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# How I Finally Cracked My Treatment-Resistant Depression

A series of “ego-releasing” trips pulled me from an abyss that hundreds of pills couldn’t.

**BY ANGELA DAY**

I sat in my psychiatrist’s office, eight failed meds deep into battling my latest round of depression. The fleeting thought of a permanent vacation felt like the next best option. I’d visited the Well of Darkness numerous times since my late teens, and this one, just months after my 41st birthday, had brought me to my knees.

My first prescription for Prozac arrived via the college health clinic after I nearly failed freshman year. I spent more hours under the covers than in class and stuffed the pain with boxed wine and peanut butter sandwiches. Prozac buoyed my head over the waterline long enough for me to graduate. Then, it stopped working.

I gritted through another decade or so in and out of mild to moderate gloom, dotted with attempts to climb the well walls with Paxil, Lexapro, and Zoloft. Each of these drugs took weeks or months to kick in but left me with little to no relief.

I’d been booted from the SSRI family, but my doctor introduced a few more of their cousins for good measure. Wellbutrin and Effexor worked immediately, but my doctor said I couldn’t ignore the sudden hives and closed throat. Was I allergic to them or were they allergic to me? We tried a mix and match of other antidepressants, including SNRIs and TCAs piggybacking and dry humping each other in my brain, trying to elicit some spark of less awful than the day before. Still, nothing worked.

The spring of hope ran dry, and yet I was clinging to a bucket at the end of a thinning rope. I became part of the one-third of depression patients that are called treatment-resistant. It was time to look for solutions outside traditional medications, and transcranial magnetic stimulation (TMS), a noninvasive treatment that uses a magnetic field to stimulate nerve cells in the brain, hoisted me up onto solid ground.

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The FDA had cleared TMS for treatment-resistant depression only a few years prior, in 2008. I opted for it at UCLA, where doctors put my head under a magnetic plate that sounded and felt like a woodpecker tapping away at a single spot. Like most patients, I received treatment five days a week for six weeks and then another few days each week the following month. Did that bird beak tapping away on my cranium hurt? Yes, just a little. Did it work? Yes, a lot.

Thoughts of offing myself abated after the third week of treatment, and my depression was all but gone after the full round. Yet somewhere along the way, Depression returned, along with its evil twin Anxiety, who settled in for a long stay with a suitcase full of benzodiazepines.

Xanax quickly fixed my anxiety, but with a shishito pepper effect: I never knew which spicy dose would be the one to drain my GABA receptors, which modulate anxiety, and leave me in a puddle on the floor. And so, I muscled through with exercise, a good diet, excellent sleep hygiene, and diligent avoidance of stressors. I relied less and less on Xanax and built up these ancillary muscles to support the spine of good mental health. And yet, depression came and sucker punched me yet again, three years later and right on time for perimenopause and the unexpected death of my mother.

Waves of grief crashed over my head, depression now a weight tied to my ankle pulling me like an undertow ever farther afield of the shore. This time, I couldn’t afford to wait weeks for TMS to kick in or hope for a less spicy form of benzodiazepines. I’d heard of fast results from ketamine therapy, and clinics had popped up all over Los Angeles. I found a center that integrated traditional psychiatric treatment with the use of psychedelics. As I cozied up on a couch with headphones, an eye mask, and a plush blanket, a doctor administered the drug via a shot in my arm. A licensed therapist stayed in the room with me while I fell into a state of deep ego release and “otherness” over the course of one hour.

Ketamine therapy worked quickly, and I began to feel relief after two sessions. I completed a full course of treatment twice a week for four weeks. The anesthetic turned party drug triggers glutamate production, which prompts the brain to form new neural connections, giving patients a literal pathway to more positive thoughts and behaviors. After each session, my therapist helped me process feelings that came up, including persistent shame spirals and some unexpected childhood trauma. To be clear, this was no happy pill. Ketamine delivered a few terrifying sessions similar to night terrors and what I only imagine life to feel like as a time traveler. Plus, it was expensive. While a self-administered nasal spray derivative of ketamine called Spravato is covered by some insurance plans, intravenous ketamine is not. At $500 for a single session, the money from my mother’s small estate sale just covered the full expense.

At the end of the full course, my depression and anxiety were gone. Absent. Not present, as if they just packed up and left. I felt as if my internal wiring was somehow patched at the frayed spots and that electrical tape insulated the entire nervous system. I held my feelings in one hand and the cause of those feelings in the other. I observed them, instead of the feelings and causes consuming me in a tsunami that threatened to take me under.

My small inheritance ran out, along with my ability to pay for more ketamine maintenance sessions. While the depression was gone, I still had bouts of anxiety, and I couldn’t count on the Xanax to work consistently. My pickleball partner and I often commiserated over our similar paths to seeking treatment, and he found that magic mushrooms in small, .1- to .3-gram amounts, or microdosing, helped fill the gap left by failed medications. After talking to my doctor and scouring Google, I soon found myself with a small dose of mushrooms, in a quiet room with a close friend nearby in case I decided to time travel yet again. The result was like that of ketamine, without needing to undergo a full psychedelic dose.

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The main variety of magic mushrooms is known as Psilocybe cubensis, which has indigenous origins dating back thousands of years. Golden Teacher, B+, and Blue Meanie are among the names of those used to reduce depression, anxiety, addiction, and OCD, and to improve focus and bring about an overall sense of well-being. Experts attribute longer-term changes in depression patients to a fundmental rewiring effect in their brain connectivity.

Like ketamine and MDMA therapies, psychedelic mushrooms, taken at a macro 3.5-gram dose within an integrative therapy setting, are now making their way through FDA clinical trials for treatment.

While some cities and states are decriminalizing the use and possession of certain psychedelics, it is still a felony or a misdemeanor in most of the United States to possess psilocybin. As the use of these and other psychedelics with indigenous roots, such as ayahuasca and DMT, has become all but standard practice within the Silicon Valley underground, so have guides and administrators utilizing less than responsible methods for over seeing their use. Psychedelics are currently not recommended and are still being researched for those with heart issues and personality disorders, making communication and coordination with a qualified healthcare provider especially critical to their efficacy. (See “The State of Psychedelics” in this issue for the latest legal and safety information on all forms of psychedelics.)

Today, microdosing, talk therapy, and a low dose of nontraditional meds work for me, but, much like weight-loss drugs, they are not a silver bullet. As my journey continues, I hope to explore healing modalities to address the trauma that came up during my ketamine therapy. Somatic bodywork aims to address trauma stored in the body and help release emotional tension through physical touch and movement. Holotropic breathwork involves controlled breathing and music to induce altered states of consciousness and facilitate emotional and spiritual healing. EMDR (eye movement desensitization and reprocessing) therapy incorporates eye movement, sound, and vibration to process traumatic memories. I take a holistic approach, realizing that healing isn’t an “either/or” but more of a “yes/and” proposition, whereby meditation and breathing practices, for example, can help potentiate or integrate the initial effects of psychedelic treatments.

Living with treatment-resistant depression is still sometimes a heel-dig into the dirt to stay away from the well’s edge. Depressive disorders are complex and multifaceted; solutions are not one-size-fits-all. But fortunately, effective alternatives are rapidly coming to market, widening the path to successful treatment. Yes, trial and error can be frustrating, but it is worth exploring all options to find an integrative approach that works for you. O

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