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# Harmful Aspects of The LSD Experience

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Why is it that some people, sometimes after only one lysergic acid diethylamide (LSD) experience, become victims of depression, paranoia, psychosis and even suicide, whereas others, even after numerous LSD sessions, appear to suffer no ill effects but often even claim substantial benefits in personal insights, functioning and creativity? Prolonged adverse reactions to LSD usage have been reported and classified by Cohen and Ditman (4), more recently by Frosch *et al.* (8) and by Ungerleider and Fisher (13). Conversely, there has been considerable interest in the use of LSD as an adjunct to psychotherapy and as a means to further creativity (1, 2, 5, 12).[5] How can this apparent paradox be explained?

It occurred to the authors that an understanding might be found by exploring the nature of the drug experience in those people who suffered ill effects from their LSD sessions and comparing it with that of those people who claimed no harm. To this purpose, a standard card sort of 156 items descriptive of the LSD experience, a number that allows that experience to be evaluated quantitatively, was retrospectively administered to LSD users who required psychiatric care (either hospitalization or outpatient treatment) and to a number of other users of the drug who did not require treatment.

## Procedure

### SUBJECTS AND GROUPS

We selected subjects who had reported taking LSD one or more times and were willing to be interviewed for pertinent biographical data and then be administered the card sort, as a means of describing their drug experience (s). In all, 116 subjects participated in the study, all of whom were seen by trained interviewers who obtained the needed biographical information and administered the card sort. There were 98 men and 18 women, ranging in age from 15 to 47. Occupations varied from unskilled laborer, student, housewife, artist, to professional people. The number of times the drug was taken ranged from once to well over 100 times for an individual. The dosage reported varied from 75 to 1500 μg, but the dosage can be considered as only a poor approximation, since the drug was usually obtained from illicit sources. However, our experience with controlled dosage studies leads us to believe that these subjects ingested enough of the drug to have a "massive LSD alteration of consciousness."

Subjects were divided into the following 3 groups:

*Group I:* The largest in number, this group consisted of 52 persons, none of whom needed psychiatric care because of his LSD experience (s). This group is of considerable interest, because the great

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[5] Personal communication, S. Grof, 1966.

majority were functioning at the time of testing, either at jobs or as students. In addition, many reported having had several drug experiences. This group was recruited through a variety of community contacts, including students, patients, and colleagues.

*Group II:* This group consisted of 27 subjects who applied privately or to clinics for psychiatric outpatient care, apparently as a result of their LSD experiences. Here, too, the majority were employed at the time of testing, and reported multiple drug experiences.

*Group III:* This group consisted of 37 subjects in psychiatric hospitals in the Los Angeles area, where they had been hospitalized as a result of their LSD sessions. Again, multiple LSD experiences were reported, but unlike groups I and II, many of these subjects were unemployed.

### Test Instruments

In the interview, biographical information regarding age, sex, education, employment, number of LSD experiences, approximate dosages, and histories of drug taking was obtained. The "DWM card sort," containing 156 items descriptive of the LSD experience, was originally designed and assessed by three investigators (Ditman, Whittlesey and Moss (5, 6)) over a period of 9 years. Originally over 300 items were compiled, which seemed to exhaust descriptions of the LSD experience. This original card sort had been administered to more than 200 subjects, who were asked to rate each of the items on a five-point scale, ranging from "very much like the experience" to "very much unlike the experience." Gradually those items which did not seem relevant or did not evoke a differential response were eliminated, and duplications were dropped. The remaining 156 items were classified into the following 12 categories: 1) strong pleasant emotions (17 items); 2) self-understanding and aesthetic appreciation (20 items); 3) mystical and paranormal sensations (14 items); 4) empathy (6 items); 5) religious feelings (7 items); 6) unusual body sensations and perceptions, not unpleasant (33 items); 7) somatic discomfort (12 items); 8) depression (7 items); 9) paranoia (6 items); 10) anxiety (19 items); 11) hallucinations (6 items); and 12) evaluation of the experience (9 items).

The DWM card sort, with its 156 items listed under 12 categories, is furnished in Appendix A.

## Results

### Biographical Data

Table 1 provides a comparison of the three groups in relation to levels of functioning, frequency of LSD usage, and drug histories. Surprisingly, frequency of LSD usage shows no significant difference among groups: 35 percent of the subjects in group I reported 25 or more sessions with LSD, as against 38 percent in group III. And the percentage of subjects who reported taking the drug only once is relatively small *in all groups*—from 25 percent in group I to 11 percent in group III.

Similarly, drug histories reveal almost parallel percentages across groups. It is pertinent, if odd, that there is a high percentage in all groups of multi-drug users: 53 percent in group I, 67 percent in group II, and 63 percent in group III. In other words, over half the people in all groups (and thus, in this population) reported casual to frequent usage of various drugs: stimulants, sedatives, tranquilizers and hallucinogens. Apparently this study sampled "the drug culture." However, it is pertinent to point out that the *only* group reporting a history of "hard narcotics" usage is the hospitalized group, with 23 percent in that category so reporting. We wonder whether the use of hard narcotics (or personality factors) contributed to their hospitalization.

**Table 1.—COMPARATIVE DATA ON GROUPS STUDIED**

| | No Treatment Group I (N = 52) | Outpatient Group II (N = 27) | Hospitalized Group III (N = 37) |
|---|---|---|---|
| **Levels of functioning** | | | |
| Working in jobs or as students* | 44 (88%) | 16 (62%) | 11 (39%) |
| Unemployed* | 6 (12%) | 10 (38%) | 17 (61%) |
| Unknown | 2 | 1 | 10 |
| **LSD usage** | | | |
| 1 session | 13 (25%) | 5 (19%) | 4 (11%) |
| 2 to 24 sessions | 18 (35%) | 16 (59%) | 19 (51%) |
| 25 or more sessions | 18 (35%) | 6 (22%) | 14 (38%) |
| **Drug history** | | | |
| Only LSD | 10 (20%) | 0 (0%) | 2 (5%) |
| Marijuana and LSD | 14 (27%) | 8 (33%) | 3 (9%) |
| Multi-drug use | 27 (53%) | 16 (67%) | 22 (63%) |
| Narcotics use | 0 (0%) | 0 (0%) | 8 (23%) |
| Unknown | 1 | 3 | 2 |

* The difference between group I and group III is significant beyond .001 level.

Finally, the percentages of persons functioning at work or as students decreases from 88 percent in group I to 39 percent in group III. A chi-square test shows that this is a significant difference, well beyond the .001 level of probability. Before drawing conclusions from these data, we should note that the level of functioning was assessed just prior to the interview or hospitalization and not before the LSD experience (s).

### Card Sort

For purposes of evaluating the LSD experience quantitatively, each of the 156 items of the card sort was rated on a five-point scale, with the following numerical values: 1 = very much like the experience; 2 = a little like the experience; 3 = neither like nor unlike the experience; 4 = a little unlike the experience; 5 = very much unlike the experience. Each subject scored all of the items from 1 to 5, according to his reported experience (s) with the drug. For each of the three groups of subjects, it was then possible to obtain the mean response for each item. One-way analysis of variance was used to determine the specific significant differences which occurred in the nature of the LSD experiences, as described by the three groups.

The most relevant finding in the card sort analysis is that of the 16 items significant beyond the .01 level of probability, 10 items were characterized by strongly disruptive emotions (see Table 2). And on all 10 of those items, subjects in groups II and III—all of whom required psychiatric care as a result of their LSD experience (s)—described significantly more unpleasant emotional feelings in their drug sessions than did those in group I, who required no treatment after their LSD experiences.

In all, 41 items differentiated groups significantly beyond the .05 level of confidence. Seven of these items were from the anxiety category. They are:

| | |
|---|---|
| "I felt I might become permanently insane." | ($p < .001$) |
| "I felt on the fringes of sheer horror." | ($p < .01$) |
| "I kept thinking terrible thoughts." | ($p < .01$) |
| "I became afraid I might die." | ($p < .01$) |
| "Certain things did frighten me." | ($p < .05$) |
| "I felt something dreadful was about to happen." | ($p < .05$) |
| "I was disgusted by some sexual ideas that came to mind." | ($p < .05$) |

In addition to these fears, treatment groups II and III reported far greater intensity of feelings of despair and hopelessness than did the nontreatment group I. Surely it is pertinent that of the seven items in the depression category, five items significantly discriminated these groups:

| | |
|---|---|
| "I felt like committing suicide." | ($p < .01$) |
| "I felt as if life had lost its meaning." | ($p < .05$) |
| "Everything seemed hopeless." | ($p < .05$) |
| "I had a feeling of complete despair." | ($p < .05$) |
| "I felt that life was not worth living." | ($p < .05$) |

Furthermore, three of the six paranoia category items distinguished the treatment groups from the nontreatment group; groups II and III reported all three items with greater intensity than did group I:

| | |
|---|---|
| "At times I had the sensation of someone spying into my mind." | ($p < .05$) |
| "I felt that other people were influencing my thoughts." | ($p < .05$) |
| "At times I felt as if I were being persecuted." | ($p < .05$) |

Anxiety, depression, and paranoia were also reported with far greater intensity by the treatment groups II and III than by the nontreatment group I. It might be interpreted, on the basis of these findings, that the characteristics of the harmful LSD experience include such specific concerns as imminent death, disgusting sexuality, permanent insanity, despair to the point of wishing for suicide, and persecutory paranoid ideation. These devastating emotions, experienced in a nonmedical and perhaps nonsupportive setting, might be presumed to precipitate the need for psychiatric treatment.

In contrast, these five items, which reflect a positive, beneficial experience, were reported more strongly by the nontreatment group I than by either of the other groups:

| | |
|---|---|
| "I am much more satisfied with life in general now." | ($p < .01$) |
| "I can remember very clearly everything that happened during the experience." | ($p < .01$) |
| "I have been greatly helped by the experience." | ($p < .01$) |
| "I would like to try this again." | ($p < .01$) |
| "I felt more alert and alive than I have in a long time." | ($p < .05$) |

Generally, it might be concluded that the nontreatment group experienced more beneficial, constructive sessions than did the treatment groups.

Further analysis of the individual groups reveals interesting differences between the outpatient group

Table 2.—ITEMS DIFFERENTIATING THE LSD EXPERIENCE

| Rank | Statement No. | Statement | Probability |
|---|---|---|---|
| 1 | 18 | I felt I might become permanently insane. | < .001 |
| 2 | 138 | There was humor and a jolly atmosphere. | < .001 |
| 3 | 99 | I felt like committing suicide. | < .01 |
| 4 | 70 | I feel as if I "missed the boat" or somehow failed to get out of the experience what was potentially there. | < .01 |
| 5 | 7 | I felt on the fringes of sheer horror. | < .01 |
| 6 | 33 | I am more satisfied with life in general now. | < .01 |
| 7 | 53 | I can remember very clearly everything that happened to me during the experience. | < .01 |
| 8 | 75 | Certain things did frighten me. | < .01 |
| 9 | 76 | I have been greatly helped by the experience. | < .01 |
| 10 | 78 | I kept thinking terrible thoughts. | < .01 |
| 11 | 133 | I would like to try this again. | < .01 |
| 12 | 47 | This was like a bad (alcohol) hangover. | < .01 |
| 13 | 31 | I felt something dreadful was about to happen. | < .01 |
| 14 | 106 | I learned what it is like to be really dead. | < .01 |
| 15 | 137 | Everything seemed too bright, too harsh, too loud. | < .01 |
| 16 | 159 | I felt closer to God. | < .01 |
| 17 | 109 | I felt as if life had lost its meaning. | < .05 |
| 18 | 141 | The experience was nothing unusual. | < .05 |
| 19 | 101 | I felt as if I were traveling in time. | < .05 |
| 20 | 124 | Everything seemed hopeless. | < .05 |
| 21 | 34 | One side of my body felt different from the other side. | < .05 |
| 22 | 88 | I was disgusted by some sexual ideas that came to mind. | < .05 |
| 23 | 153 | I had a feeling of complete despair. | < .05 |
| 24 | 36 | I saw myself as I really am, and I did not like what I saw. | < .05 |
| 25 | 59 | I became afraid I might die. | < .05 |
| 26 | 39 | At times I had the sensation of someone spying into my mind. | < .05 |
| 27 | 144 | Words had strange new meanings. | < .05 |
| 28 | 4 | I felt supremely happy. | < .05 |
| 29 | 86 | I felt that other people were influencing my thoughts against my will. | < .05 |
| 30 | 61 | I felt that life was not worth living. | < .05 |
| 31 | 6 | I felt more alert and alive than I have in a long time. | < .05 |
| 32 | 108 | I felt as I do when I need a drink (alcohol). | < .05 |
| 33 | 29 | At times I felt as if I were being persecuted. | < .05 |
| 34 | 74 | Hours went by like seconds—or one second seemed to last forever. | < .05 |
| 35 | 119 | Everything seemed to have a place in life, even the "good" and "bad." | < .05 |
| 36 | 69 | It was an experience of great beauty. | < .05 |
| 37 | 80 | I kept thinking of my problems. | < .05 |
| 38 | 44 | In the future, the appreciation of beauty will play a greater part in my life. | < .05 |
| 39 | 72 | I understood some things far better than before. | < .05 |
| 40 | 90 | I felt drowsy. | < .05 |
| 41 | 46 | I felt that I knew what would happen before it did—like being a jump ahead of time. | < .05 |

II and the hospitalized group III. The outpatient subjects showed more intense anxiety in relation to permanent insanity, terrible thoughts, and fear of death, whereas the hospitalized subjects reported greater feelings of hopelessness and paranoia (specifically, the desire to commit suicide, complete despair, and feelings of persecution). It might be construed that the outpatient group, with its stronger anxiety about permanent insanity, indicated enough contact with reality to seek help. But the hospitalized group seems to have crumbled under the impact of the drug experiences, so that its subjects could no longer defend against the powerful emotions of depression and paranoia. Actually, this vulnerability of the hospitalized subjects seems to extend all along the continuum from despair to ecstasy. For example, the hospitalized group III reported about the same degree of emotion as the nontreatment group I on these items:

"There was humor and a jolly atmosphere." ($p < .001$)
"I felt closer to God." ($p < .01$)
"It was an experience of great beauty." ($p < .05$)
"I felt supremely happy." ($p < .05$)

Such extremes of feeling—from euphoria to dysphoria—are typical of the unstable personality. It is conceivable that the unsupervised LSD experi-

ence could regress such personalities into acute psychotic episodes. The one item which most significantly differentiated the treatment groups from the nontreatment group is

"I felt I might become permanently insane." ($p < .001$)

Actually, this item, which heralded psychological difficulty to come, was felt more keenly by the outpatient group than by the hospitalized group. Again, this might be construed as an indication that those victims of a bad LSD experience who felt the danger of permanent insanity were still in enough contact with reality to seek therapy—whereas those who suffered depression and/or psychotic episodes as a result of their experience had lost the capacity to test the bounds of reality. Actually, it was found impossible to test these patients during the first few days of hospitalization because of their lack of contact.

Finally, these two items, significant beyond the .05 level of probability, are provocative:

"I felt as if I were traveling in time."

"I felt I knew what would happen before it did—like being a jump ahead of time."

The treatment groups experienced both of these items more profoundly than did the nontreatment group. This will be elaborated in the discussion which follows.

## Discussion

Repeatedly it has been stated that the psychiatric illnesses resulting from the "massive LSD experience" run the gamut from anxiety, panic reactions, and depression, to borderline and acute psychoses—with occasional reports of suicide as well. Our data also show that the disruptive LSD experience itself is characterized by anxiety, depression, paranoia, feelings of futility and loss of reality testing. Surely such overwhelming fears as those of death, permanent insanity and disgusting sexuality could precipitate severe and sometimes prolonged psychiatric disorders. That certain people experience such intense fears under the influence of LSD has been amply illustrated in this study. However, some salient points should be considered in this context.

First, there is considerable literature extant which describes the use of LSD as an adjunct to therapy (1, 2, 5, 9–11).[5] Repeatedly in these works are reported vivid descriptions of abreactions involving "disgusting sexuality," such as incest, sadism and homosexuality, which, when interpreted by the therapist and patient, are claimed to have considerable therapeutic value. Grof[5] even reported that some patients have suffered a psychotic breakdown under LSD, usually when they were overpowered by traumatic material brought out in therapy with which they could not cope. His procedure was to let them experience the psychosis, but then, within a day or two, to provide them with another LSD session so that they could overcome the fear and experience catharsis, after which, he claimed, the therapeutic recovery proceeded rapidly. This method of LSD therapy is more extreme than that developed by Ling and Buckman (11), who combined LSD with methylphenidate (Ritalin) and claimed to achieve abreaction and catharsis without the danger of acute anxiety attacks or psychotic episodes. It might be that other techniques can be employed in therapy, such as combining LSD with other drugs to prevent or work through anxiety, to eliminate the experiencing of deep depression, suicidal ideation and psychotic breaks.

Second, other hallucinogenic drugs, such as marijuana, its more potent counterpart, hashish, peyote (mescaline) and the mushrooms (psylocibin), have been used for centuries by primitive peoples without the disastrous effects our society has observed with LSD. It has been noticed that marijuana and hashish increase appetite and have a sedative influence, whereas LSD characteristically decreases appetite and provokes sleep disturbance. It may be that there are qualitatively different psychopharmacological effects between LSD and these other drugs. Again, it is suggested that for experimental and therapeutic purposes, it might be profitable to combine LSD with sedative or tranquilizing drugs to eliminate the majority of undesirable reactions, such as panic and depression. We do have reports of panic reactions from LSD which have been successfully terminated with antianxiety drugs without subsequent discernible untoward effects.[6]

Third, it is well known that other methods of altering consciousness have produced disruptive emotional states similar to those produced by LSD. For example, sensory deprivation and sleep deprivation have resulted in many untoward effects, including dissociation, hallucinations, and even temporary psychosis. The well known "placebo effect" can also produce untoward reactions. For example, even distilled water, when injected instead of the anticipated LSD, has been known to result in a temporary psychotic state (2).[6] And of course it has been repeatedly reported that the nonmedical use of hypnosis has resulted in regression, abreaction, dissociative states, and even acute psychosis. It may be within the bounds of probability that LSD, *alone*, is not responsible for the psychiatric disorders here reported. It seems evident that the LSD experience is influenced by the individual's personality, his set and the setting, just as are the experiences with placebos, hypnosis and sensory de-

[6] Personal communication, K. Ditman.

privation. Such a powerful drug as LSD, with its consciousness-changing effects, can easily be destructive to an emotionally unstable person—or even to a healthy individual—in an *unsupervised setting.*

LSD, in sufficient dosage, seems to have the capacity to strip the individual of his defenses, intensify his awareness and thus make him more vulnerable. This capacity seems evident in the "time-loosening" aspects of the LSD experience. Orientation in time seems characteristic of the stable individual, whereas the neurotic is disturbed by the demands of time, as in many obsessions and compulsions. Thus, "traveling in time" may be, for the emotionally unstable person, an especially stressful experience.

Further, in this study it was significant that persons functioning in jobs or as students just prior to testing were far less likely to be psychiatrically disturbed by their LSD experiences. If similar levels of functioning also existed in these persons *prior to their LSD use,* then this suggests that a person committed to a regular program of activity (other than drug taking) is somehow less likely to have a disruptive LSD experience. Thus, the question arises: is it the temporary situational state of being unemployed and unoccupied which helps trigger the bad LSD experience—*or* is it an already existing psychiatric malfunction (of which the lack of employment is merely a symptom) that renders the person more likely to have a bad LSD trip? In this regard, the role of the use of hard narcotics needs to be determined. These are areas for further study.

Still another hypothesis presents itself. Suppose the lack of regular activities in the disturbed group did not appear until *after* LSD usage (as with the "drop-outs"), then it is reasonable to assume that the LSD is part of the disruptive process, rather than a noncontributing factor. Unfortunately, for most of our sample, we do not know the actual time sequence of events.

Two findings do seem clear, however. First, in accord with previous reports, LSD in our study is likely to be disruptive for some unstable, noncommitted individuals who take the drug in a setting *without medical support and protection.* Second, there is indication from this study that the nontreatment group, many of whom describe essentially beneficial and insightful LSD experiences, supports the belief that the mind-altering properties of LSD offer potential value for research into psychotherapy and esthetic appreciation.

The latter point should not be construed as a plea for the unsupervised use of LSD! The authors deplore the messianic attitude of those LSD takers who advocate the indiscriminate (ab)use of the drug, just as much as we deplore the emotionalism and sensationalism against the drug per se, which could lead to the banishment of the drug from controlled research, despite encouraging evidence that it has value as a therapeutic adjunct and aids in the investigation of the potentials of the mind. Nor do we wish to ignore the possibilities, recently reported, that brain or chromosomal damage may result from LSD ingestion (3, 7). Certainly these reports must be intensively researched; and until they are, clinical use of LSD in human beings should be severely limited. But at this time our data on the LSD experiences of those persons who have continued to function without the need of psychiatric care suggest that the toxicity of LSD may be psychological rather than organic in origin.

## Summary

Some people have had disastrous reactions to the LSD experience, including psychotic episodes and even suicide. Others claim no bad effects, but rather benefits from their LSD usage. In an attempt to understand this anomaly, the authors studied 116 subjects from three populations: 1) those not requiring therapy after their LSD experiences, 2) those needing psychiatric outpatient care as a result of taking LSD, and 3) those hospitalized after LSD usage. All subjects were interviewed to obtain biographical data and were administered the DWM card sort (consisting of 156 items descriptive of the LSD experience), which they were required to evaluate on a five-point scale, ranging from "very much like the experience" to "very much unlike the experience." Statistical analysis revealed that the LSD sessions were far more unpleasant for those groups requiring psychiatric care than for those requiring no treatment. Specifically, the appearance of such fears as those of death, permanent insanity and disgusting sexuality and feelings of despair during the LSD experience discriminated the treatment groups from the nontreatment group well beyond the .01 level of probability. In addition, the hospitalized group experienced far more depression and paranoia than did the other groups. Interpretations of these results are offered.

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## Appendix A

1. Strong Pleasant Emotions (17 items)
   - 1 I could not control my laughter
   - 4 I felt supremely happy
   - 6 I felt more alert and alive than I have in a long time
   - 33 I am more satisfied with life in general now
   - 40 I had a feeling of excitement and anticipation as when something very important is about to happen
   - 48 I enjoyed being in this state so much that I will want it to last for days
   - 51 This experience was the greatest thing that ever happened to me
   - 52 I had wonderful sexual feelings
   - 83 I felt a tremendous energy
   - 131 I was tremendously relaxed
   - 138 There was humor and a jolly atmosphere
   - 146 I have a new capacity for love
   - 148 I now have more enthusiasm for things
   - 154 I felt in contact with unknown, wonderful forces in the universe
   - 155 I felt like talking it out
   - 157 I felt more free
   - 158 The whole universe was like a tremendous joke

2. Self-understanding and Esthetic Appreciation (20 items)
   - 12 I actually seemed to return to certain moments in childhood and experience myself there
   - 36 I saw myself as I really am, and I did not like what I saw
   - 43 It is easier now to decide what I want
   - 44 In the future, the appreciation of beauty will play a greater part in my life
   - 58 I wanted to sit and meditate
   - 65 I had the feeling that I have much work to do to set me straight
   - 68 I became more self-accepting
   - 69 It was an experience of great beauty
   - 72 I understood some things far better than before
   - 79 I felt more creative than usual
   - 85 I now have a new feeling regarding my marriage and family
   - 116 Things I remembered threw new light on some of my problems
   - 118 I felt I knew the real meaning of existence
   - 119 Everything seemed to have a place in life, even the "good" and "bad"
   - 122 I had a higher evaluation of myself
   - 128 I felt serene, content and knowing
   - 134 I was able to express how I felt without shame or care
   - 144 Words had strange new meanings
   - 145 I felt the beauty and meaning of music as never before
   - 150 I found I could just sit and look at something for hours

3. Mystical and Paranormal Sensations (14 items)
   - 23 I could make an object turn into something else just by wanting it to
   - 46 I felt that I knew what would happen before it did—like being a jump ahead of time
   - 56 The whole experience seemed to have happened before
   - 57 I felt as if I were several different people, only one of which was the usual "me"
   - 66 I felt I could communicate with others in the experience without words or gestures
   - 74 Hours went by like seconds—or one second seemed to last forever
   - 97 I felt as if I could read other people's minds
   - 101 I felt as if I were traveling in time
   - 106 I learned what it is like to be really dead
   - 110 I was able to influence people and objects with my thoughts
   - 117 I became very open to suggestion and did what I was told
   - 127 Past, present and future seemed to be all one
   - 132 I now have more belief in things like telepathy, reincarnation, spiritualism, foreseeing the future, etc., as possibilities for research
   - 151 I felt as if I could change past events

4. Empathy (6 items)
   - 24 I felt at one with those around me
   - 54 I felt the people here understand me
   - 71 I found it enjoyable when certain people were with me
   - 140 I am more sensitive to the feelings of others even when their feelings are not expressed
   - 142 The touch of someone's hand seemed important
   - 152 Doing something for someone else's happiness seemed easier

5. Religious Feelings (7 items)
   - 27 I felt a sense of wonder, joy, and peacefulness in the world
   - 35 I saw all the mysteries of the universe in certain objects
   - 50 I felt that we are all one in this universe
   - 64 I was on the verge of an important revelation, but not able to express it
   - 126 I had levels of thought I can't express in words
   - 159 I felt closer to God
   - 160 I felt as if I had been reborn

6. Unusual Body Sensations and Perceptions, Not Unpleasant (33 items)
- 3 My mind was flooded with thoughts
- 8 My hearing seemed much sharper than usual
- 10 The walls and floor moved and flowed
- 11 I felt as if I were floating in space
- 17 Walls or other objects seemed to be breathing
- 21 With my eyes closed I saw multicolored moving designs
- 25 Colors seemed brighter
- 30 Music affected my mood much more intensely than usual
- 32 I became another object or another person and yet remained myself
- 34 One side of my body felt different from the other side
- 53 I can remember very clearly everything that happened to me during the experience
- 55 I had a strange taste in my mouth
- 60 My thoughts kept shifting rapidly from one idea to another
- 67 My hands and feet felt light, or as if they were not attached to my body
- 73 Other peoples' faces seemed to become changing masks
- 92 I kept seeing things after I'd stopped looking at them
- 90 I felt drowsy
- 94 Objects seemed to glow around the edges
- 98 I lost interest in what I started saying so that a sentence was left unfinished
- 100 I was especially talkative
- 102 I had intense swings from "high" to "low"
- 103 I saw music
- 112 My body seemed to grow younger or older all on its own
- 113 I had difficulty talking
- 114 My sense of smell became more acute
- 115 I felt the need to stretch or move
- 123 I had "x-ray vision"
- 125 My body seemed to change its size all on its own
- 129 My "I" or "self" seemed to leave my body
- 139 My mind sometimes became a complete blank and my thoughts seemed to stop
- 143 My eyesight seemed blurred
- 149 I had peculiar sensations on my skin at times
- 196 I felt as if I had no body at all

7. Somatic Discomfort (12 items)
- 5 I felt unsteady and uneasy
- 9 I felt cold or had chills
- 16 I felt like I was shaking or trembling
- 41 My head ached
- 47 This was like a bad (alcohol) hangover
- 77 I felt hot or flushed at times
- 81 My stomach hurt
- 87 I had nausea, headache or other physical pain which dominated the experience
- 91 I had a craving for food
- 108 I felt as I do when I need a drink (alcohol)
- 111 My hands kept perspiring
- 137 Everything seemed too bright, too harsh, too loud

8. Depression (7 items)
- 42 I felt depressed
- 61 I felt that life was not worth living
- 89 I felt remorse over things in the past
- 99 I felt like committing suicide
- 109 It felt as if life had lost its meaning
- 124 Everything seemed hopeless
- 153 I had a feeling of complete despair

9. Paranoia (6 items)
- 15 People thought what I said was not important
- 29 At times I felt as if I were being persecuted
- 39 At times I had the sensation of someone spying into my mind
- 86 I felt that other people were influencing my thoughts against my will
- 104 I was worried that something within me showed what I didn't want seen
- 107 I resented what was being done to me

10. Anxiety (19 items)
- 2 I felt confused
- 7 I felt on the fringes of sheer horror
- 14 I felt anxious or tense
- 18 I felt I might become permanently insane
- 26 I felt separated from everyone and everything
- 28 I felt upset and distraught
- 31 I felt something dreadful was about to happen
- 37 I was easily distracted and was not able to control my thoughts
- 38 I felt choked or found it hard to breathe
- 49 I had trouble understanding what was being said
- 59 I became afraid I might die
- 75 Certain things did frighten me
- 78 I kept thinking terrible thoughts
- 80 I kept thinking of my problems
- 84 I tried to fight off what was happening
- 88 I was disgusted by some sexual ideas that came to mind
- 93 I couldn't keep from crying
- 120 My conscience bothered me
- 136 I felt paralyzed

11. Hallucinations (6 items)
- 13 I heard things that I knew were not real
- 19 Solid objects changed their shapes and even disappeared
- 62 Sounds seemed to affect what I saw
- 63 My own face in a mirror looked quite different; it even turned into different faces
- 95 I saw people or animals in motion who weren't really there
- 156 I saw faces or little animals coming out of the walls or other places

12. Evaluation of the Experience (9 items)
- 45 This experience had no therapeutic value
- 70 I feel as if I "missed the boat" or somehow failed to get out of the experience what was potentially there
- 76 I have been greatly helped by the experience
- 82 I now feel more ambitious
- 130 I felt I was not able to give myself up completely to the experience
- 133 I would like to try this again
- 135 None of these cards really can describe what I experienced
- 141 The experience was nothing unusual
- 147 There is no good reason to take such drugs