CHAPTER II
ALTERED STATE OF CONSCIOUSNESS

A. Human Consciousness

Consciousness is the fundamental fact of human existence, it can be seen from the viewpoint of persons examining their own experience. Scientists have concentrated on studying the human brain and behavior objectively. They have largely ignored consciousness, since they cannot directly observe other people's conscious experience. Yet the fact of consciousness remains, and no account of human life can be complete if it ignores consciousness. It is psychology's particular responsibility, among all the sciences, to try to come to grips with the fact of consciousness. What is it? What are its forms?

What is consciousness? The question has captivated philosophers, scientists, and count-less other thinkers for thousands of years. There are two ways to understand consciousness, the first is called “primary phenomenal consciousness”¹ and the second is “reflective consciousness”². Consciousness is itself a controversial term, so any definition would be tentative at best. Indeed, the act of defining is itself one small aspect of the totality of consciousness, so

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¹ Primary phenomenal consciousness consists of patterns of subjective experience: sensations, percepts, emotions, body image, mental images, and inner musings.
² Reflective consciousness is dependent on primary phenomenal consciousness, because reflective consciousness requires that we focus on some particular phenomenal content and select it as input for further conscious processing, such as naming, categorizing, judging, evaluation, or choice of the next course of action.
how can one ever expect the part to satisfactorily define the whole? However, for the purposes of this discussion, Dennett (1991) explained:\(^3\)

Consciousness refers to the subjective awareness and experience of both internal and external phenomena. These phenomena may include but are not limited to: internal sensations, perceptions, thoughts, emotions, and the sense of self, as well as perception of all classes of external objects, events, and other stimuli. Part of the major problem in understanding and defining consciousness has been precisely how such a seemingly “external” object as a brain could possibly produce or experience subjective internal states. Such considerations lie outside the purview of this discussion.

Charles T tart explained consciousness is a system. This system consist of awareness/attention, energy, and structures. Awareness/attention is an ability to know or sense or cognize or recognize that something is happening, Energy here used in its most abstract sense, that is the ability to do work, to make something happen, and the structures refers to a relatively stable organization of component parts that perform one or more related psychological functions.\(^4\) Consciousness arise because of

interaction in the system (awarness/attention, energy, and structures).

B. Division of Consciousness

Talking about consciousness must be correlated with the stage of consciousness. It means that state of consciousness. Stages of consciousness can be divided become two categories that is state of consciousness (SoC) and altered state of consciousness (ASC). Charles T Tart stated that often happens when terms get into common use, they tend to be used so generally and imprecisely that they lose their descriptive value, and this is rapidly happening with SoC and ASC. So he introduced more specific terminology, a discrete state of consciousness (d-SoC) and a discrete altered state of consciousness (d-ASC).  

1. Discrete state of consciousness (d-SoC)

Discrete state of consciousness (d-SoC) can be defined as a specific pattern of functioning of the mind, recognizing that this pattern may show a range of variation in its specifics while still remaining the same overall pattern. Thus will recognize a variety of objects as automobiles even though they vary in shape, size, color, and other specific features. Within a d-SoC, particular parts of the pattern, particular psychological functions, may function faster or slower, more or less efficiently, or show a change in the

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particular content they are working with, but the overall pattern remains the same. For example, I looked around the room and the content of my particular perceptions changed from a door to a clock to a window, but I was in my ordinary state of consciousness all the time. I felt basically the same while looking at all three different things, my mind continued to function by a certain set of rules for reasoning and processing information, and so forth.6

2. Discrete altered state of consciousness (d-ASC)

Discrete altered state of consciousness (d-ASC) is a radical alteration of the overall patterning of consciousness (compared to some reference d-SoC, usually our ordinary waking d-SoC) such that the experiencer of the d-ASC (or perhaps an observer) can tell that different laws are functioning, that a new, overall pattern is superimposed on his experience. A d-ASC, can be illustrated by a state like dreaming, intoxication with a drug, or a possible result of meditative techniques. For example, I have had a dream of looking at the door, then at the clock, then at the window. The specific content and sequence might have been the same as in my ordinary d-SoC, yet (on awakening) I would clearly recognize that the overall patterning of my mental functioning had been quite different from what it ordinarily is. It is radical alterations, not just minor shifts in content or quantitative

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6 Ibid.
changes of functioning, but "radical" changes in the parts that constitute the pattern may include major quantitative shifts in the range of functioning of psychological/physiological functions such as memory, reasoning, sense of identity, and motor skills, and the temporary disappearance of some functions and emergence of new functions not available in the ordinary d-SoC.\textsuperscript{7}

C. Altered State of Consciousness

1. Defining Altered State of Consciousness

Understanding altered state of consciousness should be have notion about study of consciousness. Based on two point of study consciousness, below will be describe some definition of altered state of consciousness, so we can make distinction altered state of consciousness and make clarification about the definition.\textsuperscript{8}

Defining altered state of consciousness must be referred by consciousness theory. Both primary phenomenal consciousness and reflective consciousness must be involved for something to count as an ASC. In primary phenomenal consciousness there is a changed pattern of subjective experience, in reflective consciousness a cognitive judgment must be passed to the effect that the pattern of experience is subjectively recognized as somehow crucially different from

\textsuperscript{7} Ibid. Page 14-15.  
\textsuperscript{8} A. Revonsuo et al, *Philosophical Psychology* Vol. 22, No. 2, April 2009. page 188
normal. What seems to be in common with the definitions is that there has to be a change in the content of consciousness (change in primary phenomenal consciousness) and at least an implicit assumption that the person being in an ASC should somehow recognize this and be able to give introspective reports about it (involvement of reflective consciousness).

According to G.W Farthing definition of altered state of consciousness is a temporary change in the overall pattern of subjective experience, such that the individual believes that his or her mental functioning is distinctly different from certain general norms for his or her normal waking state of consciousness. This result ASC include change in attention, memory, and higher level thought processes.  

Charles T tart argues that An altered state of consciousness for a given individual is one in which he clearly feels qualitative shift in his pattern of mental functioning, that is, he feels not just a quantitative shift (more or less alert, more or less visual imagery, sharper, duller, etc.), but also that some quality or qualities of his mental processes are different.  

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10 For those who prefer a behavioristic approach an ASC is a hypothetical construct invoked when the behavior of verbal report is radically different from his ordinary behavior

Furthermore Revonsou *et al.* explain that altered state of consciousness is the state of the mechanisms of conscious representation. When those mechanisms are altered in such a way as to misrepresent rather than represent the world, then the person is in an ASC. So, they make definition of ASC as a state of the mechanisms of representation in the brain resulting in a global misrepresentation in organization of the overall contents of consciousness at some moment in relation to the surrounding (“world”) context (in which they occur).\(^\text{12}\)

From many description of definition Altered state of consciousness, those can be concluded that the last definition is more appropriate with theory of consciousness. Because that it is not the contents of consciousness that define whether a state is ‘‘normal’’\(^\text{13}\) or ‘‘altered’’ but its relation to the world. Thus, in an altered state, consciousness relates itself differently to the world, in a way that involves widespread misrepresentations of the world and/or the self. ASC should not be defined as an altered phenomenal state of consciousness, but an altered representational state of consciousness. It is not necessarily the phenomenal surface


\(^{13}\) Normal state of consciousness is a state of the mechanisms of conscious representation in the brain. In the normal state, the mechanisms of representation carry accurate information from ‘‘world’’ to consciousness. The overall contents of consciousness thus accurately represent the surrounding ‘‘world.’’ In the normal state of consciousness, primary phenomenal consciousness contains patterns of subjective experience that represent the world and the organism in ways that are functionally accurate representations of aspects of the world/organism.
itself that is altered, but the context in which the phenomenal surface. By looking at the phenomenal experience, we cannot know whether there is an ASC or not.\textsuperscript{14}

2. Induction of Altered State of Consciousness

After talking and describing about definition of altered state of consciousness, now we will discuss how to reach it, or commonly called by inducing altered state of consciousness. Inducing the transition to an ASC is a three-step process, based on two psychological and physiological operations. The process is what happens internally; the operations are the particular things you do to yourself, or someone does to you, to make the induction process happen. In the following pages the steps of the process are described sequentially and the operations are described sequentially, but note that the same action may function as both kinds of induction operation simultaneously\textsuperscript{15}. So, inducing altered state of consciousness influenced by psychological and physiological operation.

The first induction operation is to disrupt the stabilization of your normal state of consciousness, to interfere with the loading, positive and negative feedback, and limiting processes/structures that keep your psychological structures operating within their ordinary range. Several


stabilization processes must be disrupted. Stabilization processes can be disrupted directly when they can be identified, or indirectly by pushing some psychological functions to and beyond their limits of functioning. Particular subsystems, for example, can be disrupted by overloading them with stimuli, depriving them of stimuli, or giving them anomalous stimuli that cannot be processed in habitual ways. The functioning of a subsystem can be disrupted by withdrawing attention/awareness energy or other psychological energy from it, a gentle kind of disruption.  

The second induction operation is to apply *patterning forces*, stimuli that then push disrupted psychological functioning toward the new pattern of the desired ASC. These patterning stimuli may also serve to disrupt the ordinary functioning of the normal state of consciousness insofar as they are incongruent with the functioning of the normal state of consciousness. Thus the same stimuli may serve as both disruptive and patterning forces. The conclusion is there are two induction operations to entering altered state of consciousness, disrupting forces and patterning forces.

After explain about induction operation, now will describe induction process. The induction process can be seen at sketches Steps in the induction of an ASC below: \(^{16}\) \(^{17}\)

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\(^{16}\) Ibid, page 72.

\(^{17}\) Ibid page 73.
Figur.1.1 Steps in the induction of an ASC.

The explanation about the figure of ASC:

a. The first figure is the normal state of consciousness (represented as blocks of various shapes and sizes representing particular psychological structures) forming a system or construction (the state of consciousness) in a gravitational field (the environment).

b. The second figure is Disrupting and patterning forces, represented by the arrows, are applied to begin induction. Changing relationship of some of the latent potentials outside consciousness, changes we must postulate from this systems approach and our knowledge of the dynamic unconscious, but about which we have little empirical data at present.

c. The third figure is disrupting forces are successful in finally breaking down the organization of the normal state of consciousness. The construction/state of consciousness comes apart, and a transitional period occurs.
d. The last step is the patterning stimuli/forces must now push the isolated psychological structures into a new construction, the third and final step of the processes in which a new, self-stabilized structure, the ASC, forms. Some functions available in the normal state of consciousness may be available at the same or at an altered level of functioning in the ASC.

ASCs can be produced through a variety of methods and can appear in almost any context. In general terms, it has been proposed that ASCs are produced by any agent or maneuver which interferes with the normal inflow of sensory or proprioceptive (body awareness) stimuli, the normal outflow of motor impulses, the normal ‘emotional tone’ or the normal flow and organization of cognitive processes.¹⁸

Arnold M. Ludwig described specific conditions under which ASCs occur, dividing them into five categories:¹⁹

a. Reduction of exteroceptive (sensory) stimulation and/or motor activity. This includes the reduction of sensory input, the change in patterning of sensory data or the constant exposure to repetitive monotonous stimulation. Examples in this category include Highway hypnosis,

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solitary confinement ASCs, nocturnal hallucination and hypnotic trance.
b. Increase of exteroceptive (sensory) stimulation and/or motor activity and/or emotion. Here, ASCs result primarily from sensory overload or bombardment, which may or may not be accompanied by strenuous physical activity or exertion. Examples include brainwashing, mass hysteria, religious conversion and healing trance, spirit possession states, shamanistic divination and prophetic trance, ecstatic trance (dervishes), fire-walkers trance and ASCs resulting from inner emotional turbulence or conflict. The phenomenon of sonic driving also fits into this category, whereby ASCs can be induced by repetitive rhythmic sound, often in combination with intensive and prolonged dancing and enhanced by any corresponding fatigue, hyperventilation or increase in body temperature.
c. Increased alertness or mental involvement. This category includes ASCs which result primarily from focused or selective hyper-alertness over a sustained period of time. Examples include trance resulting from prolonged vigilance, fervent praying and total mental involvement whilst listening to a charismatic speaker.
d. Decreased alertness or relaxation of critical faculties. This category is characterized by passive states of mind where goal-directed thinking is minimal. Examples
include mystical states achieved through meditation, daydreaming, drowsiness and music trance.

e. The presence of somatopsychological factors. This refers to mental states resulting from alterations in body chemistry. Examples include ASCs resulting from dehydration, hormonal disturbances, hyperventilation or sleep deprivation, hypoglycemia from fasting, toxic deliria and ASCs induced via the ingestions of psychoactive substances.

3. Characteristics of Altered States of Consciousness

There are many features of ASCs experienced in common. Those are caused by differences in outward manifestation and subjective experience. Even though apparent differences among ASCs, we shall find that there are a number of common denominators or features which allow us to conceptualize these ASCs as somewhat related phenomena. Ludwig suggests that the characteristics of most ASCs, at least during clinical tests are:

a. Alterations in thinking. Within this category Ludwig includes subjective disturbances in concentration, attention, memory and judgment. Primary thought processes often predominate and reality testing can be impaired. The distinction between cause and effect becomes blurred, reflective awareness is diminished,

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\(^{20}\) Ibid page 13

\(^{21}\) Ibid page 13-17
and an individual may become less aware of being awake and can experience an inward shift in the direction of attention.

b. Disturbed time sense. The subject may feel timelessness, time coming to a standstill or a slowing or quickening of time.

c. Loss of control. The subject often experiences a loss of self-control. During the induction phase a subject may actively try to resist the ASC, fearing this loss of control, while in other cases they may relish giving in to experience, perceiving greater control or power through the loss of control. This condition is often occur in mystical, revelatory, spirit possession states, where the subject relinquishes conscious control in the hope of experiencing divine truths, clairvoyance, cosmic consciousness, communion with the spirits or supernatural powers.

d. Change in emotional expression. This includes sudden and unexpected delay of emotion, more intense displays than normal and emotional extremes.

e. Body-image change. This includes a wide array of changes to the way in which subjects perceive their body, whereby various parts of the body may feel shrunken, enlarged, distorted, heavy, weightless, disconnected, ‘strange’ or ‘funny’, experiences of dizziness, blurred vision, weakness, numbness,
tingling and analgesia may also occur. Also common are experiences of a profound sense of depersonalization, a schism between body and mind or feelings of the dissolution of boundaries between the self and others, the world or the universe. In religious settings, these may be interpreted as transcendental or mystical experiences of oneness, expansions of consciousness or oblivion.

f. Perceptual distortions. These include hallucinations, increased visual imagery and subjective hyperacuteness of perceptions. This can also include synesthesia, where one form of sensory experience is translated to another form (for example, smelling a color). The content of the perceptual distortions is particularly subject to the influence of cultural, individual and neuro-physiological factors.

g. Change in meaning or significance. This includes a tendency for subjects to attach an increased meaning or significance to their experiences, ideas or perceptions, contributing to feelings of profound insight, illumination or truth. This represents one of the most important features of the mystical or religious consciousness and is likely to explain the use of ASCs to achieve ‘revelation’ in the context of religious ritual.
h. A sense of the ineffable. Because of the uniqueness of subjective experience often associated with certain ASCs, subjects often find it difficult to explain them to someone who has not undergone similar experience.

i. Feelings of rejuvenation. On emerging from an ASC many claim to experience renewed hope, rejuvenation or rebirth.

j. Hyper suggestibility. This describes an increased susceptibility to accept or automatically respond uncritically to specific commands or requests or to non-specific cues. This characteristic is probably related to the reduction in critical faculties and capacity for reality testing and in an effort to compensate subjects may rely more heavily on suggestions of perceived authority figures. The dissolution of boundaries of the self-common in ASCs may also contribute to believing that an authority figure’s wishes are one’s own, while suggestions may also be accepted as concrete reality or viewed with increased significance.
Charles T. Tart statated important variations over known d-ASCs need to be distinguished: 22

a. Exteroception, sensing the external environment;
b. Interoception, sensing what the body is feeling and doing;
c. Input-Processing, automated selecting and abstracting of sensory input so we perceive only what is "important" by personal and cultural (consensus reality) standards;
d. Memory;
e. Subconscious, the classical Freudian unconscious plus many other psychological processes that go on outside our ordinary d-SoC, but that may become directly conscious in various d-ASCs:
f. Emotions;
g. Evaluation and Decision-Making, our cognitive evaluating skills and habits;
h. Space/Time Sense, the construction of psychological space and time and the placing of events within it;
i. Sense of Identity, the quality added to experience the makes it a personal experience instead of just information; and

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j. Motor Output, muscular and glandular outputs to the external world and the body.

4. Altered State Of Consciousness Experienced

Sarah Lavoie\(^\text{23}\) taught there are many common experience that can create altered state of consciousness. For example, sleeping or daydreaming, childbirth, sleep deprivation, sexual euphoria or panic. Often, people intentionally try to alter their conscious state. There are many reasons people try to attain an altered state of consciousness, including religious and spiritual reasons, relaxation and even hypnosis to increase health. Let's take a look at a few of the more common altered states of consciousness a person may experience.\(^\text{24}\)

a. Psychoactive drug use

Psychoactive drug is simply a big term for a drug that affects the brain and alters consciousness. Some drugs used for recreational or spiritual purposes are illegal due to their effects. Using psychoactive drugs can affect the way we experience our surroundings, creating changes in thoughts, mood, emotions, behaviors and perceptions of reality. Psychoactive drugs can create hallucinations and delusions, making people see and hear things that are not there.

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\(^{23}\) Sarah has taught Psychology at the college level and has a master's degree in Counseling Psychology.

b. Meditation

Meditation is a practice that has been praised by a small, but highly vocal, portion of humanity all through recorded history, with its extolled virtues ranging from away of achieving happiness and peace in everyday life to escaping the limitations of the human condition and attaining a mystical union with the Divine. One would expect that such venerable practice would have been thoroughly studied by psychology, especially because of its mental health implications, but this is far from the case. Meditation may lead to an ASC, where the sense of the self disappears or where the meditator has visual hallucinations of light, profound mystical experiences, etc. However, an ASC during meditation is an exception rather than a rule: most of the time consciousness during meditation can be fully described and explained by referring to concepts such as attention, concentration, relaxation, inner imagery and speech, and absence of sensory stimulation. Only if wide-ranging misrepresentations take place during meditative experience has the meditator entered an ASC.

c. Higher and mystical states of consciousness

There are many ASCs that are considered positive, desireable, and “higher” states of consciousness, such as flow, cosmic consciousness, and enlightenment. Although highly positive and desirable, they typically involve
misrepresentations. One defining feature of a flow state is the distorted sense of time and self. When in flow, hours feel like minutes. Or one may feel tireless and powerful despite objective evidence to the contrary (e.g., runner’s high when running a marathon). In mystical states, there are delusions of special importance and grandeur; beliefs about a special contact with God or the Universe, special knowledge gained through such mystical subjective channels, and distortion of the sense of time and the sense of self. Also, hallucinations of travelling through the cosmos, or of seeing the whole world or god or eternity etc. may be involved. Thus, despite their intensely positive emotional tone and significance for the subject, these states are ASCs insofar as they tend to induce a variety of misrepresentations for the subject’s conscious experience.\textsuperscript{25}

d. Spirit medium performance

Spirit medium performance as ASC experienced is performance that be indicated as spirit, god, animal, or other spirit possession. This is the one way to communicate to spirit of ghost, animal, or god. Phenomena of spirit medium performance like people that lost their consciousness, loss of control, and also have other consciousness which make control the body.

\textsuperscript{25} A. Revonsuo \textit{et al.} \textit{Op.cit.} page 200
Most of spirit medium performance happened in traditional belief of society. The medium usually get incredible power of the spirit. Man that can’t do anything become who has ability to do anything. For example, man basically can’t do football, became master of football, after spirit induce her body. Of course this is depend on the spirit which possessed. This state is ASCs, it can be seen at the misinterpretation from the basic form consciousness.²⁶