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A Theological Reckoning with ‘Bad Trips’

We need a more sophisticated assessment of these experiences.



By Rachael Petersen

EVERYTHING WAS THE SAME. The same voice—mine—declaring, “I’m ready.” The same watchful gaze of two expert guides kneeling on the ground before me. The same soft tan couch in the same cocooned windowless room. The same hands reaching into the familiar clay chalice for a giant blue pill. My throat, the same, swallowing. Same molecule affecting the same mind. Same mechanism of action. The same subject: me.[1](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes)

But was I the same? Seven days prior, lying on that couch under a high dose of psilocybin, I had the most religious experience of my life. An encounter with divine darkness, a nothingness that held and beheld me, benevolently welcoming me into my rightful place in the order of things.

That experience upended my understanding of ultimate reality—an upending I sometimes refer to as an “ontological insurgency.”[2](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes) And, perhaps, only after such an experience could I, a mere week later, have what William James termed a “reverse religious experience.”[3](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes) Perhaps only after an initiation into the ultimate could I know the bottomless panic of being ripped from it. The very quality that made my first experience so profound—its felt sense of authority—made my second so indelibly harrowing, a trip after which nothing felt the same.

In 2018, I participated in a clinical research trial using high-dose psilocybin to treat major depression. I have shared my story in articles, talks, films. The story I have told is one of transformation—but not a simple transformation. Not of a depressed woman cured but a woman granted greater fullness and meaning. Not of a despair diminished but a life enlarged.

The story I have told is not false; neither is it complete. It is incomplete because I have never elaborated on my second experience in that same trial, which impacted me in ways that I still grapple with. I understand, however, that some impacts were un-therapeutic. Anti-therapeutic, even. Amid growing hype that psychedelics are a panacea for mental illness, I worry: Is my partial testimony being co-opted to support a medicalization effort I increasingly doubt can fully attend to the weird wildness of these medicines?

* **SEE ALSO:**
* [**The Greening of Psychedelics**](https://bulletin.hds.harvard.edu/the-greening-of-psychedelics)

## We must hold all these experiences up to the light; see how they refract our expectations; watch how, when we turn them, we see the kaleidoscope constellating, the same pieces reconfiguring into horror, beauty, meaning, nothingness.

The effort to medicalize psychedelics has focused on a narrow subset of experiences that are positive and therapeutic. Variations are dismissed as statistical outliers, flukes resulting from flaws in set and setting or vulnerabilities in the patient.[4](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes) A serious effort to examine bad trips can be perceived as positioning oneself “against” the movement. This, I think, is a shame, because a full account of what psychedelics are, how they are, and—most vexingly—why they are, is as beholden to the harrowing as it is to the heavenly, to abject terror and to unbearable bliss. If we believe psychedelics afford new vantages on mind, matter, and spirit, how do bad trips—in all their dazzling, endless diversity—complicate our prevailing notions? What methods does examining the full array of psychedelic experiences require? We must hold all these experiences up to the light; see how they refract our expectations; watch how, when we turn them, we see the kaleidoscope constellating, the same pieces reconfiguring into horror, beauty, meaning, nothingness.

Historically, in the West, terminology developed within mainstream psychiatry centered the perceived “negative” aspects of these substances: hallucinogen (generating hallucinations), psychotomimetic (mimicking psychosis), deliriant (inducing delirium), dissociative (causing dissociation). The current preferred terms, psychedelics (mind or soul manifesting) and entheogen (generating the god within), position themselves against this history, implying good that can come from these experiences, imbuing them with epistemological and ontological weight.

No matter which term we choose—psychedelic or entheogen—we must reckon with how mind, soul, and gods can conspire against us. To encounter them completely entails risk and, sometimes, unwanted surprises.

Though my first psilocybin experience has ossified into story, the second is alive and slippery; it evades my conceptual grasp. I chase after it, hurling lassos of theology, psychology, philosophy, neuroscience, hoping to wrestle it to the ground. Nothing catches. Experience bucks and bears its teeth, feral. It refuses to be tamed.

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A SMALL KERNEL OF DOUBT: a splinter wedged between me and the world. Drugs work this way. Splinters grow into battering rams, pebbles bulge into boulders. All I know is that for a moment, I opened to the possibility of being outside everything that matters, and the space between threw me back on myself, rendered me uncanny. Cast out, I could not find my place again in the order of things. Choking, breathless, I was having a grief-tinged cosmic panic attack. In the trip report I wrote the next day, I captured this immensity in a small word: “doubt.” I described it as pain lodged in my chest.

Apparently, as I rocked back and forth, clutching my chest, eyes squeezed tight, the only word I stammered was: why? Why why why why why?

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IT WAS THE SECOND century ad, and the bishop of Lugdunum (now Lyon) brooded. A question haunted his sleep, the same question that haunted countless people who posited an all-knowing, all-powerful, benevolent God.

The question, of course: Why suffering, and why evil?

And like many theologians stumped by this problem, Iranaeus resorted to tautology. He posited that this is the best possible world, because God would not have created it otherwise. But for Iranaeus, God allows suffering so that we become better people, evolving in God’s image. In other words: suffering makes souls. Origen followed Iranaeus, casting the world as a schoolroom or hospital. We are dumb, and evil is the teacher. We are sick, but suffering heals. God is a compassionate, discerning teacher, physician, father, who employs suffering for amelioration we cannot fully understand.

It’s a paternalistic stance, and a hopeful one. And it echoed throughout consolations offered by psychonauts after my experience.

You get the trip you need, not the trip you want.

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AS I STRUGGLED TO answer “why?,” I learned that to confess to enduring challenges from a psychedelic trip is to render oneself a dartboard pierced by a million speculated whys: latent psychological problems provoked by the experience, the wrong set and setting, the wrong medicine, the wrong dose, the wrong day, the wrong guides. Tellingly, I have never encountered an analogous reaction to “positive” trips; when I share healing experiences, no one rushes to diagnose what enabled them to occur.

Then there is a deeper diagnosis: Why did this happen to me in particular? Here, too, popular psychedelic discourse stood ready to explain. These responses can feel predictable and unhelpful. They might be generously grouped under the banner of “normative post-traumatic growth.” They go something like this: “Things have to get worse before they get better”; “The spiritual path is hard.” Or, as Harvard-educated psychologist of religion Walter H. Clark put it, “bad trips may be the best trips.”[5](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes) (This posture reflects a therapeutic “technique” popularized in the 1960s and 1970s, when underground therapists intentionally caused “bad” trips by blasting loud music and projecting videos of porn and war to patients on wildly high doses of multiple drugs.[6](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes))

As a budding scholar of religion, I suspect that what gets labeled as “secular” is often much less so than it seems. And I have begun to wonder if “post-traumatic growth” narratives are some of the most secular theodicies we have today—lurking recapitulations of millennia-old religious debates.

I am sympathetic to the impulse behind these statements: to offer hope, to promise that not only will suffering cease, it will pay dividends in ways we can’t imagine. But, like Iranaean theodicy, these statements reveal a compulsion to place hardship in an imagined trajectory that terminates in goodness. And, like all theodicies, in their rush to exonerate some higher authority (God? the medicine? the wisdom of the inner healer?), they diminish suffering to the sufferer. Perhaps the durability of these narratives reveals less about the inherent didactic, theological, or evolutionary function of suffering than about our discomfort with suffering.

What if terror is just that—terrible, terrifying, absolute?

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IN PARIS, IN 1935, Jean-Paul Sartre was injected with mescaline by the psychiatrist Daniel Lagache. Sartre wanted an experience that would allow, as Edmund Husserl proposed, a stripping away of attribution, of categories of difference, of theories, meaning, and definition. He wanted to really see the things themselves. And he hoped mescaline would help.

Once injected, Sartre found it nearly impossible to witness his own experience, to hold it at the exacting distance that Husserlian phenomenology might require. Instead, he “felt submerged against his will in a miasma of sensations that assailed him viscerally at every turn, a world of grotesque extreme close-ups in which everything disgusted him.”[7](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes) The best-known aspect of this “bad trip” was the presence of the lobster-like creatures that haunted him for weeks after the experience, scurrying around his periphery. As he recalled later, in 1971: “After I took mescaline, I started seeing crabs around me all the time. . . . I mean they followed me into the street, into class.” They spoke to him, made demands.[8](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes) (The crustaceans would later appear in his play The Condemned of Altona and then, less explicitly, in Nausea.)

Sartre and I had such wildly different “bad trips” that it seems absurd to include them in the same category. But, like Sartre, I was pursued by my experience long after the molecule had run its course. Like Sartre, my functioning diminished. Like Sartre, I sought help: he from Jacques Lacan, me from a small cadre of psychiatrists, somatic-experiencing practitioners, and psychedelic integration therapists.

Most importantly, like Sartre, I had learned the hard way that taking a good look at reality always risks unwelcome surprises.

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THE PROBLEM COMES DOWN, as it so often does, to language guage. We lack the vocabulary to describe the vast diversity of experiences that might fall under the banner of challenging, difficult, bad, or adverse and the attunement to understand why people differentiate between them.

Someone may describe a psychedelic experience as challenging because of what their body did: engaging in behavior that could harm themselves and others during the session—swan diving off a couch, for example. Another may use the same term to refer to intense emotions of grief, anguish, sadness, or despair that may or may not resolve during the session, though they often do. It could refer to the frenetic encounter with weirdness, an experience that shatters preconceived notions of matter, agency, the cosmos. “Challenging” may describe traumatic memories, confrontations with familial dynamics, or painful insights. Someone may even have a “meh” experience—uninteresting—but call this “difficult” for not living up to some hoped-for breakthrough.

Challenges may occur during the trip that then resolve during the trip. Challenges may occur that do not resolve during or after the trip. It may become difficult to delimit where experience begins and ends: “experience” may come to refer to the days, weeks, or months after a molecule has run its course

To say a psychedelic experience can be “challenging” is like saying that running a marathon can be hard. By design, the extreme emotions, visualizations, insights, encounters, exchanges challenge one’s felt sense of the normal, the real, the true.

But what tips an experience from challenging to bad, from difficult to adverse? The level of distress? Functional impairment? The ability to control or modulate the experience? The ability (or lack thereof) to maintain a critical attitude? The impact of the experience on the person’s relationships, personality, resilience? How does a guide or a community’s ability to hold an experience determine how it evolves, and how it is appraised?

We need terms, perhaps entirely new words—words that move away from appraisal (“good” or “bad”) to phenomenology (descriptions of what happened). We need a more sophisticated assessment of these experiences, a lexicon in which Sartre’s crabs and my cosmic, grief-laden anxiety can commingle but not meld, their contrasts made meaningful within a shared framework of inquiry.

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MY SECOND TRIP REPORT ends with the following: “these feelings persist well into the evening, and I can’t sleep. I sit in bed meditating, beholding this sadness and anxiety. I feel as though something is unresolved in me, but am unsure what.” The night after my first session, I stayed with a friend in Baltimore, sobbing on her futon, restless throughout the night. When writing this piece, I reached out to her about how she had perceived me. “Shaken,” she said. “Intensely shaken.”

In spite of this, for some time after my second experience, I could still function. Admittedly, I was less depressed than before the trial, but also more anxious. I slept less and less, clutching my pounding chest at night and praying that whatever wanted to bang down the door I had slammed shut between me and oblivion didn’t break through. And because I have always coped by out-succeeding my torment, I distracted myself with work. The government of Norway flew me to Oslo to speak on the future of forests. I hopped over to Germany to eat Currywurst with my brother and bike around the Tiergarten.

I made an appointment with my primary care physician. Something must be wrong with my heart, I thought. This was a physical problem, like plumbing or wiring. Once fixed, the fear would dissipate. I adopted a convenient dualism: mind would stop chasing body in search of story.

I sent my guides an email with the subject line “recurrent distress after second session.” I am embarrassed to ask, I wrote, but “is it possible for someone to get physiologically stuck in an experience?” They assured me it is not.

My PCP referred me to a cardiologist. He hooked me up to electrodes and I ran, fast, on a treadmill for seven minutes. He sent me home with a wearable device that sticks to my chest for a week, recording every torturous beat.

There was nothing wrong with my heart.

The phenomenologist Maurice Merleau-Ponty took mescaline shortly after Sartre, though in a much lower dose. He found it philosophically useful. His biggest impression? “All hallucination bears initially on one’s own body,” a physical product of the senses.

My mind lost the plotline, but my body can’t forget the message. My anxiety became nonreferential, totalizing. I could not consciously locate the object I feared.

What I remembered of that second experience, I knew in the body. What I knew was in the flesh.

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THERE ARE MANY REASONS I have not told the story. The most complicated of them is that my second trip feels inseparable from a silent meditation retreat I attended two months after. While the psilocybin experience had initiated in me a deep, existential insecurity, it was only when I sat in silence for a week in the Shenandoah Valley that it reached its fullest expression.

The wisdom of Buddhism is that by witnessing states, they morph, mutate, pass. “This is terror,” I noted. “This is panic.” But like Sartre in his mescaline trip, I found mere witnessing impossible. I was pursued, overtaken. I stopped sleeping.

My teacher told me to keep practicing: “The only way out is through.” By the time I left the retreat, I had metabolized this message and stubbornly believed more spiritual practice would “fix” me. It only made things worse.

I distinctly remember the moment when my psychiatrist suggested we explore Seroquel to help me sleep. Seroquel. The name sounded nice. Tranquility. Serenity. Quelling of fears. All in one. Then I learned this was an antipsychotic, and the name pierced my tongue with its spikiness. Anti-psych-otic. The word shared a root, of course, with psychedelics: psukhē. Wasn’t manifesting my psyche supposed to heal me? Why was I against it now? Or rather, why was it against me?

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RECENT RESEARCH SUGGESTS psychedelics and deep meditation can induce comparable nonordinary brain states. Could they not also lead someone into greater transcendent terror?

After the retreat, I am introduced to Dr. Willoughby Britton at Brown University. A neuroscientist and clinical psychologist, she has dedicated her research career to systematically cataloguing the ways in which meditation practice can harm.[9](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes)

Britton also runs a nonprofit support group, Cheetah House, for individuals who have been destabilized from meditation practice. She invites me to participate. The variety dazzles: different traditions, techniques, lengths of practice, challenges. There is an award-winning journalist who began hearing voices after a Vipassana retreat. There is a yoga teacher whose body moves involuntarily, arms flailing, right cheek twitching. Many people struggle to reconcile persistent, debilitating dissociation with the theory and practice of not-self, or anattā. Is their experience progress or pathology? Most have suffered functional impairment: jobs lost, relationships dissolved, trips to the ER. There are car accidents—many car accidents—often following extended retreats. Like me, several people battle nonreferential anxiety and persistent insomnia.

Remarkably, most of these people do not have mental health histories. Britton and other researchers have analyzed many variables—age, race, sex, income, education, meditation experience, type of meditation, intensity of practice, drug use, mental health history—but have found no consistent patterns for who has severe adverse events in meditation and who does not.

One of the ways psychedelic clinical trials attempt to minimize negative experiences is by screening for vulnerability factors like personal or family history with schizophrenia, bipolar disorder, as well as personality disorders. As a precautionary principle, this is important; but we still don’t understand if certain things unequivocally “cause” bad trips. The last and only study looking at this was published in 1965 and found no significant difference between LSD users who ended up in psychiatric units and those who didn’t.[10](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes) Previous psychiatric history was not a guarantor of difficult experiences.

Why?

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THE COLLATERAL DAMAGE from mainstreaming mindfulness can serve as a cautionary tale for psychedelic medicalization: important wisdom is lost when technologies of transcendence are stripped from their spiritual and religious contexts and presented as psychological treatments. Meditation, once a practice of a very select group of virtuoso monks in Buddhist cultures, is now a wellness program offered by schools, prisons, hospitals, and corporate America. Psychedelics are no longer just visionary tools of shamans or sacraments guarded by complex rituals; they are on the way to becoming medical interventions. People will be harmed. How many, how, and why, we don’t yet know, in part because so few are given voice to share their stories, and little research exists.

Psychedelic science does an odd dance with the spiritual. On the one hand, studies (mostly out of Johns Hopkins University) have popularized the notion that a mystical-type experience leads to better therapeutic outcomes. This frame reduces transcendence to its therapeutic potential—a breathtakingly transactional posture to the divine that creates a sort of tautology whereby the mystical is therapeutic because the therapeutic is mystical. This is most evident in the narrow definition used in the Mystical Experience Questionnaire (MEQ): to qualify for a “complete mystical experience,” one must report a concurrent “positive mood.”

## This frame reduces transcendence to its therapeutic potential—a breathtakingly transactional posture to the divine that creates a sort of tautology whereby the mystical is therapeutic because the therapeutic is mystical.

No wonder a recent popular book about psychedelics posited that the divine is simply a cosmic surgeon who, through psychedelics, “cuts out anxiety and depression.” This is like calling a knife a surgical instrument, without acknowledging it can also kill.[11](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes) Or, to use a different surgical metaphor, as one recent Multidisciplinary Association for Psychedelic Studies MDMA trial participant put it during a podcast interview: “In the trial it’s like they did open heart surgery . . . they fixed what was wrong with my heart but they left my chest wide open.”[12](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes)

William James insisted on keeping a value-neutral stance on mystical states, arguing that they include pleasure and pain, darkness and light. And the therapeutic instrumentalization of transcendence ignores volumes of wisdom from traditions that emphasize the dangers of nonordinary experience. The full archive of mystical experience demonstrates that seeking to know God, truth, reality—going beyond—can terrify, maim, even kill.

In my own tradition, Buddhist meditation has long been understood by practitioners as dangerous. Many are familiar with “Zen sickness,” popularized by the eighteenth-century monk Hakuin Zenji who experienced extreme, persistent somatic and physiological distress from sitting zazen. But the understanding of the perils of meditation is much more wide reaching. Recent translations of early Chan texts reveal how the otherwise highly praised meditations on the impurity of the body can lead to suicide, and even introductory meditation can disturb the body’s “winds.”[13](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes) In short, meditation has been understood—especially in the history of Zen—as a high-risk, high-reward activity. All of the earliest Jewish hekhalot literature of traveling to the upper realms in Judaism is about avoiding danger. In the old Talmudic tale of Pardes, four rabbis encounter God. One becomes a heretic, one goes crazy, one drops dead, and the final—the only one!—returns home with his faith affirmed. In the famous chapter 11 of the Bhagavad Gita, Arjuna sees the universal form of Krishna, but he taps out. It’s just too much.

Some things threaten to overwhelm, tearing at the seams of our senses. They are not ours to safely know.

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WHEN I GRAPPLE WITH making meaning of my experience, I think about Job. I am neither Jewish nor Christian, but I find the story comforting. It is the ultimate answer to the problem of suffering: the answer of no answer.

Job is a good guy. Righteous. We might even say the set and setting of his life are optimal. Intentional. Job aims to serve God.

But his life turns into a bad trip. He watches his livestock, children, servants die. Then, sores: a body pockmarked by painful boils of pus. He wants to know why. His friends have ideas. You must have done something wrong, they say. Try harder next time. You get the trip you need. Suffering is an opportunity to realize love!

Job pleads with God. Why? Why me? To what end? He senses he cannot truly plead his case with God—for God is so removed from human understanding—but he still tries.

God appears, but not with answers. He hurls questions back at Job. Who are you to ask? To think you could understand? Sure, the content is unsatisfying, but the delivery dazzles: a furious whirlwind, a show of power and might. Basically, “I’m God, you’re not, this is not about you.”

Job recants; not because he has the answers, but because he knows he never will.

Every time I ask—the medicine, the nothingness, God, mystery, anything at all—why this suffering, and why me?—I am struck dumb. No story I try to hang on it—psychological, physical, metaphysical, religious—feels sufficient to explain the encounter.

I recant. Not because I have found a compelling answer but because the blaze of reality comes at me with its forceful refusal. The fury, questions thrown back at my questions. The lurking sense that this is somehow not about me.

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AS I STRUGGLED TO process my experience, I ran across the book Rational Mysticism. In it, journalist John Horgan describes a psychedelic trip he experienced in 1981. When I asked him about the episode, he wrote to me:

I suffered from terrifying flashbacks and psychotic delusions (I thought I had discovered the secret of existence, and that reality was going to vanish as a result) for months, and then sank into a deep depression, which lasted for almost a year. I felt alienated from life, and from everyone I love. I only pulled out of it when I met a woman I ended up marrying. It was the most meaningful experience of my life. I still think and write about it. I don’t regret it, but I wouldn’t wish it on anyone.

In a Johns Hopkins survey of 1,339 participants who reported a “bad trip” a year or more in the past, 24 percent said they experienced psychological difficulties (depression, anxiety, paranoia) for a week or more after the bad trip, and 10 percent reported these symptoms lasted longer than a year (all these trips were in nonclinical settings).[14](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes)

But 84 percent said they benefited from their experience, and 46 percent said they would do it again. Notably, according to this survey, three in four said the experience “led to increased personal well-being and life satisfaction.”

This one study has overwhelmingly influenced the discourse around challenging experiences, reinforcing post-traumatic growth narratives. I don’t want to diminish people who do grow from disruption; the data speaks for itself. Yet the research framing saddles bad trips with the very same, uninteresting questions the therapeutic model asks of all trips: “Did it work?” Or, more cynically, “Are you satisfied?”

What if we asked: “How did it shift your notion of the potentiality of your own mind? Of the affordances of soul, world, spirit? What do you know now that you didn’t before? How do you know that you know?” These are the questions I think bad trips stand to answer.

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PERHAPS ANOTHER REASON I have not shared any of this before is because I feel that a bad experience—pervasive, shattering—does not necessarily negate the others. Trips are not arithmetic: add up the good and subtract the bad. They do not move along linear axes; rather, each introduces a new dimension. They are accretive. Psychedelics, I have found, always bend toward possibility, even when that possibility is one that forecloses all others.

While writing this essay, I went on a walk with a friend—let’s call her Leia—who is recovering from a bad mushroom trip. Her trip, like mine, left her with constant anxiety. When I asked her what the most enduring mark of the experience was, she didn’t hesitate.

“I now have more on-ramps to darkness,” she said. “I think that’s really it.”

Leia told me about her car. For weeks, an ominous noise emanated from somewhere under the hood. She assumed it was a problem with the engine, a problem she could not afford to fix, and so she ignored it. Each time she drove on the highway, she panicked, wondering if the car would combust, stall out, malfunction, and she would die.

Some weeks later, a friend got in the car and calmly told her that a stick was stuck somewhere underneath the car, rattling around, making the noise.

Did psilocybin trip some sort of latent neuropsychiatric disposition in me toward panic—anxiety rushing in where depression rushed out? Did I experience a kind of divine abandonment, a loss of the ultimate I had only recently known? Was one small thing in the setting amiss, a twig tapping on my open mind?

I am left with the question Why? The irony is that the clinical container facilitated an experience that seemed to lay bare the very limitations of that container. Some days, I think psychedelics healed me by not healing me at all—which may just mean they made me more comfortable with paradox. In a humble commitment to unknowing is where I now make my home.[15](https://bulletin.hds.harvard.edu/a-theological-reckoning-with-bad-trips/#Notes)

### **Notes:**

1. In 2022, I was asked to deliver remarks at Esalen’s Center for Theory and Research during an event titled “The Psychedelic Turn: Mind, Matter, and Method.” This essay is a revised version of those remarks.
2. I discuss this term in the October 2020 panel “Medicalizing Mysticism” at the Center for the Study of World Religions; the video is available at [cswr.hds.harvard.edu/news/2020/11/03/video-medicalizing-mysticism-religion-contemporary-psychedelic-trials.](https://cswr.hds.harvard.edu/news/2020/11/03/video-medicalizing-mysticism-religion-contemporary-psychedelic-trials)
3. William James, The Varieties of Religious Experience (Macmillan, 1902), 120.
4. This essay does not address the very real, and preventable, harm of sexual abuse committed during psychedelic treatments, an important issue that has been extensively reported on in New York Magazine and Psymposia.
5. Walter Houston Clark, “ ‘Bad Trips’ May Be the Best Trips,” Fate, April 1976.
6. This unethical “method” is most commonly associated with Salvador Roquet, who himself had a yearlong dissociative break following a 1957 mescaline trip. Alexander Dawson, “Salvador Roquet, María Sabina, and the Trouble with Jipis,” Hiemic American Historical Review 95, no. 1 (2015): 103–33.
7. Mike Jay, “Sartre’s Bad Trip” The Paris Review, August 21, 2019.
8. Ibid.
9. Jared Lindahl et al., “The Varieties of Contemplative Experience: A Mixed-Methods Study of Meditation-Related Challenges in Western Buddhists,” PLOS ONE 12, no. 5 (2017).
10. Thomas Ungerleider et al., “The ‘Bad Trip’: The Etiology of the Adverse LSD Reaction,” The American Journal of Psychiatry 124, no. 11 (1968): 1483–90.
11. Thank you to Dr. Elias Dakwar for first introducing me to this metaphor.
12. “[Cover Story: Power Trip](http://www.thecut.com/2022/03/cover-story-podcast-episode-7-political-science.html),” The Cut, March 8, 2022.
13. See, for example, Eric M. Greene, Chan Before Chan: Meditation, Repentance, and Visionary Experience in Chinese Buddhism (Kuroda Institute, University of Hawaii Press, 2021).
14. Frederick Barrett et al., “The Challenging Experience Questionnaire: Characterization of Challenging Experiences with Psilocybin Mushrooms,” Journal of Psychopharmacology 30, no. 12 (2016): 1279–95.
15. Thank you to Erik Davis for his help.

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