mystical experience questionnaire (meq30)

instructions: looking back on the entirety of your psychedelic session, please rate the degree to which, at any time during that session, you experienced the following phenomena. Answer each question according to your feelings, thoughts, and experiences at the time of the psychedelic session. In making each of your ratings, use the following scale: ***0*** *none/not at all;* ***1*** *so slight cannot decide;* ***2*** *slight;* ***3*** *moderate;* ***4*** *strong (equivalent in degree to any other strong experience);* ***5*** *extreme (more than any other time in my life and stronger than* ***4)****.* Feel free to use *'half-point in-between scores'* if these are applicable.

		0	***1***	***2***	***3***	***4***	***5***
1	Loss of your usual sense of time. *(T)*						
2	Experience of amazement. *(P)*						
3	Sense that the experience cannot be described adequately in words. *(I)*						
4	Gain of insightful knowledge experienced at an intuitive level						
5	Feeling that you experienced eternity or infinity.						
6	Experience of oneness or unity with the objects and/or persons perceived in your surroundings.						
7	Loss of your usual sense of space. *(T)*						
8	Feelings of tenderness and gentleness. *(P)*						
9	Certainty of encounter with ultimate reality (in the sense of being able to 'know' and 'see' what is really real at some point during your experience).						
10	Feeling that you could not do justice to your experience by describing it in words. *(I)*						
11	Loss of your usual sense of where you were. *(T)*						
12	Feelings of peace and tranquillity. *(P)*						
13	Sense of being 'outside of' time, beyond past and future. *(T)*						
14	Freedom from the limitations of your personal self and feeling of unity or bond with what was felt to be greater than your personal self.						
15	Sense of being at a spiritual height.						
16	Experience of pure being and pure awareness (beyond the world of sense impressions).						
17	Experience of ecstasy. *(P)*						
18	Experience of the insight that "all is One".						
19	Being in a realm with no space boundaries. *(T)*						
20	Experience of oneness in relation to an "inner world" within.						
21	Sense of reverence.						
22	Experience of timelessness. *(T)*						
23	You are convinced now, as you look back on your experience, that in it you encountered ultimate reality (that you 'knew' and 'saw' what was really real).						
24	Feeling that you experienced something profoundly sacred and holy.						
25	Awareness of the life or living presence in all things.						
26	Experience of the fusion of your personal self into a larger whole.						
27	Sense of awe or awesomeness. *(P)*						
28	Experience of unity with ultimate reality.						
29	Feeling that it would be difficult to communicate your own experience to others who have not had similar experiences. *(I)*						
30	Feelings of joy. *(P)*						

scores/%'s: ***transcendence (T) = /30 = %; positive mood (P) = /30 = %***

ineffability (I) = /15 = %; mystical = /75 = %; total score = /150 = %.

meq30 – background information

Note over the page, when scoring – the letter *(T, P, I or none)* after each question indicates which subscale the question relates to. Where there is no letter *(none),* the relevant question links to the *mystical* subscale. My allowing *'half-point in-between scores'* isn't typical of earlier research.

Scores on the *MEQ30* during a psychedelic experience are important because a series of studies have shown that higher scores on the *MEQ30* during the *'trip'* are one of the strongest predictors of beneficial outcomes weeks and months later for both distressed & healthy participants. Typically, a *'complete mystical experience'* is defined as scoring 60% or more on all four *MEQ30* subscales (Barrett et al, 2015), although some subsequent research has suggested that simply assessing the total *MEQ30* score may well be just as good (Bouso et al, 2016).

Drug dose (e.g. 20-30mg/70kg as a higher dose for psilocybin), trait absorption, and intention (personal or spiritual exploration) tend to be associated with higher trip *MEQ30* scores. Barrett, Frederick S. Johnson, Matthew W. Griffiths, Roland R.

Barrett, F. S., et al. (2015). *"Validation of the revised Mystical Experience Questionnaire in experimental sessions with psilocybin."* Journal of Psychopharmacology 29(11): 1182-1190. (Available in free full text) The 30-item revised Mystical Experience Questionnaire (MEQ30) was previously developed within an online survey of mystical-type experiences occasioned by psilocybin-containing mushrooms. The rated experiences occurred on average eight years before completion of the questionnaire. The current paper validates the MEQ30 using data from experimental studies with controlled doses of psilocybin. Data were pooled and analyzed from five laboratory experiments in which participants (n=184) received a moderate to high oral dose of psilocybin (at least 20 mg/70 kg). Results of confirmatory factor analysis demonstrate the reliability and internal validity of the MEQ30. Structural equation models demonstrate the external and convergent validity of the MEQ30 by showing that latent variable scores on the MEQ30 positively predict persisting change in attitudes, behavior, and well-being attributed to experiences with psilocybin while controlling for the contribution of the participant-rated intensity of drug effects. These findings support the use of the MEQ30 as an efficient measure of individual mystical experiences. A method to score a "complete mystical experience" that was used in previous versions of the mystical experience questionnaire is validated in the MEQ30, and a stand-alone version of the MEQ30 is provided for use in future research.

Johnson, M. W., et al. (2019). *"Classic psychedelics: An integrative review of epidemiology, mystical experience, brain network function, and therapeutics."* Pharmacology & Therapeutics 197: 83-102. The purpose of this paper is to provide an integrative review and offer novel insights regarding human research with classic psychedelics (classic hallucinogens), which are 5HT2AR agonists such as lysergic acid diethylamide (LSD), mescaline, and psilocybin. Classic psychedelics have been administered as sacraments since ancient times. They were of prominent interest within psychiatry and neuroscience in the 1950s to 1960s, and during this time contributed to the emergence of the field of molecular neuroscience. Promising results were reported for treatment of both end-of-life psychological distress and addiction, and classic psychedelics served as tools for studying the neurobiological bases of psychological disorders. Moreover, classic psychedelics were shown to occasion mystical experiences, which are subjective experiences reported throughout different cultures and religions involving a strong sense of unity, among other characteristics. However, the recreational use of classic psychedelics and their association with the counterculture prompted an end to human research with classic psychedelics in the early 1970s. We review recent therapeutic studies suggesting efficacy in treating psychological distress associated with life-threatening diseases, treating depression, and treating nicotine and alcohol addictions. We also describe the construct of mystical experience and provide a comprehensive review of modern studies investigating classic psychedelic-occasioned mystical experiences and their consequences. These studies have shown classic psychedelics to fairly reliably occasion mystical experiences. *Moreover, classic psychedelic-occasioned mystical experiences are associated with improved psychological outcomes in both healthy volunteer and patient populations.* We also review neuroimaging studies that suggest neurobiological mechanisms of psychedelics. These studies have also broadened our understanding of the brain, the serotonin system, and the neurobiological basis of consciousness. Finally, we provide the most comprehensive review of epidemiological studies of classic psychedelics to date. Notable among these are a number of studies which have suggested the possibility that nonmedical naturalistic (non-laboratory) use of classic psychedelics is associated with positive mental health and prosocial outcomes, although it is clear that some individuals are harmed by classic psychedelics in non-supervised settings. Overall, these various lines of research

suggest that classic psychedelics might hold strong potential as therapeutics, and as tools for experimentally investigating mystical experiences and behavioral-brain function more generally.