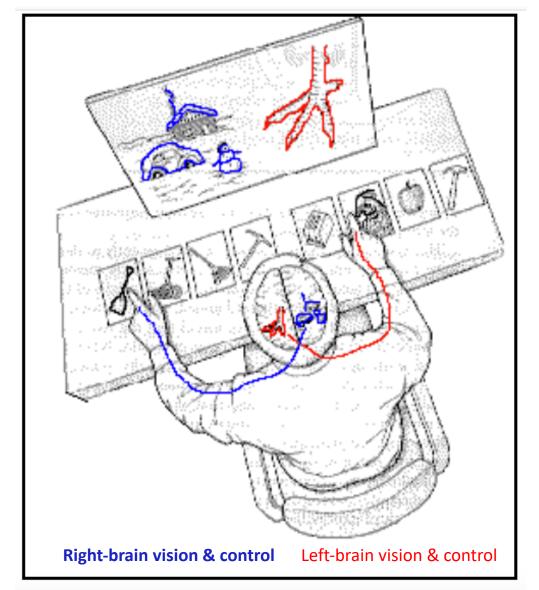
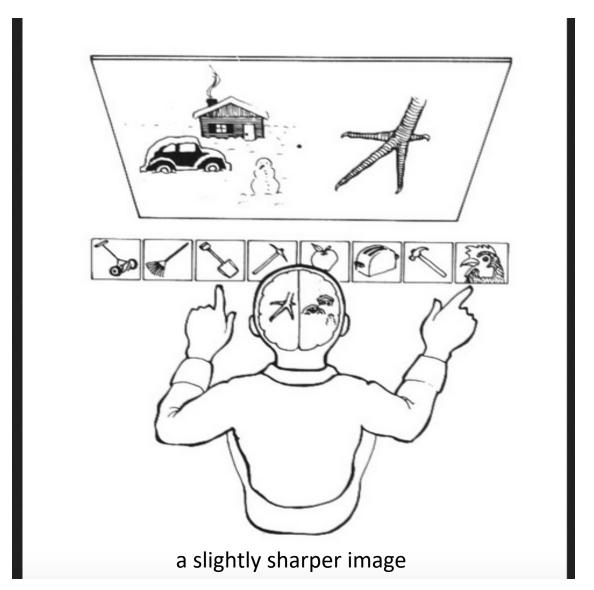
Further evidence for neural basis of consciousness: Split brains; dreams & drugs

Blackmore pp. 70-72; pp. 99-111

Split-brain experiments by Roger Sperry and Michael Gazzaniga (Blackmore, 70-72):

"Prepare to pick a matching picture"; "Look straight ahead"; [dual images flashed]; [subject places fingers] "Why did you pick the chicken?" "The chicken claw goes with the chicken;" "Why did you pick the shovel?" "Because you need a shovel to clean out the chicken shed!" [consider roles of Broca's, Wernicke's areas]





Altered states of consciousness & their neural correlates: Dreaming (pp. 99-104 Blackmore)

Brain waves, awake: beta waves (strong, high frequency, irregular, 12.5-30hz)

NB: In dreams we generate vivid conscious experiences (qualia), w/o sensory input!

Stages: (typical sequence is 1, 2, 3, 2, 4; 2, 3, 2, 4; 2, 3, 2, 4; ...)

- 1. Light sleep, alpha waves (10hz) + slow, large theta waves (5 hz), (5-10 min.)
- 2. Deeper sleep, low theta waves + 2sec "spindle" bursts (about 20 min.)
- 3. Deepest sleep, slow delta waves (0.5-4hz) (sleepwalking occurs in this stage) (about 20 min.)
- 4. REM sleep, irregular alpha waves, increased brain activity, **dreaming**, muscle paralysis (5-60 min.) *Active systems:* limbic system, visual cortex, & others, but little frontal cortex activity

Odd phenomena: lucid dreaming, false awakening, open-eyed REM paralysis BTW: Dreaming a lot in a short time is an illusion, contra "Inception" – see David Eagleman

Functions (uncertain):

- Rehearsal: fact memory in deep sleep, procedures in REM sleep. (See "Dreams: Night School", https://www.psychologytoday.com/us/articles/200711/dreams-night-school); rat experiments;
- weakening of unused pathways ("garbage collection"); related to above?
- scaring us with do-or-die scenarios, to think about when awake (cf., Antti Revonsuo, Wikipedia);
- problem solving, creativity (stages 3 & 4?); e.g., Kekule (benzene ring), Ramanujan (number theory), Paul McCartney ("Yesterday")

Altered states of consciousness & their neural correlates: Psychoactive drugs (pp. 104-108 Blackmore);

Psychoactive drugs affect the whole spectrum of qualia:

- anaesthetics: unconsciousness, pain insensitivity (nitrous oxide); relaxation; preventing memories;
- antipsychotics, tranquillizers: alcohol, barbiturates, heroin, morphine, codein, methadone -> endorphins;
- stimulants: nicotine, caffeine, cocaine, amphetamine;
- hallucinogens/ psychedelics: cannabis (pleasure enhancement, STM weakened); LSD (color intensified, object transformations, mystical feelings); psilocybin mushrooms (mystical experiences); etc.

NB: Some drugs reduce qualia (e.g., aspirin – pain reduction; propofol – general anesthesia), others enhance, alter or produce them (e.g., cocaine, heroin); cravings in addiction are also drug-induced qualia!

Neural basis: broad neurotransmitter/hormone effects; e.g., psychedelics mimic major neurotransmitters (acetylcholine, noradrenaline, dopamine, serotonin); e.g., heroin and morphine mimic endorphins (the body's own opioids), which bind to postsynaptic opioid receptor molecules, inhibiting communication of pain signals.

Altered states of consciousness & their neural correlates: Unusual experiences (pp. 108-115 Blackmore)

Besides dreaming and drugs ...

- Out-of-body experiences (OBEs)
- Near-death experiences (NDEs)
- Meditation