and the call recorded. Interviews lasted approximately 75–180 minutes (mean = 130.7, SD = 37.7). At the end of the interview, participants were offered information about ED services in their geographic locale. Interviews were transcribed verbatim and transcriptions were verified by at least one research assistant for accuracy.

Semi-structured interview schedule

The interview schedule was developed based on the methodology of Loizaga-Velder and Verres (2014) and the Ayahuasca Treatment and Outcome Project (Rush 2015, personal communication). The interview schedule included questions related to participants' ED-relevant etiological, clinical, and treatment histories; subjective evaluations of ayahuasca's therapeutic and psycho-spiritual value; as well as their perceptions of undesired side-effects, unintended consequences, and

suggestions for ways to improve therapeutic outcomes. To facilitate the interviewee's construction of meaning, the interviewer responded with open instructions and verbal facilitators. Some closed questions were posed to elicit specific information, including potential issues with food restriction and the experience of purging related to ayahuasca drinking.

Analysis

The 16 interviews were analyzed using thematic analysis (Braun and Clarke 2006) by a team of three researchers for investigator triangulation (Denzin 1978). During the first stage of analysis, each of the three researchers individually familiarized themselves with the data by reading and re-reading the transcripts to search for themes and meaning. The second phase involved creating initial codes related to the research questions, followed by the organization of codes into potential themes. A theme was defined as a pattern of responses that occurred in more than 50% of the participant transcripts. The themes were identified at a semantic level, followed by analysis to theorize the significance of patterns and their broader meanings. Inter-coder reliability was measured using the average percent agreement between the three coders using a threshold of 80%. The three-member team then reviewed subthemes that fell below the agreement threshold to arrive at a consensus on the final themes. In the final phase of analysis, these themes were labeled and defined.

Results

For the purpose of this article, three key themes on the healing effects of ceremonial ayahuasca drinking will be presented: psychological, physical, and contextual (i.e., importance of ceremony and after-care). Data from targeted questions relating to participants' experiences with the preparatory diet and purging in the context of ceremony are likewise presented as thematically important.

Psychological symptoms

Perhaps of most relevance to this study, the majority of participants ($n = 11$) reported on reductions of ED thoughts and symptoms of various intensity. An artist described her experience around ED symptoms:

I did notice a huge, huge change [in ED symptoms]. It's just hard to describe but I felt like I had more distance between my behaviors and, you know the thought

patterns and the triggers and just felt like I didn't need to have those coping skills anymore. [...] It was like my brain was reprogrammed. It's the only way I can describe it—I don't know exactly how it works. (P1)

Another participant went on to describe that, although her experiences with ayahuasca did not lead to a resolution of symptoms, they allowed for an experience of recovery:

Yeah, I think as a whole, I just feel a lot stronger than I did before. [...] I find that my thoughts are a lot lighter, [...] I still have a lot of eating disorder thoughts, but I find there are moments where I have a lot less of them, and I think it was maybe the week after I initially did my first work [i.e., ceremony], for some reason, my brain felt like the closest it's ever been to like feeling completely normal [...] and then it kind of went back to how it was before but I don't necessarily see that like as a tease. I think it's a good thing that I experienced those few days or that week feeling like that because it gave me a little taste of—if I continue on the recovery process, ultimately that is how I'm going to be feeling all the time. (P2)

Participant three—a male counsellor whose consequences of severe childhood trauma included an ED—described that, for him:

There's no more eating disorder. Let's put it like that. There's no more eating disorder. There was an eating disorder before, there was on some level compulsivity. [...] I came back from the ayahuasca, I didn't [binge] for six months. There's no struggle around food. The struggle left.

Half of the participants also reported reductions in anxiety, depression, self-harm, suicidality, and problematic substance use. A female nurse noted:

Well, I don't need [anti-depressants] anymore and I don't have any anxiety anymore or depression and I would attribute [this] to ayahuasca. [...] It just rewires your brain. (P4)

Another participant experienced a transformation in her relationship with recreational psychoactive substances:

In preparation for ceremony, and healing, and doing healing work, after that I would say there was less of a desire for like substances like alcohol or like marijuana. [...] I think there was an overall reduction of like smoking cigarettes or marijuana. And of drinking alcohol. (P6)

Participants' conceptions of themselves, their illnesses, and their paths to recovery were also central findings. These are consistent with the growing understanding of ayahuasca's phenomenological effects of generating thoughts of self-reflection and introspection. In some cases, participants' insights were acute (i.e.,

experienced while under the effects of ayahuasca), while in others they were realized in the hours, days, or weeks following the experience. The majority of participants indicated that their ayahuasca experiences helped them to identify what they perceived as root psychological causes of their EDs. In some cases, these experiences helped shift their sense of individual culpability or self-blame for engaging in objectively self-destructive behavior. For example, one participant observed:

I remember having a ceremony where I really saw that at the time bingeing and purging and restricting were actually adaptive coping mechanisms; at the time, they were the only coping mechanisms that I actually knew to use to deal with the difficulty that I was experiencing, that I had no words for and that no one was asking about. (P7)

Similarly, another participant saw how their ED was related to existential issues and self-validation:

[After ayahuasca] I think I saw, I kind of think I saw and now see it as my eating disorder developed because I couldn't validate myself and like my own existence, if that makes sense. [...] I couldn't look in the mirror and validate what I saw, and so I tried to externally validate it by, like, engaging in all these, all these eating disorder behaviors. (P8)

Another participant noted insights about how their family dynamic influenced the development and expression of their illness:

Basically, after ayahuasca, I feel like, my, my roots became important, or my family history and how shame has affected myself and my family [...] so I would say that there are patterns of shame that I'm now more attuned to in my family and I don't look at my eating disorder as even my own expression of pain, I look at it as a family expression [of] shame. (P9)

Participants frequently reported shifts in self-perception that they felt were healing, such as greater self-love, self-forgiveness, self-esteem, or self-compassion. Participant nine described how an experience of self-love served as a remedy to the harsh ED-related inner voice so common among sufferers:

Ayahuasca helped me deeply connect with myself so that self-love has been the prevalent priority over self-criticism that [...] self-love became more important and more prevalent. And that to me is the antidote for an eating disorder.

Finally, another aspect of the psychological effects that 14 subjects reported, which may have psychotherapeutic relevance, was significant improvements in emotion regulation and processing following ayahuasca. The majority of participants linked these increases in their

capacity to regulate emotion to decreases in symptom engagement:

After doing ayahuasca, it's, it's not like I could say "Oh, because I've done ayahuasca I'm not going to diet anymore" or "Because I did ayahuasca I'm not going to compulsively exercise anymore." It wasn't that—it was, well, I feel more able to be with myself. I feel more capable of experiencing my emotions. So that I don't go to those behaviors that shove those emotions down that I don't want to experience anymore. (P9)

For some, the transition to improved emotional regulation and associated symptom reduction was not always a linear one, with some reporting exacerbated issues immediately following their ayahuasca experiences:

I would go away to [an ayahuasca] retreat and come home and my symptoms would get far worse for a period of time [...] because ayahuasca would stir up, like, trauma and stuff, I would come home and initially like be a victim to my, you know, habits and brain, and engage in [ED symptoms], and then be able to like pull myself out of it, and have like I said, a higher sort of baseline in terms of, like, mood, insight, satisfaction, confidence, etc. (P4)

Body perception and physical sensations

In line with the prevalence of disturbed body image among ED sufferers, participants also reported strong physical effects from ayahuasca drinking, which sometimes included a shifted understanding or experience of their physical bodies. A powerful somatic insight was reported by participant 10, who shared:

I saw myself as a rotting, decaying skeleton and then I saw myself as this beautiful full-bodied, just beautiful woman with this long hair, and I, like, I wanted to be that woman. I wanted to be that full, loving woman that has so much to offer my family and world. It was, and then I felt my ribs and I could feel them, they were so hollow and I was just, I was like, I can't wait to get back and just start gaining some weight.

Respect for one's body as something to be cherished and honored through nourishment was also reported by participant 11, who explained:

I really just experienced my body as a gift. It was, I felt that it was malnourished. I could sense that, I could sense that I was not honoring the gift.

One of the concerns shared by leaders in the field of ayahuasca studies is related to the fact that preparation for ayahuasca drinking involves a restricted diet and the effects of the brew often include a purge through vomiting—both of which potentially mimic or mask ED symptoms. Although it did not meet the threshold

for a major theme, it is worth noting that a few participants did observe that the preparatory diet resulted in some familiar patterns of concern about food choices; for example, participant 5 noted:

[The preparatory food restriction] was a struggle for me too, because then all of a sudden, it's like I have to have that energy again of what do I eat, what not do I eat and all that kind of stuff. So it kind of stirs things up a bit, right? So it's different than most people, like you know, people that have to give up sex or alcohol probably have the same experience. It wasn't sex and alcohol, I just had it with the food.

By contrast, when asked about the meaning of the purge and how it compared to ED symptoms of vomiting, when they did purge in the context of ceremony, none of the 16 participants reported feeling triggered or symptomatic. As one participant put it:

"I just—it [purging during ceremony] never felt the same [...] when I would, talking about the eating disorder symptoms of bingeing and purging, it was like going numb, eating, you know maybe being kind of aware, okay, I'm doing this again and then feeling the shame of, you know, this uncontrolled wild eating and then needing to get rid of it. [...] And in the ceremonial context, you know, often I would fast before ceremonies so there was really nothing in me, and there was absolutely no shame, there wasn't a feeling a fullness, it was more just a feeling of my body recalibrating, and just being able to release something that had been held for a long time, but it was not food, it wasn't, you know, there was no explanation for what I was releasing [...] and afterwards, just feeling such immense relief, like just the opposite of shame, just almost joy. (P1)

Contextual (importance of ceremony and aftercare)

All of the participants we interviewed had drunk ayahuasca in ceremonial contexts and they emphasized the importance of what they perceived as safe ceremonial structures and leadership to maximize potential healing and to minimize risks or harms. For example, some raised the issue of trust as a key element for setting the stage for deep healing:

You know safety is 100% important because you cannot resolve trauma if you do not feel safe, because safety is part of the trauma. So really feeling like the people holding space are doing it in a very adept way, yeah, thinking of everything and I don't need to, I can just relax into that and I'm safe. So that's key. (P7)

One sub-theme that frequently emerged was the gratitude felt towards the ceremonial leaders, their assistants, and those leading the preparation before and integration after ceremonies (where available). Some noted that they felt nurtured and cared for, and

that part of their healing came from being able to ask for and receive help in moments of vulnerability. Regrettably, one participant relayed a painful experience of inappropriate sexual touching by a ceremony facilitator while in a vulnerable state, suggesting the need for caution in choosing ceremonial contexts and leaders in contemporary ayahuasca drinking practices:

The ceremonies were over but we were all kind of laying there on our mats in the post-ayahuasca haze I guess and he, yeah he tried to put his hand down my pants basically so it was really a negative experience from that point on. (P9)

A number of participants appreciated when psychologists and medical doctors were present in their setting and available to support the healing. This also created a modicum of familiarity for an otherwise foreign experience, and a sense of added safety in that these professionals were available to them if needed. In fact, whether with leaders, psychotherapists, or peers, *all* participants touched upon the importance of after-care support to integrate their experiences between ceremonies, post-retreat, or both:

I mean besides the ayahuasca itself, besides the medicinal quality of you know, chemically what ayahuasca can do, I would say that [the most important therapeutic elements were] the trust, therapeutic trust in the medicine men and as well, the follow-up. The psychotherapy follow-up was crucial. And before and after [ceremony] I would say. I don't know if I would ever recommend an ayahuasca ceremony without that therapeutic, the first one at least, without that therapeutic follow-up. (P13)

Although the availability of integration and after-care support varied, 14 of the 16 participants did receive some type of integration support and/or after-care. About half of the sample ($n = 9$) reported receiving formal integration support post-ceremony in an individual or group setting. Of these participants, one participant reported receiving after-care post-retreat as well. Six participants reported that informal support was available to them on-site from the ceremonial leaders or staff upon request. Of these participants, one shared that the ceremonial leader was also available via telephone if needed, while another reported receiving a post-ceremony check-in via email from the facilitator.

Discussion

For some people along the continuum of ED recovery, ceremonial ayahuasca drinking may have promise as an alternative treatment. In our sample, the majority of participants reported significant insights about their

illness and process of recovery. They frequently described their experiences with ayahuasca as leading to reductions in ED and other mental illness symptoms. In many instances, participants reported enduring positive effects (i.e., lasting months or years), ranging from diminished or more easily managed symptoms to full and sustained remission. They also described attaining new insights about the root causes of their illness, experiencing greater self-love and acceptance, as well as an increase in their capacity to experience and regulate painful emotions. The findings relating to self-love and emotional processing and regulation are of particular interest, given that a central function of EDs has been identified as an attempt to manage difficult emotions, including self-soothing (Cockell, Geller, and Linden 2002; Dolhanty and Greenberg 2007). And while recent research suggests that difficulties with emotion appear to be a transdiagnostic risk and/or maintenance factor for psychopathology in general, difficulties with emotion seem to be more severe in ED populations (Svaldi et al. 2012). Some believe that one of the reasons for high rates of treatment failure for EDs is that many treatments do not attend sufficiently to critical aspects of the disorder, such as high emotional avoidance, low emotional awareness, and lack of motivation (Dolhanty and Greenberg 2007; Espel et al. 2016). The fact that there is potential for some to experience such significant improvements in these domains warrants further exploration of ayahuasca as an option for healing. These findings are particularly interesting, given that this sample was not psychotherapy-naïve, and several participants struggled to recover in the context of formal and highly esteemed ED programs in North America. In most instances, participants even claimed that their ayahuasca experiences were more important for their healing process than any other kind of standard ED treatment they had received.

That said, the need for formal support pre- and post-ayahuasca drinking seems critical, especially as those whom we interviewed were re-integrating into a culture where ayahuasca is not a part of the norm, and is regarded in some jurisdictions as an illicit substance. This is also relevant, given that ayahuasca drinking may bring to the surface deep, unconscious psychological material. Working through these experiences with a properly trained psychotherapist may be important for sustained therapeutic outcomes, especially for those who lack inner resources for integrating challenging experiences. Medical assessment to determine appropriateness of use and ED-specific therapeutic support for people seeking healing opportunities with ayahuasca should also be considered. For example,

ayahuasca-friendly physicians and psychotherapists with specialized training in ED could support individuals in the planning process—including with the preparatory diet, as well as post-retreat, and especially in the event a surge of symptoms occurs. They may also act as a support to individuals who find themselves struggling to integrate experiences of healing from the use of plant medicine and previous or ongoing conventional treatments. Finally, as one participant's testimony suggested, the risk of sexual assault, especially for female participants, while perhaps not high, is also not zero, and so caution in this regard is warranted.

Research and policy implications

Beyond the promise of a potential new healing modality for EDs, our study raises a number of issues for future research and public policy consideration. In terms of research, the intercultural dynamics of traditional Amazonian indigenous healing practices being adapted or applied to contemporary mental illnesses such as EDs warrants further investigation. A medical anthropological perspective on EDs suggests important socio-cultural influences on the manifestations of this syndrome (Gordon 2000). The introduction of an exogenous folk-healing practice such as ayahuasca drinking adds a complexity to the understandings of both ED etiology and prognoses. Future research would be informed by attention to intersecting cultural factors of both illness and treatment. Future studies should also include prospective data collection and standardized outcome measures of a larger sample size.

Given that ayahuasca is rising in public interest through media reports and research findings, and that it is already being used by people seeking healing from EDs, there seems to be a need to facilitate greater health professional knowledge about this alternative healing modality. While there is not yet sufficient evidence for clinicians to recommend ayahuasca as a treatment, they may be able to offer support to those seeking this on their own with medical monitoring as well as preparation, integration, and adjunctive psychotherapy. In particular for ED patients, support during the preparatory phase and around the restrictive dietary preparations—as well as cautions to those for whom ayahuasca may be medically contraindicated—would be a helpful harm reduction approach.

Finally, government authorities in countries where ayahuasca is considered a “preparation” of DMT—a Schedule 1 substance under the 1971 Convention on Psychotropic Substances, and thus deemed to have no medical or therapeutic value—need to consider how restrictive drug policy positions may have the effect of

curtailing scientific research (Nutt, King, and Nichols 2013; Tupper and Labate 2014).

Our study is not without limitations. Participant self-selection may have resulted in a bias towards reporting positive effects from ayahuasca drinking, with individuals who had neutral or negative experiences perhaps choosing not to participate in such a study. Second, the participants recruited were relatively well-educated and many worked in helping or health professions. Thus, the responses elicited may reflect insights participants had also gleaned from personal reading or research of both ayahuasca and EDs. Third, the semi-structured interview covered a broad range of topics, therefore limiting the depth of some of the responses, in particular with respect to the settings in which individuals participated in retreats as well as the type, frequency, and intensity of support and after-care received. That the interview contained specific prompts may have also led some participants to be guided in their reflections. Finally, due to the research team's linguistic limitations, the interviews were only conducted in English. However, given that ayahuasca is more available—both in geography and legal acceptability—in Latin American countries, there is likely a much larger and more diverse population of non-English-speaking ayahuasca drinkers who have had experiences in healing from EDs that our study did not access.

This study provides insight into the experiences people with EDs have had with ceremonial ayahuasca drinking and their perceived healing outcomes. The need for new and innovative treatment approaches to EDs makes the findings of this qualitative study timely and relevant. Although this preliminary study is not without limitations, future research on the potential of ayahuasca to facilitate healing and recovery from EDs, through both traditional ceremonial modalities and potentially in clinical settings, is warranted. That some individuals reported experiencing relief—and, in some cases, full remission—from chronic ED symptoms after participation in ayahuasca ceremonies is reason for optimism. We believe this is especially the case for those individuals for whom standard ED treatments have not been effective.

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