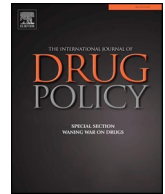




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Research Paper

Making “bad trips” good: How users of psychedelics narratively transform challenging trips into valuable experiences

Liridona Gashi^{a,*}, Sveinung Sandberg^b, Willy Pedersen^a^a Department of Sociology and Human Geography, University of Oslo, Norway^b Department of Criminology and Sociology of Law, University of Oslo, Norway

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ABSTRACT

Background: We study the significance of stories about bad trips among users of psychedelics. Drawing on narrative theory, we describe the characteristics of such stories and explore the work they do.

Methods: In-depth qualitative interviews with 50 Norwegian users of psychedelics.

Results: Almost all participants had frightening experiences when using psychedelics and many described these as bad trips. The key feature of a bad trip was a feeling of losing oneself or going crazy, or ego dissolution. Most users said that these experiences could be avoided by following certain rules, based on tacit knowledge in the subcultures of users. Possessing such knowledge was part of symbolic boundary work that distinguished between drug culture insiders and outsiders. Some also rejected the validity of the term bad trip altogether, arguing that such experiences reflected the lack of such competence. Finally, and most importantly, most participants argued that unpleasant experiences during bad trips had been beneficial and had sometimes given them deep existential and life-altering insights.

Conclusion: Bad trip experiences are common among users of psychedelics. Such experiences are often transformed into valuable experiences through storytelling. Bad trip narratives may be a potent coping mechanism for users of psychedelics in non-controlled environments, enabling them to make sense of frightening experiences and integrate these into their life stories. Such narrative sense-making, or narrative work, facilitates the continued use of psychedelics, even after unpleasant experiences with the drugs.

Introduction

Psychedelic substances have been used for millennia for religious and spiritual purposes, in the form of, for example, peyote cacti in Mexico (Bruhn, De Smet, El-Seedi, & Beck, 2002) and in Eleusinian ceremonies in ancient Greece (Wasson, Hofman, & Ruck, 2008). Scientific interest in such substances was sparked by the accidental discovery of lysergic acid diethylamide (LSD) in 1938. During the 1950s and 1960s, psychedelics were studied as tools in psychodynamic therapy and as instruments for mapping human consciousness (Osmond, 1957). Then, therapeutic use and research gradually levelled off, partly due to what has been characterized as a moral panic in the wake of the introduction of LSD in subcultural groups, and partly because of the lack of proved therapeutic efficacy at a time when double-blind designs became the gold standard (Oram, 2014).

In recent years, there has been renewed interest in these substances, and they have shown promise in the treatment of various psychiatric disorders (Nichols, 2016). Also in healthy volunteers, studies have

suggested enduring positive changes in mood and attitudes (Griffiths et al., 2011), effects observed even outside therapeutic contexts (Hendricks, Thorne, Clark, Coombs, & Johnson, 2015). Somewhat counter-intuitively, however, psychedelics may also produce frightening or “challenging” experiences, often characterized as “bad trips” (Barrett, Bradstreet, Leoutsakos, Johnson, & Griffiths, 2016; Carbonaro et al., 2016; Strassman, 1984). Adverse reactions varies between people and trips but may include anxiety, panic attacks, disturbing visions or paranoia (Barrett et al., 2016; Carbonaro et al., 2016; Strassman, 1984). In particular so-called “ego dissolutions” may be experienced as scaring, situations where the sense of being a self or ‘I’ distinct from the rest of the world has diminished or altogether dissolved (Letheby & Gerrans, 2017)

Although bad trips are unpleasant, it has been argued that such experiences may be one of the keys to the potential beneficial effects of the substances (Barrett et al., 2016; Carhart-Harris et al., 2016). The ambiguous characteristics of bad trips make them a puzzle. How can they be experienced as extremely unpleasant yet still be evaluated as

* Corresponding author.

E-mail address: Liridona.Gashi@sosgeo.uio.no (L. Gashi).<https://doi.org/10.1016/j.drugpo.2020.102997>

positive and meaningful afterwards? We suggest that exploring the narrative work (Frank, 2010) that bad trip stories do in the aftermath of such experiences may provide useful insights. Here, based on in-depth interviews with 50 users of psychedelics, we describe the characteristics of bad trip stories; we show how they convene tacit knowledge in the psychedelic subculture, and how users narratively transform bad trips into valuable lessons. Finally, we discuss the implications that these bad trip stories may have for users.

Psychedelics and bad trips

Studies show promising results regarding the therapeutic potential of psychedelics for psychiatric disorders, including major depression, addiction (Bogenschutz et al., 2015; Johnson, Garcia-Romeu, Cosimano, & Griffiths, 2014), obsessive-compulsive disorder (Moreno, Wiegand, Taitano, & Delgado, 2006) and anxiety about dying (Grob et al., 2011). At the same time, neuroimaging studies have begun to identify neural correlates of changes in consciousness (dos Santos, Osorio, Crippa, & Hallak, 2016). There are many reasons that people choose to use psychedelics. Studies thus far have identified psychological self-enhancement as the primary motivation for using both standard doses of psychedelics and lower doses (so-called ‘microdosing’). This includes self-treatment of mental health issues, self-development and spiritual growth (Móro, Simon, Bárd, & Rácz, 2011; Prepeliczay, 2002; Webb, Copes, & Hendricks, 2019). Moreover, psychedelics have low toxicity and are not associated with dependence, other potential drug harms also appear to be limited (Barrett et al., 2016; Nutt, King, & Phillips, 2010). Thus, the potential bad trips remain the major drawbacks of these substances.

There is no clear definition of what constitutes a bad trip. However, reviews and clinical and experimental studies indicate that possible adverse reactions include anxiety, panic, depersonalization, ego dissolution, paranoia, as well as somatic symptoms such as dizziness and heart palpitations (Barrett et al., 2016; Carbonaro et al., 2016; Strassman, 1984). Using survey data material and structural equation modelling, Barrett et al. (2016) developed a Challenging Experience Questionnaire. They identified a profile of bad trips consisting of seven dimensions: fear, grief, death, insanity, isolation, physical distress and paranoia. Other studies have been more specific in the relationship between such experiences and dosage and type of substance, indicating, for example, that high doses of psilocybin may give such reactions (Griffiths, Richards, McCann, & Jesse, 2006; Griffiths et al., 2011; Johnson et al., 2014).

However, many users still report positive outcomes after a bad trip. In a controlled study of healthy volunteers, Griffiths and colleagues (2006) found that high doses of psilocybin created extreme fear in 30% of the volunteers, yet 80% of them reported improvement in well-being. Similarly, in a survey study, 39% rated their “worst bad trip” among the five most challenging experiences of their lifetime. However, degree of difficulty was positively associated with enduring increases in well-being (Carbonaro et al., 2016). The rates and severity of acute effects shown in these surveys are significantly higher than those observed in a laboratory environment (such as in Griffiths et al., 2006; Griffiths et al., 2011; Studerus, Gamma, & Vollenweider, 2010). This may be related to contextual factors: in controlled and safe settings, with proper screening, preparation and support bad trips are often benign (Barrett et al., 2016).

Although many attempts have also been made to separate the pharmacological and extra-pharmacological components of bad trips, knowledge of what causes bad trips in the first place and who is vulnerable to such experiences remains scarce. Still, most studies indicate that the “set and setting” of substance use influence how people respond. As originally conceptualized by Timothy Leary and colleagues (1963), “set” denotes individual factors, such as personality and mood state, whereas “setting” refers to the social and cultural environment in which the drug is taken. Similarly, Zinberg’s (1984) classical study of

recreational heroin users highlight the importance of set and setting, and suggest that this can explain why addictive drugs affect people differently. The effects of drugs are not simple results of biochemistry; rather, they depend on the user’s social milieu, their mindset and their expectations. The effects of psychedelics seem to be especially susceptible to these factors (Eisner, 1997; Nichols, 2004; Studerus, Gamma, Kometer, & Vollenweider, 2012).

The lack of acknowledging the importance of the therapeutic setting was a key factor behind the problems with clinical trials of LSD in the 1960’s (Oram, 2014). This is also important today, as most use of psychedelics occurs in illegal contexts. It is likely that in controlled and clinical contexts – with pre-screening of participants, professional “trip sitters” (e.g. nurses, psychologists), and follow-ups after participation – bad trips may be more benign. Arguably, controlled studies in research institutions therefore shed only limited light on bad trips in the more prevalent illegal, or “natural”, contexts that we study. Moreover, the experiences of “real-life” recreational users have so far primarily been collected in online surveys (e.g. Barrett et al., 2016; Carbonaro et al., 2016), whereas this study is based on in-depth qualitative interviews making it easier to dissect and understand the many layers of meaning behind these experiences.

Narrative theory

Storytelling is an essential part of human life, and people use stories to make sense of the world, others and themselves (Holstein & Gubrium, 2000). Stories are used to structure, explain and interpret experience. Indeed, physical senses, such as seeing and feeling, both provide too little and too much information, and internal storytelling is necessary to select among impressions, and to fill in information gaps. Stories are also a corner-stone in personal relationships (Storr, 2019). Much human connection and bonding are established through storytelling; emotions and experiences are shared and made relatable through personal narratives. On a more individual level, narratives are central to the construction of identity and self (Presser, 2016). Narrative psychology has for instance emphasized the importance of agency and coherence in life stories. As McAdams (2011 p. 99-100) note, “adults in modern societies construct integrative narratives to explain how they came to be, where their lives are going, and how they hope to fit in the world that awaits them”.

Narratives are essential building blocks of all cultures, and they seem to have a constitutive relationship to the culture from which they are narrated; that is, they both shape the culture and are shaped by it. This is also true for drug cultures. Sandberg and Tutenges (2015) argue that the cultural context in which cannabis was introduced in the Western world influences how its effects are experienced. They note that using cannabis is an essential part of the story “that many tell about themselves to communicate edginess and subtle opposition to mainstream society”. The assumption is that people draw on a variety of cultural narratives when telling their personal narratives (Loseke, 2007). From such a perspective, narratives are not seen as just simple reconstructions of the past, and thus sources of error, but also as conditioning for future action. Drinking stories, for example, not only recollect drinking episodes, but also shape drunken behaviour by offering scripts that people can act out when drunk (Tutenges & Sandberg, 2013).

Frank (2010) argues that narrative analysis, explicitly or implicitly, often emphasizes what narrators try to do through storytelling (e.g., narrative strategies, etc.). Storytelling however, is usually intuitive and instinctive, and not rational in that sense. Instead, Frank argues, narrative analysis should emphasize the work stories do, for individuals, societies and cultures. Drug research, for example, shows how alcohol and drug stories can legitimize and normalize action, organize chaotic events, explore taboos, arouse emotions, entertain, and construct and uphold identity (Copes, 2016; Presser & Sandberg, 2015; Sandberg, 2015; Tutenges & Rod, 2009; Webb et al., 2019). Drug stories

also draw symbolic boundaries (Lamont & Molnár, 2002) between those that are “in the know” and outsiders. While stories are always about drawing boundaries (Frank, 2010), this is particularly important for potentially stigmatized people (Copes, Hochstetler, & Williams, 2008). In a review of 22 qualitative studies of boundary drawing among drug users, Copes (2016) concludes that distinguishing between functional and dysfunctional drug users is the most important symbolic boundary: “This distinction centres primarily on being in control over the drug and being a responsible drug user” (Copes, 2016 p. 209). Importantly, it is emphasized that these borders are not rigid or objective, but malleable and contested. As we will see in the analysis, such boundaries are used in creative ways both to draw distinctions between users and to “defend” the drug.

Narratives represent “cause and effect relations” through a “sequencing of events” (Polletta, Chen, Gardner, & Motes, 2011 p. 111). Perhaps the most important work drug narratives do is to process emotions and experiences and integrate life through simplification. Stories of psychedelic drug use generally, and bad trip stories specifically, will typically contain dramatic or even traumatic experiences that not only need explanation from the narrator but also processing. This can sometimes be done by turning them into a humorous story (Sandberg & Tutenges, 2018), but more often by giving them a sense of meaning and direction (Jackson, 2013). This is consistent with the long-held view that narratives and the very act of storytelling are essential for recovering from trauma (Herman, 1997). In therapeutic trauma interventions, for instance, the dominating principle is that trauma survivors need to retell or reconstruct their trauma story to be able to recover from the traumatic incident (Crossley, 2000; Kaminer, 2006; Tuval-Mashiach et al., 2004).

We use narrative theory as a framework and argue that stories of bad trips are narrative work used by participants to process and come to terms with unpleasant experiences. More specifically, this framework is used to investigate how participants make sense of their bad trips, and use them to draw boundaries towards other users and explore the narrative process of transforming negative experiences into positive ones. Most importantly, we show that bad trip narratives may be a potent coping mechanism that enables users to make sense of frightening experiences, integrate them into life stories and provide them with new meaning.

Methods, data and analysis

The data in this study are qualitative interviews with 50 Norwegian men and women. We interviewed 42 men and 8 women, reflecting the male dominance in this milieu. The majority were in their late twenties or early thirties, and living in the Greater Oslo area. Most had used psychedelics between 10 and 50 times, in particular LSD ($n = 37$), psilocybin ($n = 36$), 2C-B ($n = 20$) and dimethyltryptamine (DMT) or ayahuasca ($n = 20$). Many had also used MDMA ($n = 34$), although a majority did not consider MDMA a “real” psychedelic. All participants were students or worked full-time, with an educational level above Norwegian average. Almost all participants had used cannabis during the preceding year, whereas 30–40% had used other illegal substances, such as amphetamines or cocaine; figures much higher than in the population in Norway (Norwegian Institute of Public Health, 2018). A majority said that they had struggled with problems such as depressive periods, anxiety or misuse of alcohol or illegal drugs.

Most participants were recruited through a closed Facebook group for users of psychedelics (approximately 7 thousand members). One member of the group became aware of the study through direct communication with the project leader and posted a description of the project with contact information. From that FB-post, around 80 members reached out to the authors, primarily through e-mail. The inquiries were screened after three main criteria: 1) be 18 years old or above, 2) be experienced user (preferably experience from the preceding year) and 3) be able to attend to face-to-face interviews. Nearly all that

reached out fitted these criteria. We then sampled more targeted in terms of gender and age. For instance, all women that expressed interest were invited to participate, as the majority of those who contacted us were men. 50 people were invited to participate and all accepted.

Most interviews were carried out by the first and the third author and took place at the University of Oslo. Interviews lasted between two and three hours. We asked about topics such as family background, mental health, education and occupational career, and explored participants’ cultural and political interests. However, the main topic was their use of psychedelics. We posed open questions, which allowed participants to provide stories with rich details about the inspiration, motives, and the social and socio-cultural contexts of using. We then explored in detail their “challenging trips” or “bad trips”. Nearly all participants ($N = 48$) recounted such experiences, often drawing on the same narratives.

The self-recruitment in the study design may have impacted the results. For instance, it is likely that these participants are particularly interested in psychedelics and probably more motivated for using than other recreational users are. They may also have been influenced by the pro-psychedelic ideologies present in this online forum. Moore and Measham (2008) have argued that drug use experiences are a product of sample of users, but also “the process of user/ user and interviewer/ interviewee interaction” (Moore & Measham, 2008). In this study, all interviewers were sociologists by training, and these characteristics as well as the interview setting at the university may have influenced how the participants responded to questions. Participants were generally articulated and reflexive about the psychotherapeutic impact of their “bad trips”. Results might have also been different if the sample was younger and their experiences happened under less controlled circumstances.

The interviews were audio recorded, transcribed and coded using NVivo, following the usual standards of qualitative research analysis (Kvale & Brinkmann, 2009; Silverman, 2009). Initial coding involved identifying the type of psychedelics used and the context of use. We then identified detailed narratives of the bad trips: Did they experience altered perceptions? Were they frightened? How did they feel the day after? Had this experience changed them in any way? Coding included long sections of text so that the broader narratives could be identified. These narratives were then analysed in more detail to develop our analysis of bad trip narratives. While this study is based on in-depth interviews with 50 users of psychedelics, we only use excerpts from 10 participants’ in the analysis below. The word limit, as well as the narrative approach where quotes have to be presented in a certain length to be analysed, means that we did not have space to include more participants. Importantly, numerous quotes from many participants could have been included to illustrate the points and arguments we present.

The study was approved by the Norwegian Social Science Data Services (NSD) on behalf of the Norwegian Data Protection Authority. Participants gave their active informed consent. Identifying information (including geographical references, names of partners and friends) were removed and replaced with aliases.

Results

We first describe the characteristics of bad trips, emphasizing how they were linked to a feeling of losing oneself or what was often described as “ego dissolution”. Then we describe how stories about how bad trips could be avoided revealed symbolic boundary work distinguishing between drug culture insiders and outsiders. Finally, for many, bad trip experiences were “challenging”, but all the same potentially valuable. Several described a seemingly bad trip as an important turning point in their life, leading to existential insights.

Characteristics of bad trip stories

Nearly all our participants had experienced bad trips. Most often, they described them as a result of very high doses, particularly occasioned by psilocybin, LSD or DMT. Typically, bad trips started out just like any other trip, often with fascinating visions, and feelings of unity and well-being. Then something “challenging” was experienced and the trip took a negative turn, leaving the user in distress, struggling for a solution to what was perceived as the problem. Some tried to remind themselves that they were on drugs; others got help from trusted friends. The challenging trip gradually subsided, either because the chosen strategies calmed them down or because the effects of the substance gradually wore off.

What constituted the “bad” in the bad trip story varied; many described panic attacks, confusion, disturbing visions and paranoia. Thus, our participants’ accounts support the findings from experimental and survey studies (e.g. Carbonaro et al., 2016; Strassman, 1984). However, in our data, experiences of becoming insane, ego dissolution and ego death stood out as particularly frightening.

Helen, a teacher in her thirties, talked about a bad trip on a large dose of magic mushrooms. At the time, she had already had extensive experience with other psychedelics:

I was lying in a hammock in my sleeping bag and watching the zipper on the bag. Then it started to look like DNA symbols (...) I thought, ‘Did I die now? Maybe I choked and now I’m dead. I’ve killed myself because I haven’t had enough air to breathe’. Then I remember that I had to pee, or rather, I had to do something called ‘peeing’. However, I didn’t know what that was or how to do it, so [name of boyfriend] helped me, and I had to ask like how to do everything (...) We had some blueberry muffins, and I watched and had to observe how he put it in his mouth. With all such daily things it was like that, like I was a little kid and I couldn’t do anything.

Other frightening experiences involved the dissolution of time and space, and an intense feeling of being overwhelmed. Several participants also feared for their mental health – or “going crazy”. The worst trip for Mark, a student in his late twenties, was the one time he ingested a high dose of LSD (ug 340). He was in the woods with his closest friends, convinced that he had lost his sanity;

I experienced what it’s like to go crazy. It was much worse than torture and death. Because you’re stuck in your head, and it’s even worse when you *know* that you’re stuck. Suddenly a thought pops in to your head, ‘did you just go crazy?’ Usually, you know, you can just brush something like that off and be like ‘fuck this shit’. Now it was like ‘Yeah, maybe? No? Yes? Maybe?’ It was on repeat, in a loop.

As in Helen’s bad trip, Mark felt he could no longer control his thoughts, and he struggled with the overwhelming feeling that he had gone crazy. Moreover, he felt that he was in a never-ending, Sisyphus-like repeat mode where the same thoughts kept coming back. Many described how seconds or minutes could be experienced as an eternity, and that they were spinning around problems they were unable to solve.

For some, existing mental health problems were intensified during a trip. Thomas, a school assistant in his early twenties, had struggled with depression which became more striking one time he took mushrooms (psilocybin) alone in his home:

I looked in the mirror and saw my gigantic pupils. It was like: ‘Oh no, it’s happening’. I got really nervous and anxious that this was going bad. I was totally (...) I planned to buy myself a one-way ticket to Tibet, and find a monastic order and live there the rest of my life. Alternatively, just disappear from everything, because I thought that there was no way back, like, now it’s all done.

Psychedelics may alter cognitions, emotions and perceptions of time

and space. However, the most powerful effects seem to be related to the alteration of the ordinary sense of self or ego known as “ego dissolution” (Letheby & Gerrans, 2017). Varieties of ego dissolution were typical in the bad trips, and many users also used this term. These experiences centred on death, losing cognitive abilities or becoming insane. Participants often felt that their sense of being an “I”, distinct from the rest of the world, was weakened or abolished. However, these experiences often occurred in contexts of mystical states in which the ordinary sense of self was gradually replaced with a sense of being at one with “a larger whole” or “the divine” (Authors, forthcoming).

Telling and retelling are ways of coping with dramatic experiences (Herman, 1997) and these narratives may assist the participants in integrating, structuring and understanding them (Storr, 2019). The narrative work (Frank, 2010) these stories did connected individual psychedelic users to a larger community of fellow psychedelic users. Through storytelling, they were no longer alone with their profound experiences. The stories thus helped them make sense of confusing and problematic experiences.

Bad trip stories as symbolic boundary work

While psychedelic experiences often have ineffable characteristics (Authors, forthcoming), the bad trip stories our participants told were typically rich and detailed. The psychedelic users were skilled storytellers, with comprehensive vocabularies, sometimes drawing on sophisticated language from both literature and philosophy. Little effort was required to motivate their storytelling, as they were eager to demonstrate authenticity and drug competence through narrative performances (Sandberg & Tutenges, 2015). An important part of this was drawing boundaries between drug culture insiders and outsiders.

Many participants pointed to a set of rules that should be followed to avoid bad trips. When they reflected on why something went bad during a trip, it was often explained by noting that these rules were not followed. This included both stories about their own bad trips as well as those of others. In her early thirties, Christina had extensive experience with psychedelics, and she described an episode with a friend who had experienced an adverse bad trip. Christina empathized with him, but said that he had behaved stupidly:

Context is everything. It has to do with set and setting and with the dosing of psychedelics. Let’s say it is the first time you take LSD and you take 500 micrograms. You are at a random club in Oslo, or at an after-party somewhere with people you don’t know. Then it can be a tremendously traumatizing experience. I wouldn’t [laughing], I mean, nobody would recommend that for anyone.

Christina blamed bad trips on users without sufficient knowledge about psychedelic drugs, and knowledge of how to manage drug-related challenges. She argued that it was possible to control the trips, an argument echoing similar practices of self-regulation observed in other studies, for example through what has been described as “controlled loss of control”. Measham (2006) for example shows that young drinkers self-regulate their drug use, bound by concerns about health, personal safety, identity etc. In a similar attempt at control, Nicholas, in his early thirties explained how bad trips could be avoided:

Taking mushrooms can be overwhelming. However, if you meditate a lot, then you’ll learn the necessary skill to observe what’s happening, and not get stuck in it. That’s the key to surviving intense psychedelic experiences, you just have to breathe, focus on the breath and observe everything without judgement. I mean, imagine how much the brain can produce based on everything that you’ve ever experienced. That could be beautiful things, but also terrible, horrifying and ugly stuff.

The implication was that a bad trip was a result of a lack of competence. Not respecting the importance of “set and setting” was deemed immature and irresponsible. The stories of Christina and Nicholas

illustrate a common way of distinguishing between drug users who are in control and responsible (Ravn, 2012) and those who are not. The narrative work such stories do is first to move responsibility from the drug to the dysfunctional users, and second, to establish the narrator as a responsible and sensible user (e.g. Copes, 2016). The latter implies that bad trips can be avoided if drugs are used in a controlled way.

Some participants were sceptical about the very term “bad trips”. They often started out describing an experience that could be categorized as a bad trip, but then problematized the concept or argued that it was flawed. Typically, these participants identified themselves as experienced and knowledgeable users. Frank, in his early fifties, was one such experienced user. We asked him to talk about bad trips, and his thoughts about the term:

Interviewer: So the term ‘bad trip’, that’s something that you think is important?

Frank: No, because I’ve never even been close to experiencing something like that, because I totally dive into it. If you don’t do that, you will hold back a lot of things, question things and then you’ll create friction, which makes it worse. I don’t really have any underlying issues in my mind that suddenly appear. I haven’t repressed anything.

Interviewer: It seems like on the one hand, you say that you’ve had some troubles in your life, but on the other hand, you think that these are not issues of the sort that might become, say, acute during a trip?

Frank: No, because I’m really aware of them. It may still be tough to work through them. But I know where they are [and how to access them].

Frank’s rejection of the term “bad trip” was followed by a demonstration of drug culture insider knowledge. This rejection of the term was as such closely interwoven in rather subtle symbolic boundary work (Lamont & Molnár, 2002). Bad trips were something incompetent drug users had, and even the term itself was problematic. Perhaps the underlying scepticism was connected to a suspicion that the term was introduced by people who were not part of the drug subculture, or who wanted to scare people off from trying psychedelics.

Some of the participants also had a different story about unpleasant experiences with psychedelics that put them in a less heroic role. Instead of explaining how bad trips were the result of incompetence, as well as rejecting the term altogether, they were quick to take responsibility and blame the bad trip on themselves. Arthur, in his early thirties, commented:

The worst bad trip I’ve had was the time I took the highest dose I’ve ever taken of LSD. I got overwhelmed, probably because I was the most experienced person in the room, so I kind of felt responsible. I was tired and overworked at that time, and I lay there for four, five hours, convinced that I had become psychotic and would never get well again.

The combination of a high dose of LSD, being tired and a feeling of being responsible for less experienced users contributed to his escalating bad trip. People tend to tell stories that place themselves in a favourable position, often in what Propp (1968) describes as the character of the “hero”. When participants take responsibility and blame the bad trips on themselves and not on other incompetent users, or the substance itself, it shows the creative and malleable way that symbolic boundaries are sometimes drawn. This form of risk denial (Peretti-Watel, 2003) shows a loyalty to the drug that is rare in drug studies. Blaming drugs for misbehaviour (“it wasn’t my fault”) is a common technique of neutralization (Sykes & Matza, 1957). Blaming oneself to “defend” the drug, on the other hand, may indicate a more particular characteristic of psychedelic drug users who are highly committed to their drug of choice.

An important part of the narrative work (Frank, 2010) that bad trip stories do concerns drawing boundaries towards incompetent users and drug culture outsiders. Explaining how bad trips can be avoided and sometimes rejecting the term altogether enable psychedelic users to position themselves as confident, competent and sensible users. They are the ones “in the know” and master the codes of psychedelics. In this way, bad trip stories can become an integrated and important part of self-narratives. Such stories are indicative of the way many drug users draw boundaries towards those who are irresponsible when using drugs (Copes, 2016). Sometimes, however, when trying to make sense of their unpleasant experiences, some participants also blamed themselves to “defend” the drug.

The narrative work of making bad trips good

Almost all participants had experienced frightening bad trips. However, looking back, they were convinced that these were important experiences, resulting in deep insights. Although sometimes hesitant to use the term itself, bad trips were typically narrated as valuable, sometimes as an important turning point in a larger life history. Hannah, in her early thirties, told us about a trip that she had experienced as “challenging”. The interviewer followed up by asking her if she would classify it as “a bad trip”. She answered:

No, I don’t look at it as a *bad* trip, because it’s like (...) the bad trips are what gives you the *most* insights. It’s this [bad] trip that shows you some sides of yourself that you perhaps have tried to diminish, that probably are the most important ones to understand. [These are insights] about who you really are, who you have been, what you’ve done, right. You have to see your flaws to be able to work through stuff.

Hannah explicitly linked the bad trip to increased insights, working through ego defences, opening up to repressed material in a manner similar to what may be revealed through psychodynamic therapy (Boag, 2020). The unpleasant parts of the trip were necessary, and “did good” as long as they were handled in the right way. Sometimes, unpleasant and frightening trips were even described as the result of a successful psychedelic experience. This was particularly the case for people attending ayahuasca ceremonies, often with shamans coming in from Latin America. Christina commented:

I’m not a shaman, but I have met many and I know that field. In their view, the point is not to have a euphoric experience, rather to have a horrible experience. Well, they wouldn’t have called it a horrible experience, they’d call it ego death or something. Because this stuff, it is cleansing, it is self-development and it is hard work. So you can’t attend an ayahuasca ceremony and expect *bliss*. Very few people do that.

Christina’s quote shows the importance of inside cultural knowledge, and is another example of boundary work, but it also details the processes through which bad trips are seen as doing good.

A djinn is a god-like creature for the Kuranko people of Sierra Leone. It lives in the wilderness; is both good and bad and needs to be managed for people who want to access its powers (Jackson, 1982). In a similar vein, Sandberg and Tutenges (2015) argue that in modern society, psychoactive drugs may have taken the role of other realms of darkness, representing the “other side” of social life. Learning to control dark forces may be a way to gain insights.

For Thomas, in his early twenties, the realization that his frightening experiences had done something good came later – it was not part of the unpleasant experience itself. Although he had experienced what was seemingly a bad trip, in the aftermath, the experience gradually changed:

When I woke up the day after, it was as if I looked at it as a positive experience. You just breathe out, and [think] ‘fuck, that was a crazy

night'. It was special, but the effect is often like that for magic mushrooms and LSD. I mean, after every time I take these drugs, I always look at life more positively (...) So yeah, that was my first 'bad trip'.

A key reason for having a bad trip was that you resisted following the path that the psychedelic substance "wanted to take you", meaning that you had defensively struggled against the insights you were offered. Several participants worded this as "psychedelics don't take you where you *want* to go, but where you *need* to go". Adrian, in his late twenties, echoed this idea when he reflected on a trip he had had on LSD:

I think that you learn a lot from these [bad] trips. When you're in such situations, you learn that you have to just go with the flow and not fight back. Even though you fight against it for a couple of hours, and experience a lot of pain because of it, I think that (...) well, even if it was intense and really scary for me, I really see the value of it.

Earlier, Helen told us about a distressing trip she had had on LSD, where she recalled not being able to understand how to do ordinary daily activities such as eating and urinating. She also reported having had an "out of body" experience; she was convinced that she had choked herself to death. However, Helen summarized the story like this:

In the following three weeks, I woke up each morning so happy just to be alive. I felt that I had been given a gift, that I was allowed to live, that I can take trips in the nature, that I have so many good people around me. I just felt so extremely lucky. I don't think that I would experience this feeling if it weren't for the extreme distress that I experienced.

Many participants valued the experiences that came with bad trips, sometimes because the bad trips had enabled them to face and resolve deep-rooted emotional barriers, interpersonal relationships or taught them to control their life. Also participants with extremely adverse reactions – even what they described as psychotic episodes – spoke with gratitude about these experiences.

Turning bad trips into something good was arguably the most important narrative work the bad trip stories did. Turner and Measham (2019) describe how the structure of drug stories has three phases: separation, immersion and return. In the classical literature of many genres, in folktales and everyday storytelling, the protagonist goes somewhere, has some experiences (sometimes bad ones) and returns with new insights (making the bad good). Both when the good is part of the bad trip, and when the insights that come afterwards are good, this is also the basic structure of psychedelic bad trip stories. By providing unpleasant and sometimes frightening experiences with a purpose, bad trip stories gave these experiences new (positive) meaning and integrated them into larger life stories, thereby giving these direction as well.

Conclusion

The study shows how bad trip stories do important narrative work (Frank, 2010) for psychedelic users. They establish the narrators as creditable drug culture insiders, draw boundaries towards outsiders and uphold a community of users. Their most important job is to make sense of confusing experiences and transform scary and unpleasant experiences into something good. In doing this, these stories draw on an age-old narrative structure: "Leaving the safety of home in order to undertake a journey into the woods is the starting point for innumerable fables; the dark forest is a symbolic place of pleasure, risk, danger and subverted social rules" (Turner & Measham, 2019 p. 88). Bad trip stories also gave users an opportunity to delve into ambiguous life histories and relationships, as well as raise and discuss existential and moral questions.

Effective psychotherapy often entails changes in patients' meaning-

making processes. Frank and Frank (1991) show that when entering psychotherapy, patients often present a narrowed view of themselves, designed as a maladaptive framework of meaning, based on fixations and rigid rules, preventing fruitful meaning-making. Bad trip stories may enable users to break such fixations, opening up for more flexible meaning-making. There is increasing evidence suggesting that such unpleasant experiences may also be important for the therapeutic effects of psychedelics (Carhart-Harris et al., 2016; Garcia-Romeu, Kersgaard, & Addy, 2016). Arguably, the stories of bad trips that we have described here assist or can even account for some of these effects.

Stories are not just "talk". They are powerful and have real therapeutic effects. The trauma literature has recognized that narrative mechanisms are essential in coping with trauma and other unpleasant experiences. When trauma narratives have a coherent story and enable positive self-evaluation, they may have an impact on processing emotions after traumatic events and may have mental health benefits (e.g. Pennebaker, 1993; Tuval-Mashiach et al., 2004; Williams, 2009). Thus, some of the paradoxical effects of bad trips – that something bad can be good – may be explained by the narrative work that takes place after the experience itself, in and through storytelling. This may be particularly important for recreational users outside of safe and controlled therapeutic settings.

Finally, narratives not only do work on the past, but also influence the future. People live by stories (McAdams, 1993), and life is in many ways a continuous enactment of stories (Frank, 2010). From this perspective, narratives are constitutive; we act upon our stories, that is, they are fundamental in understanding why we continue certain behaviours (Presser & Sandberg, 2015). Bad trip narratives may be a potent coping mechanism, opening for fruitful meaning-making and enabling users to make sense of frightening experiences. At the same time, these stories make it easier, or at least more likely, to continue the use of psychedelics. When even bad experiences become good, an important threshold against psychedelic drug use disappears.

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