# Inducing Psychotic-like Experiences without Drugs using the Witches' Cradle.

## Oliver J. Mason

## \*Corresponding author

J. Mason,

School of Psychology, University of Surrey.

Received Date: June 03, 2024 Accepted Date: June 05, 2024 Published Date: July 05, 2024

## **ABSTRACT**

There are several methods for creating strange or anomalous experiences that resemble psychosis. The 81 individuals in the current study were briefly suspended using a "witches' cradle" or "altered states of consciousness induction device" (ASCID). Numerous different types of experiences after the cradle in contrast to the initial state. Greater positive ratings on schizotypal traits were predictive with psychotic-like experiences. Certain individuals may be able to experience short-term psychotic-like effects from abnormal proprioceptive perceptual input.

**Keywords:** Schizotypy, psychotomimetic, proprioception

## **INTRODUCTION**

A growing body of research has recently focused on non-pharmacological methods of creating psychotic-like experiences in lab settings (see Daniels and Mason [1], for an overview). The surroundings of the experimentthe use of Ganzfeld goggles or unique visual or aural stimuli, such as white or pink noise, are frequently used in these investigations, along with sensory restriction or deprivation. The majority of research shows that this kind of aberrant sensory input might result in anomalous experiences similar to psychotic-like experiences (PLEs), with hallucinations being the most common type.It has also been demonstrated that psychosis-proneness or schizophrenia features, when measured, are extremely important because experiences are more frequent and not all subjects report effects.

particularly noticeable in people who, in particular, scored highly on tests of positive schizotypy. According to modern theories, the origins of these observations lie in variations in

information processing that may contribute to the likelihood of psychotic disorders. According to Fletcher and Frith [2], in certain cases of exceptionally prone people, top-down priors (beliefs and expectations) function more powerfully than bottom-up processing of perceptions, leading to anomalous experiences.

## The 'Witches' Cradle' And'altered States Of Consciousness Induction Device'

The inquisitors allegedly tried to force confessions by placing the accused in a bag that was then swung, which is thought to have inspired the usage of cradles to elicit unusual experiences during the European witchcraft persecutions of the fifteenth century.straight from a tree. The voluntary use of magic to induce strange mental and perceptual states is claimed to have originated with persons who were interested in magic and psychic occurrences. Several tools have developed for twisting and swinging the receiver in a cradle or putting them in a many cultural customs involve wearing a head covering in a constricting outfit. A proto-modern variation known as ASCID (Altered States of Consciousness Induction) originated in California in the late 1960s.Device) - created by Houston and Masters [5] - involves the patient standing in a metal swing while donning earplugs and a blindfold. Randolph-Seng and Nielsen [6] more recently reported on its usage to elicit altered states of consciousness, which is likely its only modern use in research to date, despite the fact that few experimental descriptions of its use have been recorded in any depth. They discovered that reports of altered states of consciousness were impacted by a variety of priming techniques in two different tests. Study objectives The purpose of this study is to determine if using a traditional cradle for a short period of time can cause psychotic-like experiences and whether they are associated with schizotypalcharacteristics of the psyche. The study employed a method from acute drug studies [7] that has been applied to studies of sensory deprivation [8, 9] in order to quantify psychotic-like experiences. Items measuring perceptual distortions, delusional thinking, anhedonia, mania, paranoia, and cognitive disarray are found in the Psychotomimetic States Inventory (PSI [7]). We postulated that schizotypal features would also predict a higher susceptibility to psychotic-like experiences when experiencing the cradle, and that short-term suspension in the cradle would result in a spectrum of psychotic-like experiences as measured by the PSI.

## **Journal of Psychological Medicine**

#### **METHODS**

Participants 81 undergraduate students (73 females and 8males; age range = 18–27, M = 19.43, SD = 1.54), were recruited from the University of Surrey consistent with University ethical approval, and completed the experimental procedure outlined below. 76.5% were White, 77.8% spoke English as their first language and were predominantly righthanded (91.4%). Participants were screened for any physical difficulties in using the apparatus and Participants confirmed that they had no history of a major psychi After giving their informed consent, participants answered a number of demographic questions before completing the SO-LIFE. The cradle allowed players to hang around 60 cm above the ground in a hammock suspended from a single pivotal point on a free-standing pull-up bar at a height of 230 cm.to be completely cradled without a strong foundation.

After being placed in the cradle and given some time to find a comfortable posture, the participants had their eyes closed. Typically, the participant's slightest motions would force the cradle to twist and swing under its own weight. The motions are delicate and rather sluggish. There was always an experimenter present in the room to help out if necessary.

## **RESULTS**

IBM SPSS Statistics 25.0 was used for all statistical analyses. Every data point was considered for analysis because there were neither extreme outliers nor missing data. Table 1 provides descriptive information for each scale.incorporating a PSI difference score that is determined by deducting the experimental scores from the baseline PSI.Under experimental conditions, the PSI score resembled those observed in sensory deprivation, and when cannabis was used recreationally, the baseline PSI score was somewhat higher than baseline.

measurement in more research projects. Because the group was, on average, no more schizotypal than many previous research, the relatively smaller effect appeared to be caused by a higher baseline, which may have come from an inadequate delay after the experiment or the lack of a control condition. Nevertheless, a state effect was amply demonstrated by the PSI. Moreover, two schizotypy scales—Unusual Experiences and Impulsive Nonconformity—strongly predicted the degree of psychotic-like experience as measured by the PSI in the cradle. Unusual Experiences in particular, on these two scales, most

#### **DISCUSSION**

When compared to other drug and non-drug (sensory deprivation) scenarios, the chance of psychotic-like episodes

appeared to be temporarily increased when using the cradle, albeit possibly to a lesser level.scores over the baseline were less pronounced [7-9].Similar to those observed in sensory deprivation and recreational cannabis use, the baseline PSI score was marginally higher than baseline.

measurement in more research projects. Because the group was, on average, no more schizotypal than many previous research, the relatively smaller effect appeared to be caused by a higher baseline, which may have come from an inadequate delay after the experiment or the lack of a control condition. Nevertheless, a state effect was amply demonstrated by the PSI. Apart from the elevated baseline measurements, it is important to acknowledge that the study has other limitations. The baseline was not taken independently of the experimental testing session, nor was there a control group or control condition.for instance, simultaneously on a separate day or during a testing session). Because of time and testing constraint, a second testing occasion was not possible. Moreover, given the unusual testing circumstance, expectation effects are known to alter testing using the questionnaire prior to the experimental condition. Other psychological factors that were not evaluated were suggestibility, fantasy proneness, and state/trait anxiety.but it should be mentioned that the PSI deprivation and other deprivation experiments have been used to evaluate these [9] and excluded; nevertheless, this might not always be the case. Despite the sample size being appropriate, nearly all of the participants were female psychology students, who might not have been completely naive. This sampling constraint precluded the investigation of gender and age.

### **REFERENCES**

- 1. Daniel C, Mason O. Inducing altered states of consciousness. Schizotypy: New Dimensions. 2014.
- 2. Fletcher PC, Frith CD. Perceiving is believing: A Bayesian approach to explaining the positive symptoms of schizophrenia. Nature Reviews Neuroscience. 2009;10(1):48.
- Bentall RP. The illusion of reality: A review and integration of psychological research on hallucinations. Psychological Bulletin. 1990;107(1):82.
- 4. Ditman T, Kuperberg GR. A source-monitoring account of auditory verbal hallucinations in patients with schizophrenia. Harvard Review of Psychiatry. 2005;13(5):280-99.
- 5. Houston J, Masters RE. The experimental induction of religious-type experiences. The Highest State of

## **Journal of Psychological Medicine**

Consciousness, 1972:303-21.

- 6. Nielsen M, Randolph-Seng B. Opening the doors of perception: Priming altered states of consciousness outside of conscious awareness. Archive for the Psychology of Religion. 2009;31(2):237-60.
- 7. Mason OJ, Morgan CJ, Stefanovic A, Curran HV. The psychotomimetic states inventory (PSI): Measuring psychotic-typeexperiencesfromketamineandcannabis. Schizophrenia Research. 2008;103(1-3):138-42.
- 8. Daniel C, Lovatt A, Mason OJ. Psychotic-like experiences and their cognitive appraisal under short-term sensory deprivation. Frontiers in Psychiatry. 2014;5:106.
- 9. Daniel C, Mason OJ. Predicting psychotic-like experiences during sensory deprivation. BioMed Research International. 2015;2015.
- 10. Mason O, Linney Y, Claridge G. Short scales for measuring schizotypy. Schizophrenia Research. 2005;78(2-3):293-6.