

Chapter 3: Consciousness the Two-Track Mind

Chapter 3- Overview

- Understanding Consciousness and Hypnosis
- Sleep Patterns and Sleep Theories
- Sleep Deprivation, Sleep Disorders, and Dreams
- Psychoactive Drugs

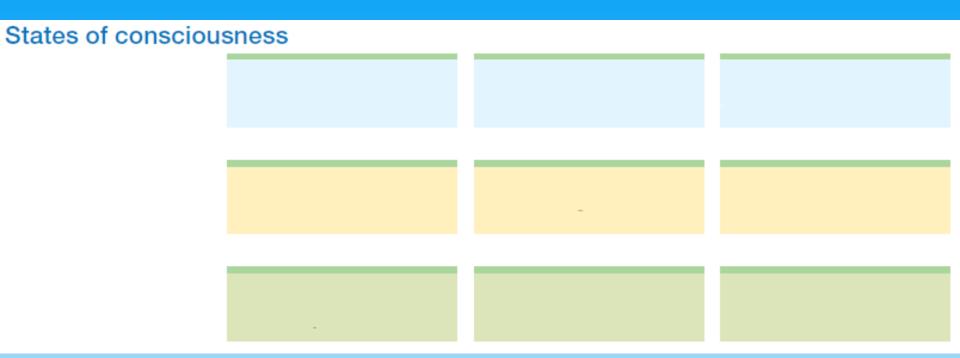
Understanding Consciousness and Hypnosis





- Consciousness
 - -States of consciousness
 - Sleep
 - Wake
 - Altered states





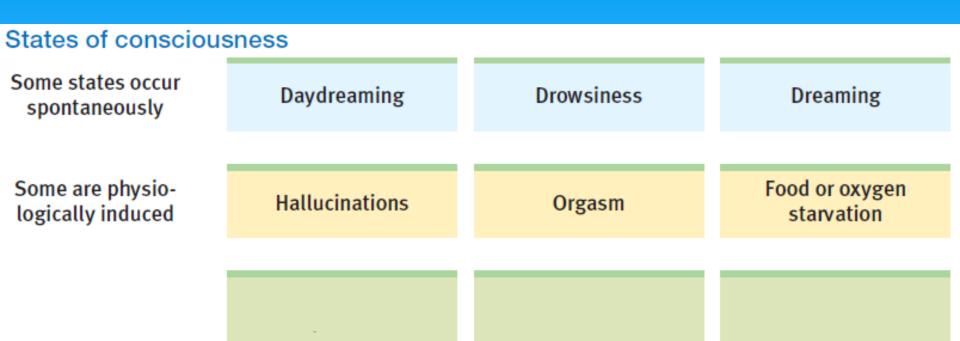
States of conscious	sness		
Some states occur spontaneously			
		-	
	-		

States of consciousness

Some states occur spontaneously

Daydreaming	Drowsiness	Dreaming
,		
	-	
-		

States of consciousness					
Some states occur spontaneously	Daydreaming	Drowsiness	Dreaming		
Some are physio- logically induced		-			



States of consciousness					
Some states occur spontaneously	Daydreaming	Drowsiness	Dreaming		
Some are physio- logically induced	Hallucinations	Orgasm	Food or oxygen starvation		
Some are psycho- logically induced					

States of consciousness

Some states occur spontaneously

Daydreaming

Drowsiness

Dreaming

Some are physiologically induced

Hallucinations

Orgasm

Food or oxygen starvation

Some are psychologically induced

Sensory deprivation

Hypnosis

Meditation



- Hypnosis
 - -Hypnotic induction
 - -Hypnosis as an altered state?



Frequently Asked Questions About Hypnosis

- Can Anyone Experience Hypnosis?
 - –Postural sway
 - -Susceptibility
- Can Hypnosis Enhance Recall of Forgotten Events?
- Can Hypnosis Force People to Act Against Their Will?

Frequently Asked Questions About Hypnosis

- Can Hypnosis Be Therapeutic?
 - -Hypnotherapists
 - -Posthypnotic suggestion
- Can Hypnosis
 Alleviate Pain?



Hypnosis Explaining the Hypnotized State:

Hypnosis as a Social Phenomenon

- "Good hypnotic subjects"
- Social influence theory

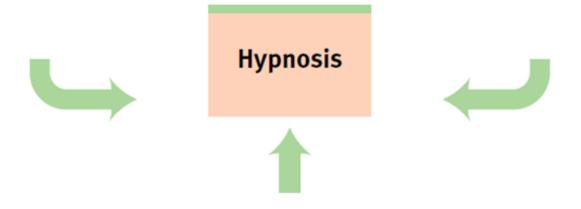


Hypnosis Explaining the Hypnotized State: Hypnosis as Divided Consciousness

- Hilgard
 - Dissociation
- Unified account of hypnosis



Hypnosis Levels of Analysis for Hypnosis

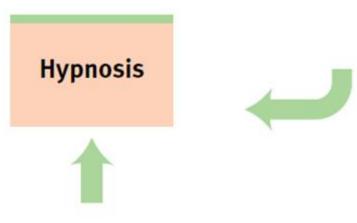


Levels of Analysis for Hypnosis

Biological influences:

- distinctive brain activity
- unconscious information processing

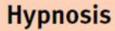




Levels of Analysis for Hypnosis

Biological influences:

- distinctive brain activity
- unconscious information processing





Psychological influences:

- focused attention
- expectations
- heightened suggestibility
- dissociation between normal sensations and conscious awareness

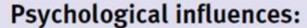


Levels of Analysis for Hypnosis

Biological influences:

- distinctive brain activity
- unconscious information processing

Hypnosis



- focused attention
- expectations
- heightened suggestibility
- dissociation between normal sensations and conscious awareness



Social-cultural influences:

- presence of an authoritative person in legitimate context
- role-playing "good subject"

Sleep Patterns and Sleep Theories



Biological Rhythms and Sleep



Biological Rhythms and Sleep Circadian Rhythm

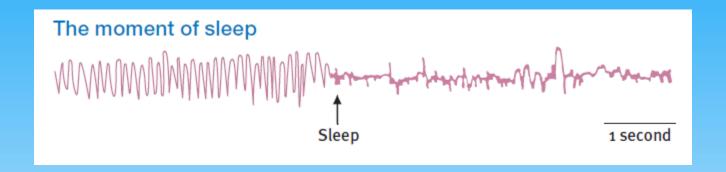
Peter Chadwick/Science Source

- Circadian rhythm
 - -24 hour cycle
 - -Temperature changes
 - -Circadian rhythm and

age

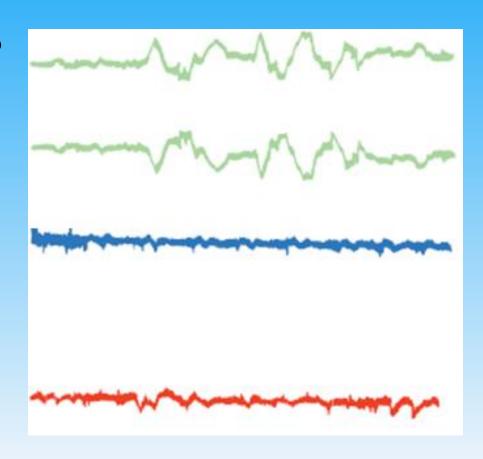


Sleep

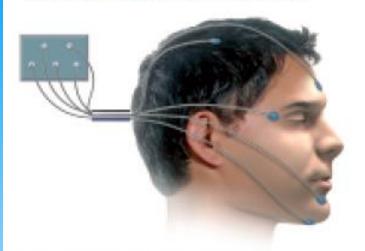


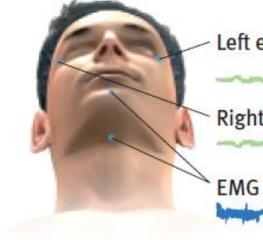
- 90 minute cycles
- REM Sleep versus NonREM Sleep

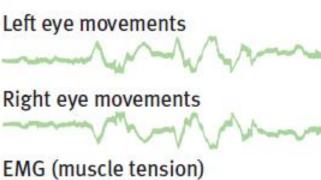
- Measuring Sleeps Activity
 - –Eye Movements
 - -Muscle Tension
 - -EEG Patterns
 - Beta Waves
 - Alpha Waves
 - Delta Waves



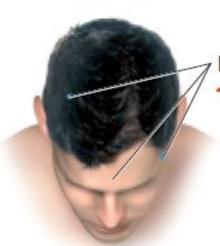
Measuring sleep activity





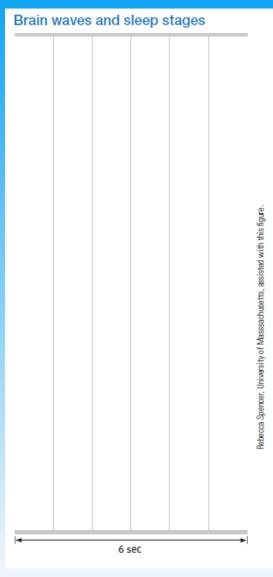


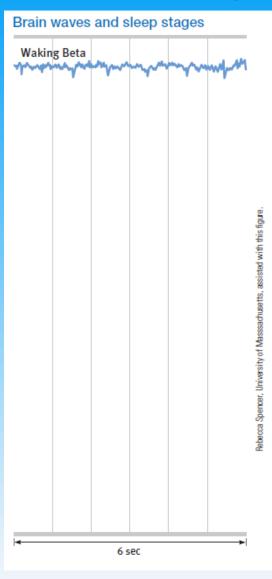


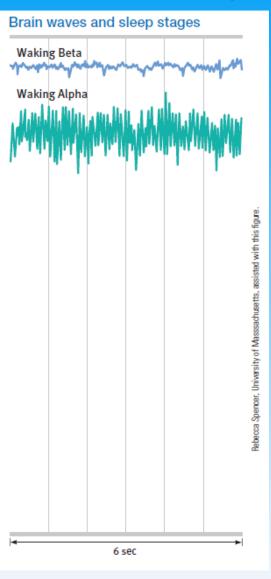


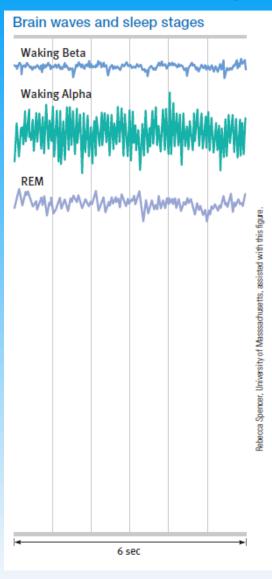
EEG (brain waves)

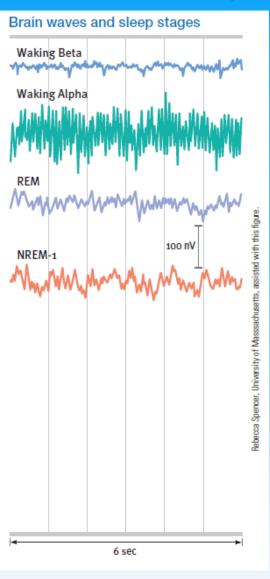
Hank Morgan/Science Source

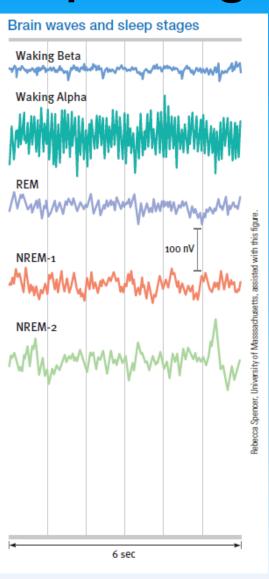


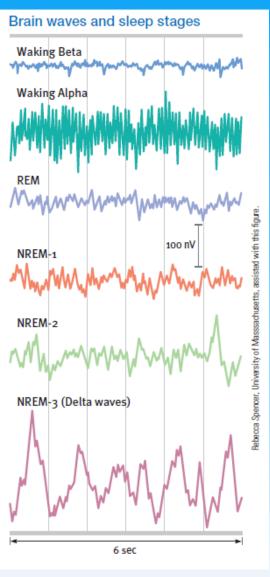




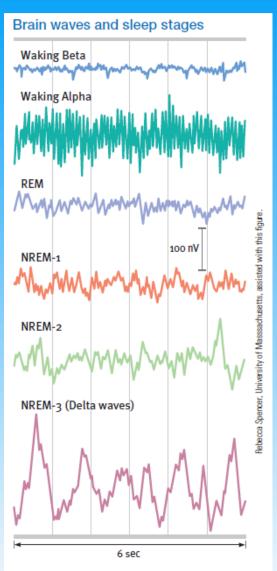






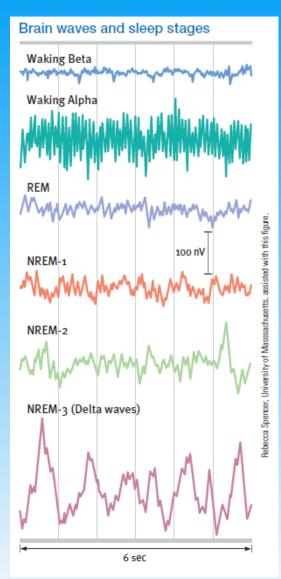


- Parts of sleep
 - -Waking Beta Waves
 - -Waking Alpha Waves
 - -NonREM Sleep
 - -REM Sleep



Biological Rhythms and Sleep Sleep Stages

- Parts of sleep
 - -NonREM Sleep
 - NREM-1
 - -<u>Hallucinations</u>
 - -Hypnagogic sensations
 - NREM-2
 - -Sleep Spindles
 - NREM-3
 - Delta waves

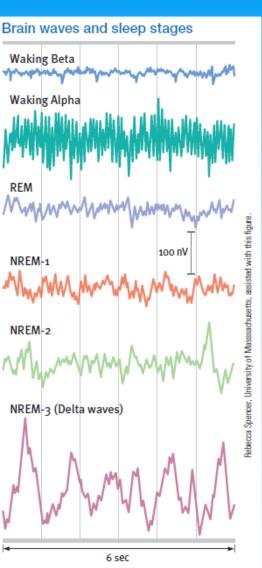


Biological Rhythms and Sleep Sleep Stages

- Parts of sleep
 - -REM Sleep
 - EEG Patterns
 - Paradoxical Sleep
 - REM Rebound

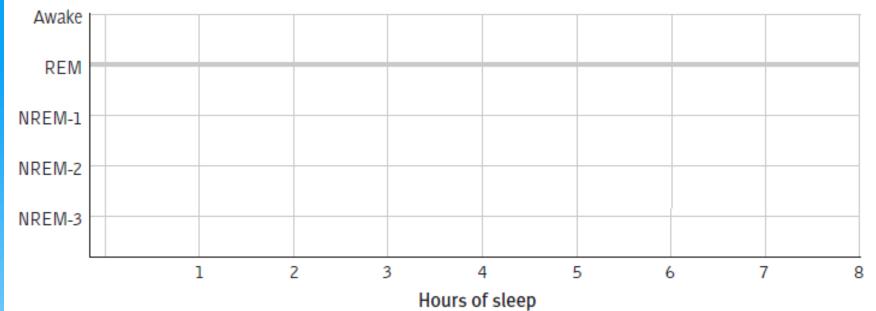


"Boy are my eyes tired! I had REM sleep all night long."

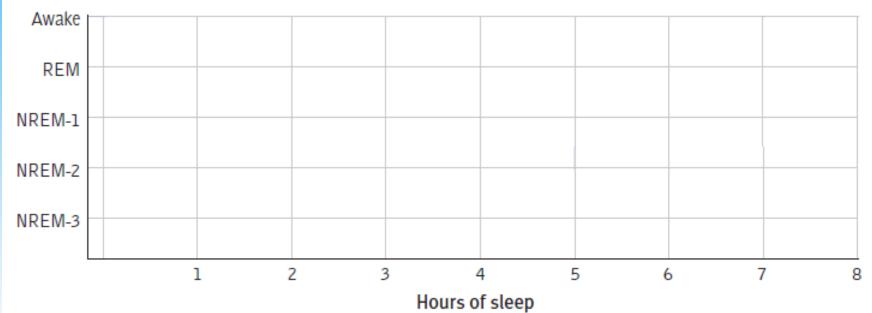


The stages in a typical night's sleep

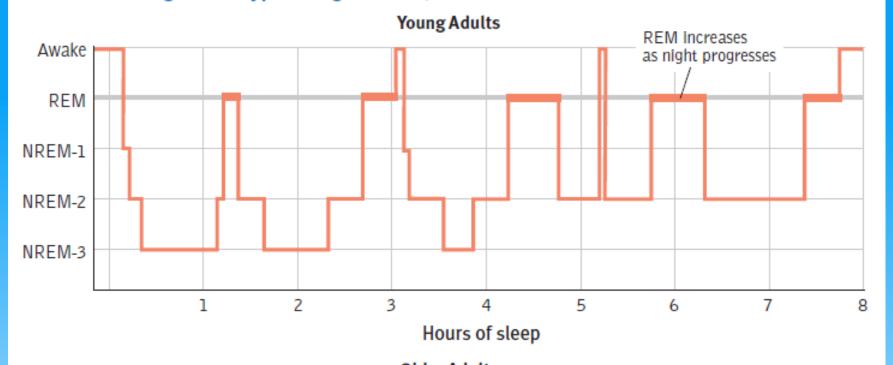


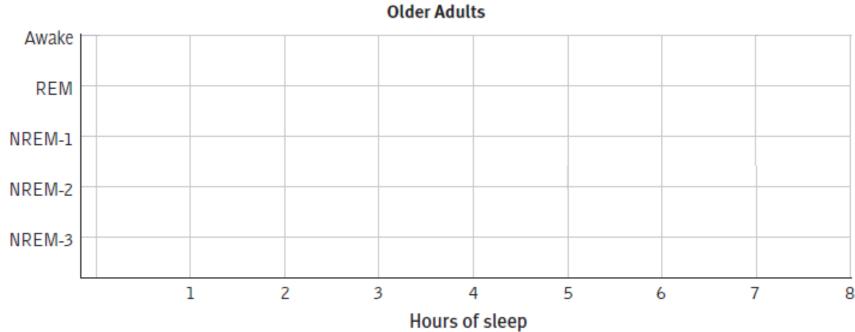


Older Adults

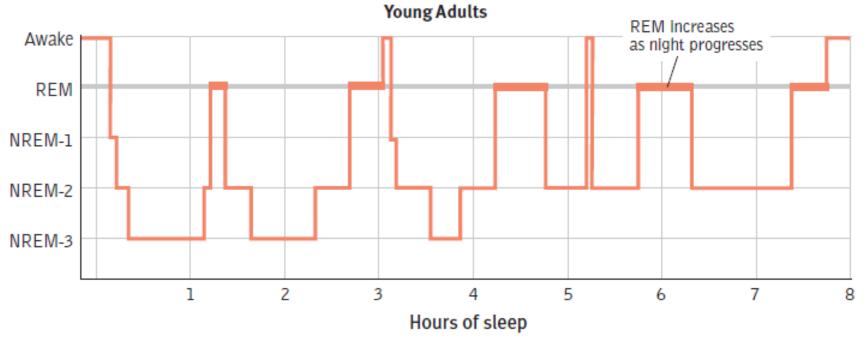


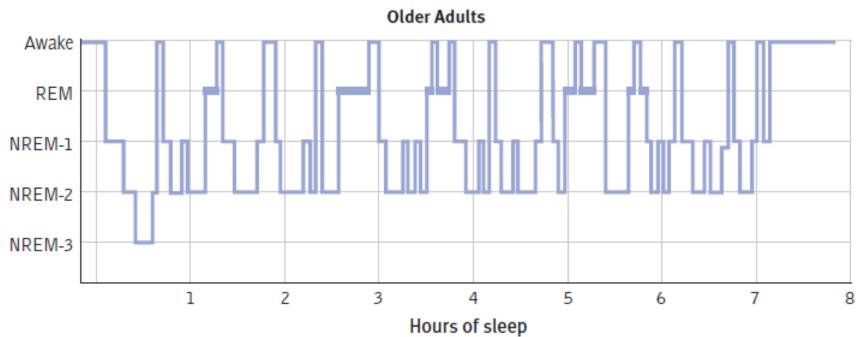
The stages in a typical night's sleep





The stages in a typical night's sleep

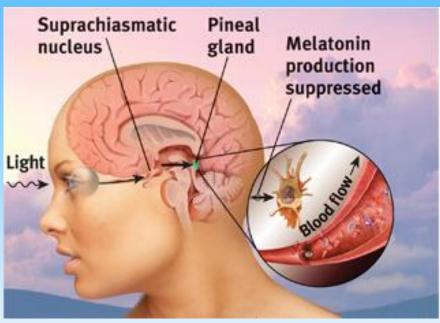




Biological Rhythms and Sleep Sleep Stages:

What Affects Our Sleep Patterns?

- Suprachiasmatic nucleus (SCN)
 - -melatonin





Sleep Theories



Sleep Theories

- Sleep theories
 - -Sleep protects
 - -Sleeps helps recuperation
 - –Memory storage
 - -Sleep and creative thinking
 - -Sleep and growth

Kruglov_Orda/Shutterstock; Courtesy of Andrew D. Myers; Utekhina Anna/Shutterstock; Steffen Foerster Photography/ Shutterstock; The Agency Collection/Punchstock; Eric Isselbe/Shutterstock; pandapaw/Shutterstock







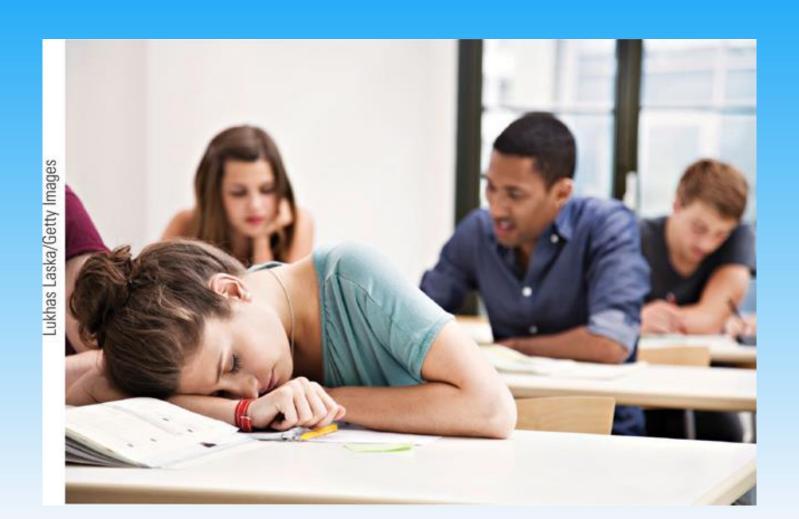








Sleep Deprivation, Sleep Disorders, and Dreams





Effects of Sleep Loss

True	False	se questions:
		1.
		2.
		3.
		4.
<u>-</u>		5.
<u>-</u>		6.
<u>-</u>		7.
<u>-</u>		8.
		9.
		10.
······		11.
		12.
		13.
·····	***************************************	14.
		15.

Effects of Sleep Loss

following true-false questions: True False		
		I need an alarm clock in order to wake up at the appropriate time.
		2.
		3.
		4.
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		11.
		12.
		13.
		14.
		15.

Effects of Sleep Loss

following true-false questions:			
True	False		
		1. I need an alarm clock in order to wake up at the appropriate time.	
		It's a struggle for me to get out of bed in the morning.	
		3.	
		4.	
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		14.	
		15.	

Effects of Sleep Loss

following true-false questions: True False				
		I need an alarm clock in order to wake up at the appropriate time.		
		It's a struggle for me to get out of bed in the morning.		
		Weekday mornings I hit snooze several times to get more sleep.		
		4.		
		5.		
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		14.		
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		I feel tired, irritable, and stressed out during the week.		
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		13.		
		14.		
		15.		

Effects of Sleep Loss

conseq	consequences of sleeping less than they should. To see if you are in that group, answer the			
following true-false questions:				
True	False			
		I need an alarm clock in order to wake up at the appropriate time.		
		It's a struggle for me to get out of bed in the morning.		
		3. Weekday mornings I hit snooze several times to get more sleep.		
		4. I feel tired, irritable, and stressed out during the week.		
		5. I have trouble concentrating and remembering.		
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		7. I often fall asleep watching TV.		
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Effects of Sleep Loss

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		7. I often fall asleep watching TV.	
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		10.	
		11.	
		12.	
		13.	
		14.	
		15.	
1			

Effects of Sleep Loss

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following true-false questions:			
True	False		
		I need an alarm clock in order to wake up at the appropriate time.	
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		8. I often fall asleep in boring meetings or lectures or in warm rooms.	
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		10.	
		11.	
		12.	
<u>-</u>		13.	
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		15.	
1			

Effects of Sleep Loss

Cornell University psychologist James Maas has reported that most students suffer the consequences of sleeping less than they should. To see if you are in that group, answer the following true-false questions: False True 1. I need an alarm clock in order to wake up at the appropriate time. 2. It's a struggle for me to get out of bed in the morning. 3. Weekday mornings I hit snooze several times to get more sleep. 4. I feel tired, irritable, and stressed out during the week. I have trouble concentrating and remembering. 6. I feel slow with critical thinking, problem solving, and being creative. 7. I often fall asleep watching TV. 8. I often fall asleep in boring meetings or lectures or in warm rooms. 9. I often fall asleep after heavy meals. I often fall asleep while relaxing after dinner. 11. 12. 13. 14.

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		 I often fall asleep within five minutes of getting into bed. 	
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		13. I often sleep extra hours on weekend mornings.		
		14. I often need a nap to get through the day.		
		15.		

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		13. I often sleep extra hours on weekend mornings.			
		14. I often need a nap to get through the day.			
		15. I have dark circles around my eyes.			

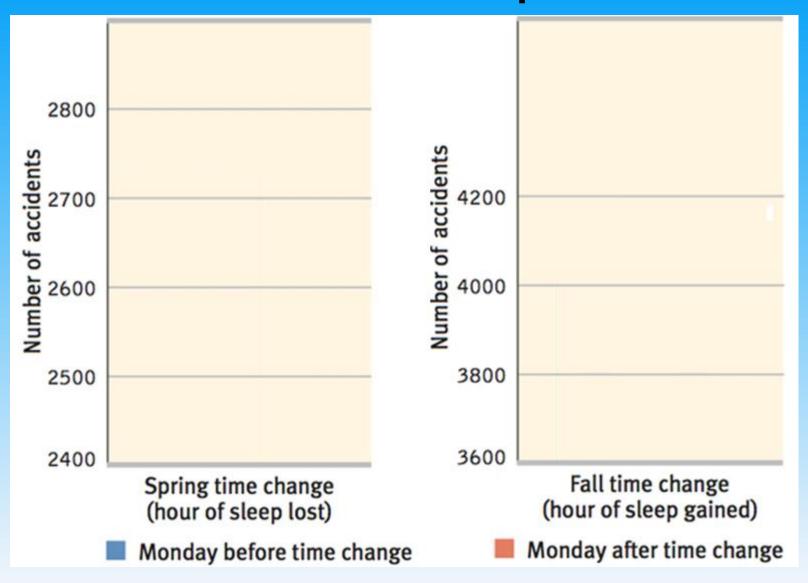
Cornell University psychologist James Maas has reported that most students suffer the consequences of sleeping less than they should. To see if you are in that group, answer the following true-false questions:

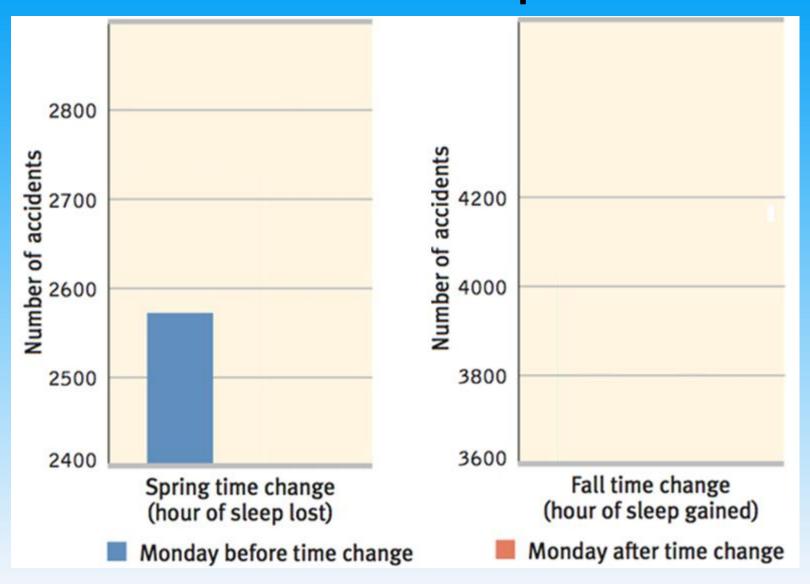
followin True	g true-fa False	llse questions:		
		I need an alarm clock in order to wake up at the appropriate time.		
		2. It's a struggle for me to get out of bed in the morning.		
<u>.</u>		3. Weekday mornings I hit snooze several times to get more sleep.		
<u>.</u>		4. I feel tired, irritable, and stressed out during the week.		
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		15. I have dark circles around my eyes.		
If you answered "true" to three or more items, you probably are not getting enough sleep. To				

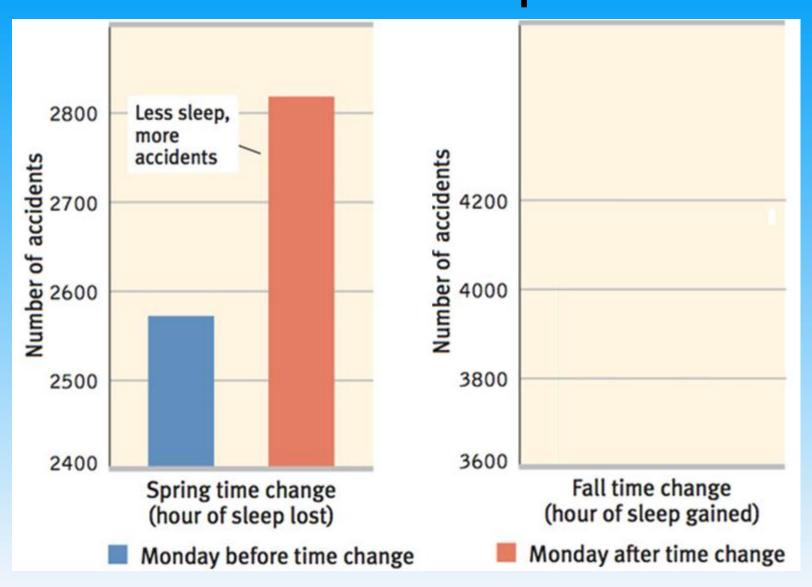
If you answered "true" to three or more items, you probably are not getting enough sleep. To determine your sleep needs, Maas recommends that you "go to bed 15 minutes earlier than usual every night for the next week—and continue this practice by adding 15 more minutes each week—until you wake without an alarm clock and feel alert all day." (Sleep Quiz reprinted with permission from James B. Maas, "Sleep to Win!" (Bloomington, IN: AuthorHouse, 2013).)

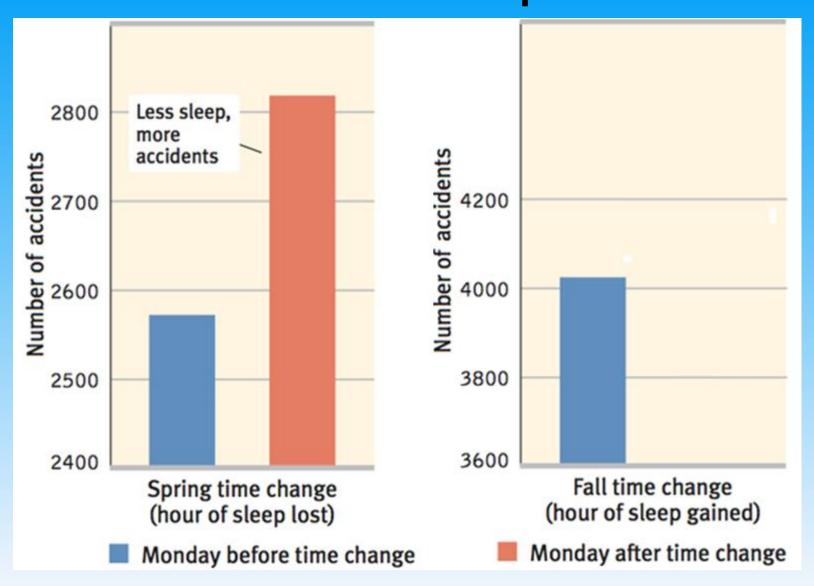
- US Navy and NIH studies
- Age and sleep loss
- Chronic sleep loss
- Springs and fall time changes

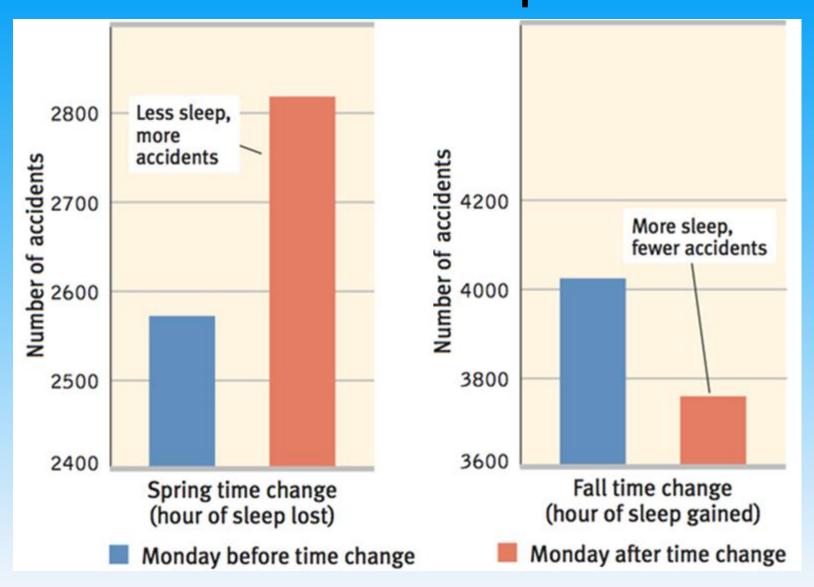




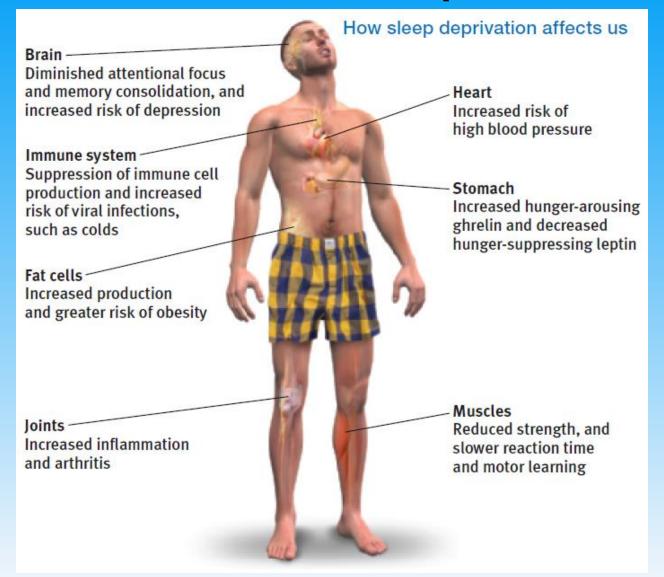








Effects of Sleep Loss



Major Sleep Disorders

- Sleep disorders
 - -Insomnia
 - -Narcolepsy

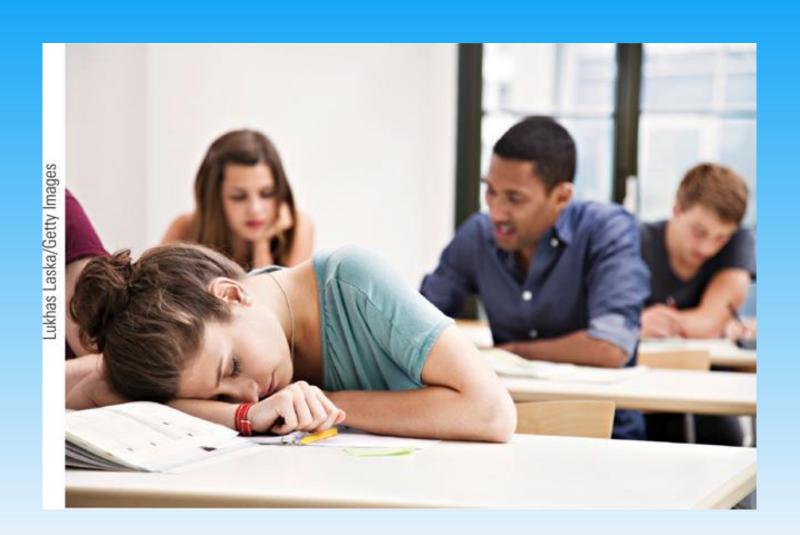


Major Sleep Disorders

- Sleep disorders
 - -Sleep apnea
 - -Night terrors
 - –Sleepwalking/ sleep talking

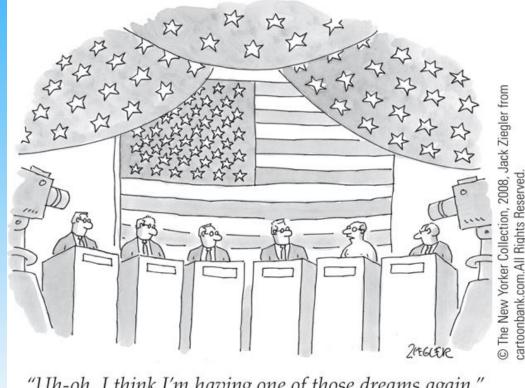


Dreams



Dreams What We Dream

- Dreams
 - -Manifest content
 - –Latent content

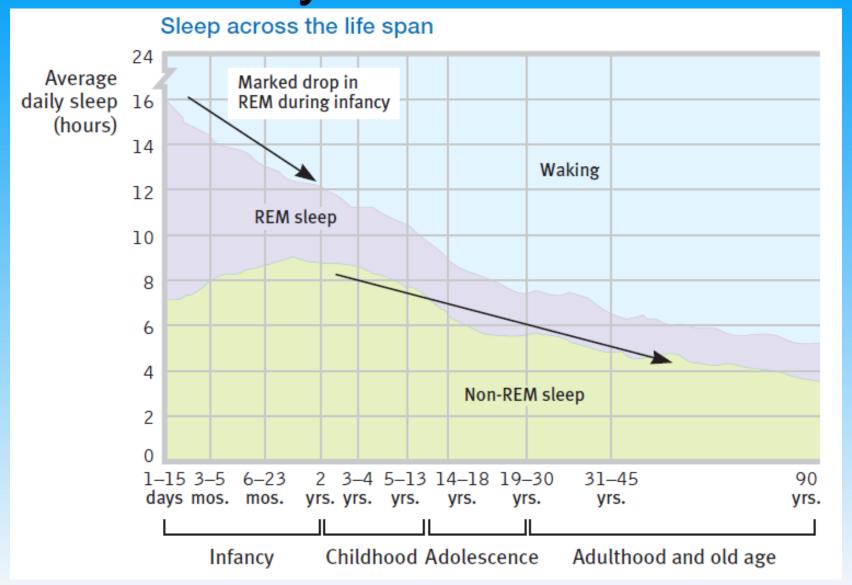


"Uh-oh. I think I'm having one of those dreams again."

Dreams Why We Dream

- To satisfy our own wishes
- To file away memories
- To develop/preserve neural pathways
- To make sense of neural static
- To reflect cognitive development
 - -REM rebound

Dreams Why We Dream



Theory	Explanation	Critical Considerations

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Freud's wish- fulfillment		

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Cognitive development	Dream content reflects dreamers' cognitive development—their knowledge and understanding.	Does not address the neuroscience of dreams.

Psychoactive Drugs

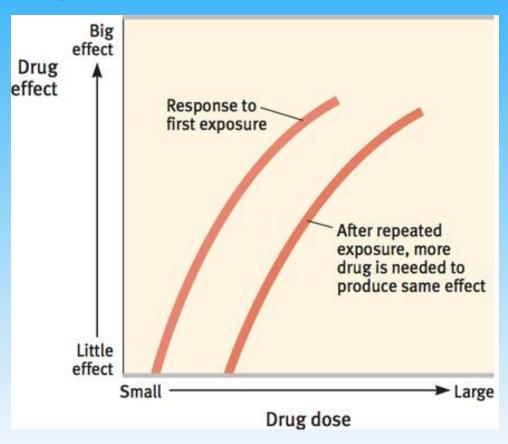


Tolerance and Addiction



Tolerance and Addiction

- Substance Use Disorder
- Psychoactive Drugs
- Tolerance
- Addiction
- Withdrawal



When Is Drug Use a Disorder?

When Is Drug Use a Disorder? A person may be diagnosed with substance use disorder when drug use continues despite significant life disruption. Resulting changes in brain circuits may persist after quitting use of the substance (thus leading to strong cravings when exposed to people and situations that trigger memories of drug use). The severity of substance use disorder varies from mild (two to three symptoms) to moderate (four to five symptoms) to severe (six or more symptoms) (American Psychiatric Association, 2013).

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Impaired Control

- 1. Uses more substance, or for longer, than intended.
- 2. Tries unsuccessfully to regulate substance use.
- 3. Spends much time gaining, using, or recovering from substance use.
- Craves the substance.

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- Continues use despite social problems.
- Use causes reduced social, recreational, and work activities.

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- Continues use despite hazards.
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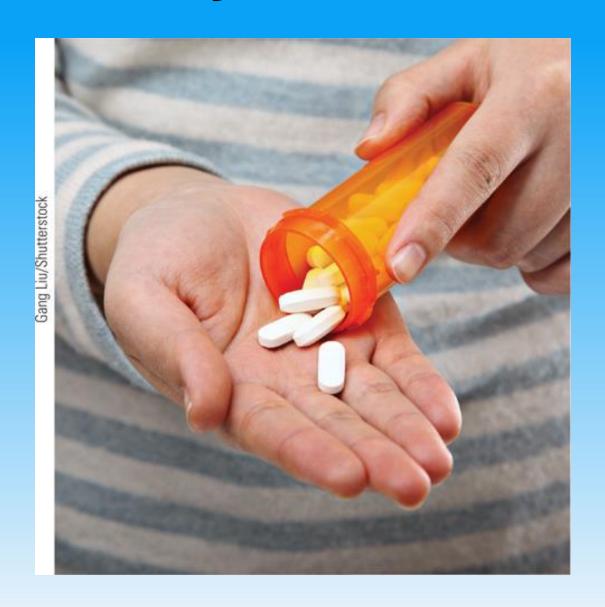
Risky Use

- 8. Continues use despite hazards.
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Drug Action

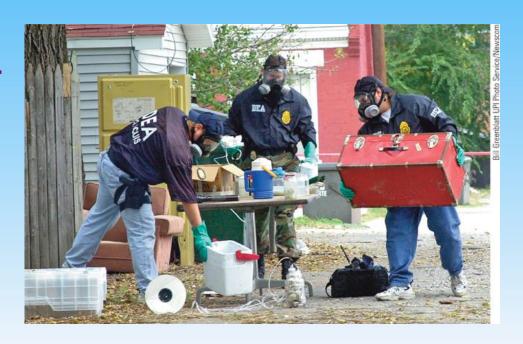
- 10. Experiences tolerance (needing more substance for the desired effect).
- 11. Experiences withdrawal when attempting to end use.

Types of Psychoactive Drugs



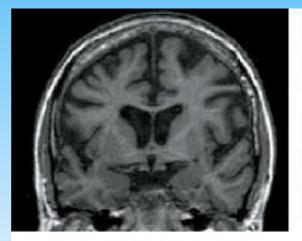
Types of Psychoactive Drugs

- Three types of psychoactive drugs
 - -Depressants
 - -Stimulants
 - -Hallucinogens



Types of Psychoactive Drugs Depressants

- Depressants
 - -Alcohol
 - -Barbiturates (tranquilizers)
 - -Opiates



Scan of woman with alcohol use disorder



Scan of woman without alcohol use disorder

Daniel Hommer, NIAAA, NIH, HHS

Types of Psychoactive Drugs Depressants:

Alcohol

- Disinhibition
- Slowed neural processing
- Memory disruption
- Reduced self-awareness and selfcontrol
- Expectancy effects

Types of Psychoactive Drugs Depressants:

Barbiturates and Opiates

- Barbiturate (tranquilizers)
- Opiates
 - -Endorphins

Types of Psychoactive Drugs Stimulants

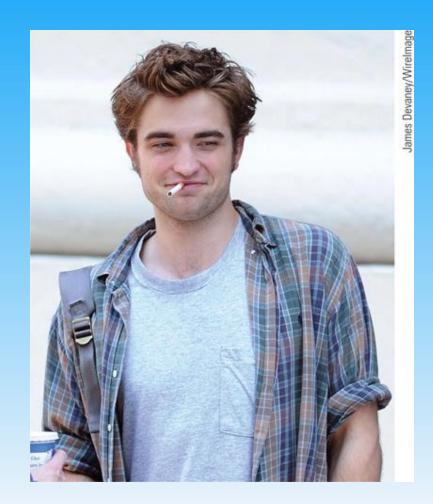
- Stimulants
 - -Caffeine
 - -Nicotine
 - -Amphetamines
 - -Cocaine crack
 - -<u>Methamphetamine</u>
 - –Ecstasy (MDMA)



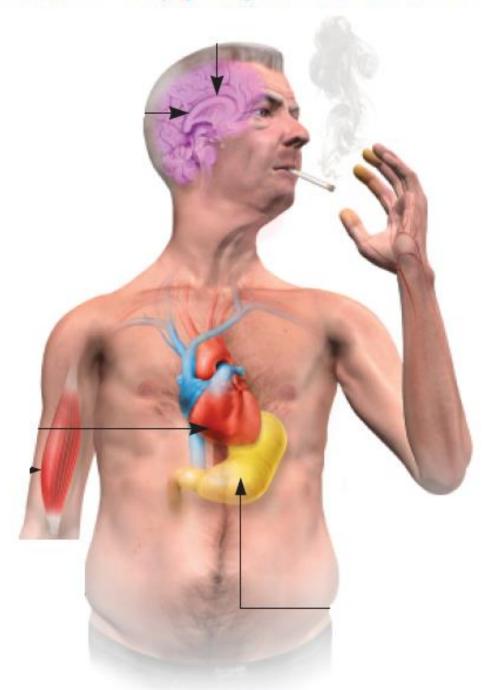
Types of Psychoactive Drugs Stimulants:

Nicotine

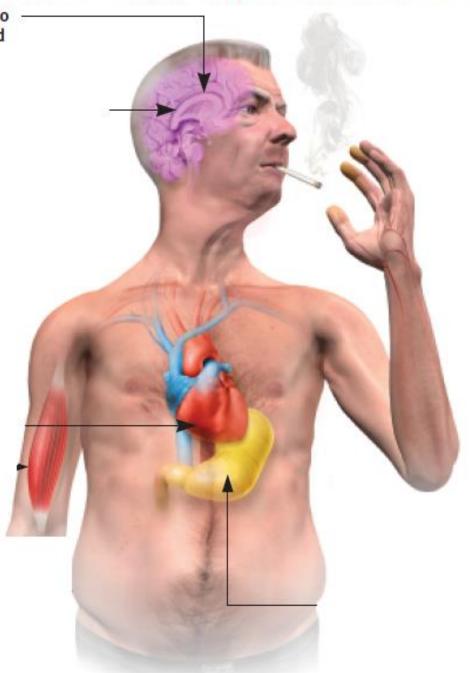
- Nicotine
 - -Usage
 - -Tolerance

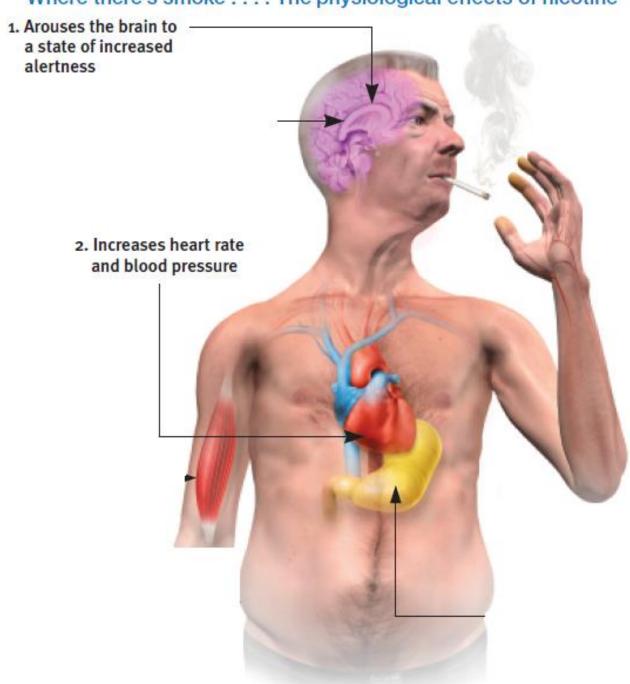


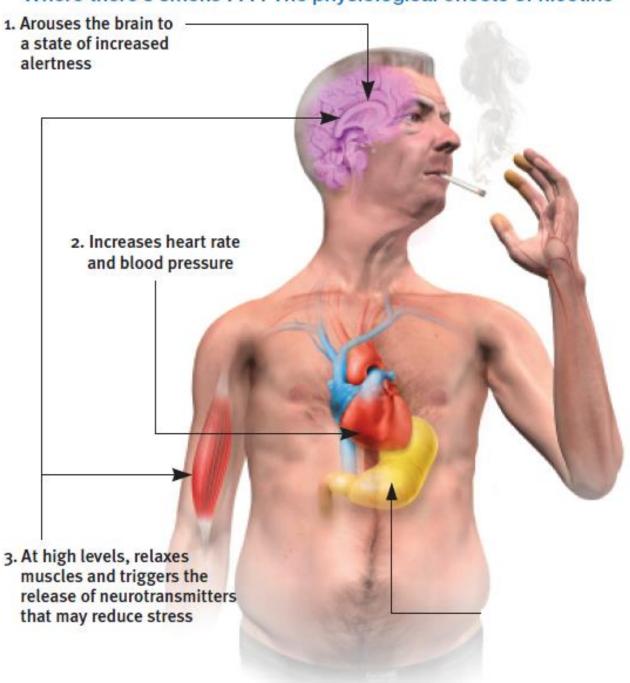
Where there's smoke . . . : The physiological effects of nicotine

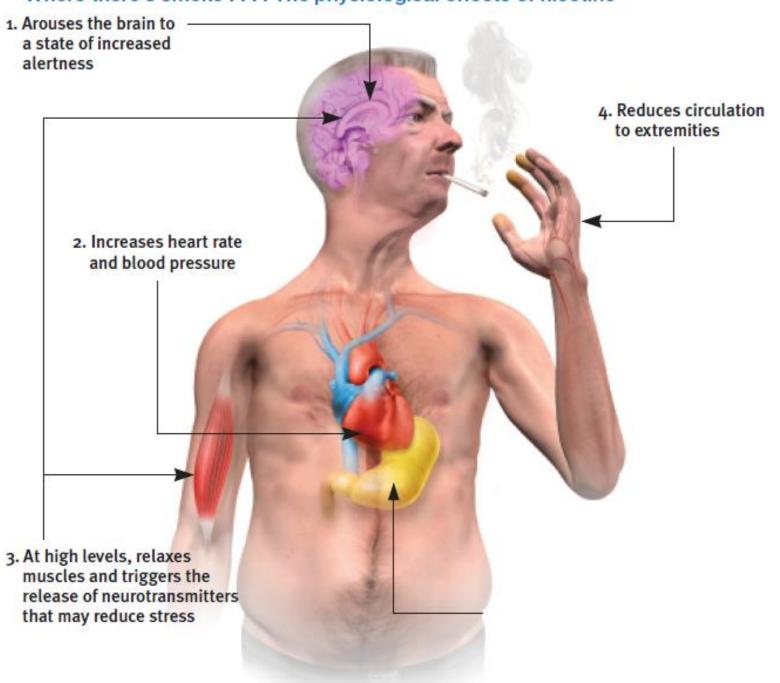


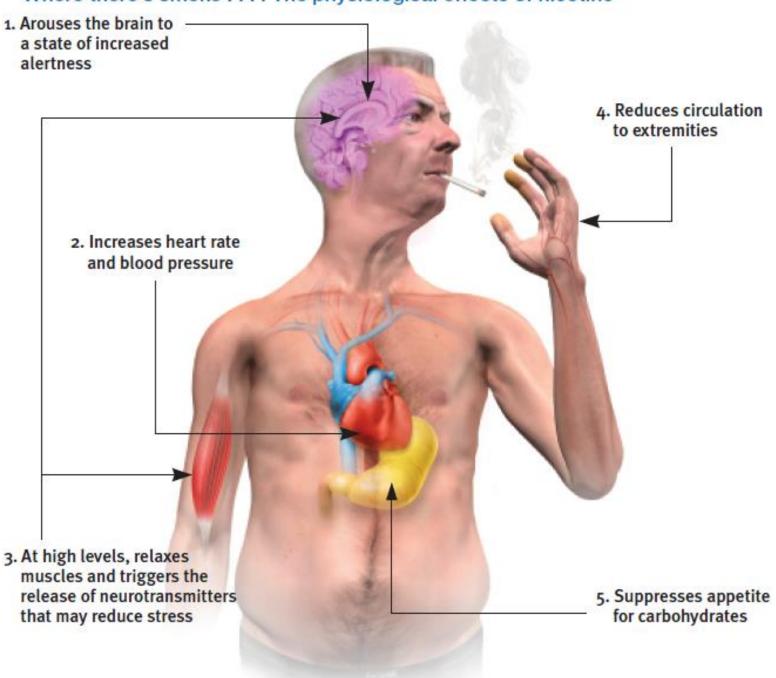
 Arouses the brain to – a state of increased alertness





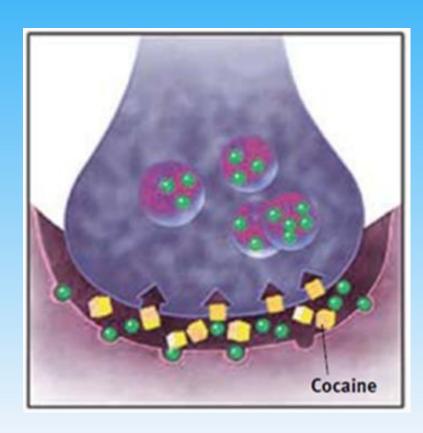


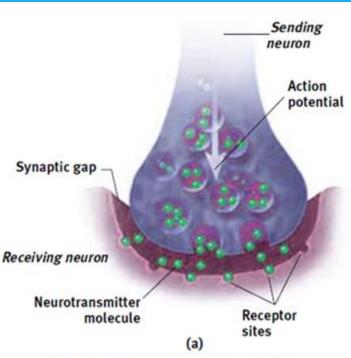




Cocaine

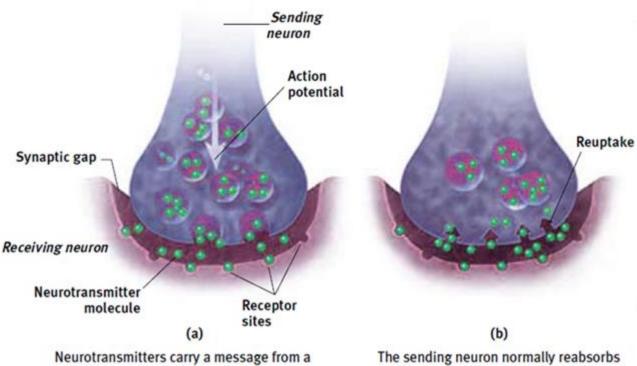
- Cocaine
 - -Neurotransmitters
 - -Crack





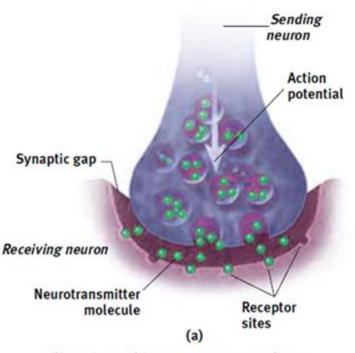
Neurotransmitters carry a message from a sending neuron across a synapse to receptor sites on a receiving neuron.

Cocaine

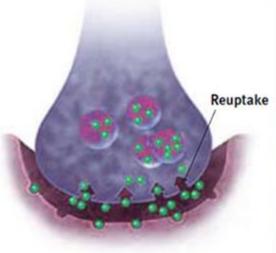


Neurotransmitters carry a message from a sending neuron across a synapse to receptor sites on a receiving neuron. The sending neuron normally reabsorbs excess neurotransmitter molecules, a process called reuptake.

Cocaine

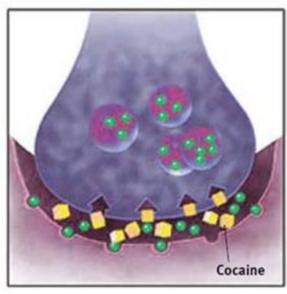


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(b)

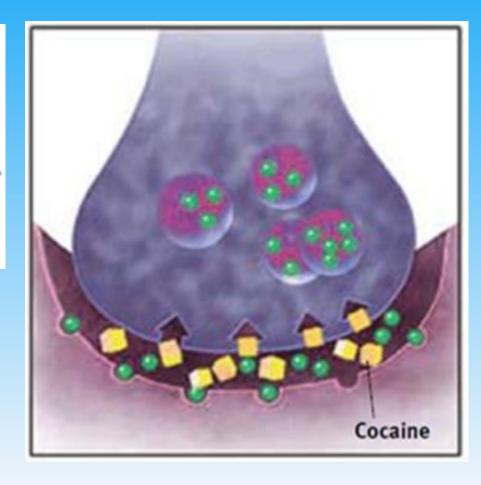


(c)

By binding to the sites that normally reabsorb neurotransmitter molecules, cocaine blocks reuptake of dopamine, norepinephrine, and serotonin (Ray & Ksir, 1990). The extra neurotransmitter molecules therefore remain in the synapse, intensifying their normal moodaltering effects and producing a euphoric rush. When the cocaine level drops, the absence of these neurotransmitters produces a crash.

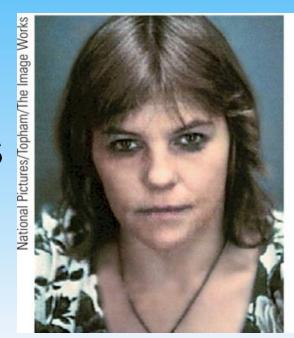
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Methamphetamine

- Methamphetamine
 - -Amphetamine
 - -Dopamine
 - Effects andAftereffects



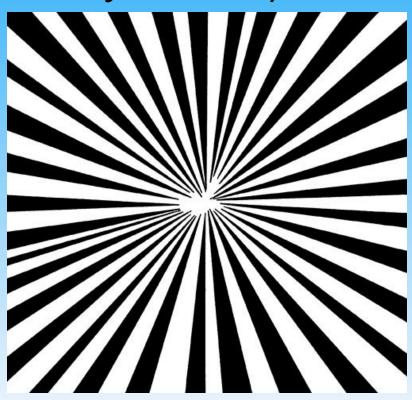


Ecstasy (MDMA)

- Ecstasy
 - –MDMA (methylenedioxymethamphetamine)
 - Dopamine and Serotonin
 - -"Club Drug"

Types of Psychoactive Drugs Hallucinogens

- Hallucinogens (psychedelics)
 - -LSD (lysergic acid diethylamide)
 - Acid
 - Near death experience
 - -Marijuana
 - THC



Drug	Туре	Pleasurable Effects	Adverse Effects

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Alcohol			
Heroin			
Caffeine			
Methamphetamine			
Cocaine			
Nicotine			
Ecstasy (MDMA)			
Marijuana			

		Pleasurable Effects	Advarsa Effects
Drug	Туре	Pleasurable Effects	Adverse Effects
Alcohol	Depressant		
Heroin			
Caffeine			
Methamphetamine			
Cocaine			
Nicotine			
Ecstasy (MDMA)			
Marijuana			

Drug	Туре	Pleasurable Effects	Adverse Effects
Alcohol	Depressant	Initial high followed by relaxation and disinhibition	
Heroin			
Caffeine			
Methamphetamine			
Cocaine			
Nicotine			
Ecstasy (MDMA)			
Marijuana			

		3-	
Drug	Туре	Pleasurable Effects	Adverse Effects
Alcohol	Depressant	Initial high followed by relaxation and disinhibition	Depression, memory loss, organ damage, impaired reactions
Heroin			
Caffeine			
Methamphetamine			,
Cocaine			
Nicotine			
Ecstasy (MDMA)			
Marijuana			

		Todottro Brugo	
Drug	Туре	Pleasurable Effects	Adverse Effects
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Heroin	Depressant		
Caffeine			
Methamphetamine			
Cocaine			
Nicotine			
Ecstasy (MDMA)			
Marijuana			

		3-	
Drug	Туре	Pleasurable Effects	Adverse Effects
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Heroin	Depressant	Rush of euphoria, relief from pain	
Caffeine			
Methamphetamine			
Cocaine			
Nicotine			
Ecstasy (MDMA)			
Marijuana			

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Drug	Туре	Pleasurable Effects	Adverse Effects
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Methamphetamine			
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Caffeine	Stimulant		
Methamphetamine			
Cocaine			
Nicotine			
Ecstasy (MDMA)			
Marijuana			

		3	
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Caffeine	Stimulant	Increased alertness and wakefulness	
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Cocaine			
Nicotine			
Ecstasy (MDMA)			
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Nicotine			
Ecstasy (MDMA)			
Marijuana			

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Ecstasy (MDMA)			
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Cocaine			
Nicotine			
Ecstasy (MDMA)			
Marijuana			

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Nicotine			
Ecstasy (MDMA)			
Marijuana			

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Nicotine			
Ecstasy (MDMA)			
Marijuana			

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Methamphetamine	Stimulant	Euphoria, alertness, energy	Irritability, insomnia, hypertension, seizures
Cocaine	Stimulant	Rush of euphoria, confidence, energy	Cardiovascular stress, suspiciousness, depressive crash
Nicotine			
Ecstasy (MDMA)			
Marijuana			

1			
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Nicotine	Stimulant		
Ecstasy (MDMA)			
Marijuana			

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Cocaine	Stimulant	Rush of euphoria, confidence, energy	Cardiovascular stress, suspiciousness, depressive crash
Nicotine	Stimulant	Arousal and relaxation, sense of well-being	
Ecstasy (MDMA)			
Marijuana			

II			
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Cocaine	Stimulant	Rush of euphoria, confidence, energy	Cardiovascular stress, suspiciousness, depressive crash
Nicotine	Stimulant	Arousal and relaxation, sense of well-being	Heart disease, cancer
Ecstasy (MDMA)			
Marijuana			

Drug	Type	Pleasurable Effects	Adverse Effects
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Marijuana	Mild hallucinogen	Enhanced sensation, relief of pain, distortion of time, relaxation	Impaired learning and memory, increased risk of psychological disorders, lung damage from smoke

The End

Definition Slides

Consciousness

= an awareness of ourselves and our environment.



Hypnosis

 a social interaction in which one person (the subject) responds to another person's (the hypnotist's) suggestions that certain perceptions, feelings, thoughts, or behaviors will spontaneously occur.



Posthypnotic Suggestion

= a suggestion, made during a hypnosis session, to be carried out after the subject is no longer hypnotized; used by some clinicians to help control undesired symptoms and behaviors.



Dissociation

= a split in consciousness, which allows some thoughts and behaviors to occur simultaneously with others.



Circadian Rhythm

= the biological clock; regular bodily rhythms (for example, of temperature and wakefulness) that occur on a 24-hour cycle.



REM Sleep

= rapid eye movement sleep; a recurring sleep state during which vivid dreams commonly occur. Also known as paradoxical sleep, because the muscles are relaxed (except for minor twitches) but other body systems are active.



Alpha Waves

= the relatively slow brain waves of a relaxed, awake state.



Sleep

periodic, natural loss of consciousness –
 as distinct from unconsciousness resulting
 from a coma, general anesthesia, or
 hibernation.



Hallucinations

= false sensory experiences, such as seeing something in the absence of an external visual stimulus.



Delta Waves

= the large, slow brain waves associated with deep sleep.



NREM Sleep

non-rapid eye movement sleep;encompasses all sleep stages except for REM sleep.



Suprachiasmatic Nucleus (SCN)

= a pair of cell clusters in the hypothalamus that controls circadian rhythm. In response to light, the SCN causes the pineal gland to adjust melatonin production, thus modifying our feelings of sleepiness.



Insomnia

= recurring problems in falling or staying asleep.



Narcolepsy

 a sleep disorder characterized by uncontrollable sleep attacks. The sufferer may lapse directly into REM sleep, often at inopportune times.



Sleep Apnea

 a sleep disorder characterized by temporary cessations of breathing during sleep and repeated momentary awakenings.



Night Terrors

= a sleep disorder characterized by high arousal and an appearance of being terrified; unlike nightmares, night terrors occur during NREM-3 sleep, within two or three hours of falling asleep, and are seldom remembered.



Dream

= a sequence of images, emotions, and thoughts passing through a sleeping person's mind. Dreams are notable for their hallucinatory imagery, discontinuities, and incongruities, and for the dreamer's delusional acceptance of the content and later difficulties remembering it.



Manifest Content

= according to Freud, the remembered story line of a dream (as distinct from its latent, or hidden, content).



Latent Content

= according to Freud, the underlying meaning of a dream (as distinct from its manifest content).



REM Rebound

= the tendency for REM sleep to increase following REM sleep deprivation (created by repeated awakenings during REM sleep).



Substance Use Disorder

= continued substance craving and use despite significant life disruption and/or physical risk.



Psychoactive Drug

= a chemical substance that alters perceptions and moods.



Tolerance

= the diminishing effect with regular use of the same dose of a drug, requiring the user to take larger and larger doses before experiencing the drug's effect.



Addiction

 compulsive craving of drugs or certain behaviors (such as gambling) despite known adverse consequences.



Withdrawal

= the discomfort and distress that follow discontinuing an addictive drug or behavior.



Depressants

= drugs (such as alcohol, barbiturates, and opiates) that reduce neural activity and slow body functions.



Alcohol Use Disorder

= (popularly known as alcoholism). Alcohol use marked by tolerance, withdrawal, and a drive to continue problematic use.



Barbiturates

= drugs that depress central nervous system activity, reducing anxiety but impairing memory and judgment.



Opiates

= opium and its derivatives, such as morphine and heroin; they depress neural activity, temporarily lessening pain and anxiety.



Stimulants

= drugs (such as caffeine, nicotine, and the more powerful amphetamines, cocaine, and Ecstasy) that excite neural activity and speed up body functions.



Amphetamines

= drugs that stimulate neural activity, causing speeded-up body functions and associated energy and mood changes.



Nicotine

= a stimulating and highly addictive psychoactive drug in tobacco.



Cocaine

= a powerful and addictive stimulant, derived from the coca plant, producing temporarily increased alertness and euphoria.



Methamphetamine

= a powerfully addictive drug that stimulates the central nervous system, with speededup body functions and associated energy and mood changes; over time, appears to reduce baseline dopamine levels.



Ecstasy (MDMA)

= a synthetic stimulant and mild hallucinogen. Produces euphoria and social intimacy, but with short-term health risks and longer-term harm to serotoninproducing neurons and to mood and cognition.



Hallucinogens

= psychedelic ("mind-manifesting") drugs, such as LSD, that distort perceptions and evoke sensory images in the absence of sensory input.



LSD

= a powerful hallucinogenic drug; also known as acid (*lysergic acid diethylamide*).



Near-Death Experience

= an altered state of consciousness reported after a close brush with death (such as by cardiac arrest); often similar to druginduced hallucinations.



THC

= the major active ingredient in marijuana; triggers a variety of effects, including mild hallucinations.

