

# Epistemic Value of Consciousness in Altered experience

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**Abstract:** This paper engages in a systematic evaluation of knowledge gained in altered experiences of consciousness. It explains the significance and value of consciousness from the perspective of an altered experience. The argument of this paper is that there are shades of awareness in altered state of consciousness which can be remembered: Thus it explores the role of internal feeling of selfhood, sub-personal, intentionality and existence in altered states of consciousness using perceptual analysis. This allows philosophical arguments, experience and thought experiments have a role to play in supplying the missing explanatory gap in understanding the place of conscious in altered states of experience. This is anchored on the theoretical framework is intersubjectivity.

**Keywords:** Anaesthesia, Consciousness, Experience, Altered consciousness, Drugs, Causation, Hallucinations, Perception, Sub-personal, Naturalized epistemology, Naturalized Philosophy of Mind, memory, Philosophy of Memory

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## 1. INTRODUCTION

Consciousness is a crucial part of human experience. Consciousness is defined in terms of its two parts: awareness and arousal. It is an individual's awareness of external events and internal sensation under a condition of arousal (King, 2010:118). Awareness, therefore, includes awareness of the self and one's thought about one's experience. Consciousness is connected with the brain. Awareness is the subjective state of being conscious of what is going on, which typically involves the cerebral cortex especially its association with areas around the front lobes. 'Altered state of consciousness' is a radical change from the 'normal state of consciousness.' Farthing (1992:205) explains altered state of consciousness as 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.

From another perspective, Tart (1990:1) writes that: An altered state of consciousness for a given individual is one in which he clearly feels a 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.

Thus altered state of consciousness is both a psychological and neural state. 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 (Revonsuo *et al*, 2009:194). It involves change in the pattern of experiencing the subjective self. This also means that a corresponding altered pattern of neural activity must be involved and objectively detected. This is why the aim of this paper is to explore the epistemic values of consciousness in altered states.

Postmodernist phenomenological ontology regards consciousness as the foundation of discourse. Earlier, there was an attempt to answer the question, 'what the meaning of an altered experience is?' From the perspective of naturalized epistemology, we raise the following questions: in what sense(s) can we accept a narration of an altered experience as critical and exact? In what senses can consciousness be altered? Do we remember ourselves in altered states? This further posits the problem of explanatory gap(s) amongst memory, thought, mind and perception. This is because the importance of our private thoughts has a place in understanding the senses of account of selfhood. The central difficulty for theories of perception is the inability to distinguish hallucinatory experiences from perceptual

experience. Thus, conceptual clarifications are provided to explain the state of consciousness in altered experience and the thoughts about the inner experience. This will add value to the ethics of medical practice while handling patients as well as understanding the value of human life and dignity.

Be that as it may, part of the objective of this research is to investigate the nature of conscious state in altered states essentially in medical practice. The moral and epistemic grounds for justification of the use of anaesthesia in radical disruptions of human consciousness for the sake of pain will be left out for further discussion. An explanatory insight into the role of drugs to human's wellbeing is discussed subsequently. It will expose the medical grounds that allow the build-up of anaesthesia using human brain, respiratory and cardiovascular mechanism in surgery. The focus of this research will be on altering one's conscious in caesarean section. A caesarean birth is the delivery of a baby through incision made at the mother's abdomen and uterus. Caesarean sections are associated with short and long term risk which can extend to many years beyond the current delivery and affect the health of the woman, her child, and future pregnancies. These risks are higher in women with limited access to comprehensive obstetric care.

Thus in issues of consciousness, objectivity of knowledge, rationality and progression of human affairs demand more clarification. The need for more clarifications in explanations of human consciousness is necessary for human survival. Thus, the methodology of my research is perceptual analysis. Perception is the interpretation and recognition of the objects and events we sense (Kantowitz *et al*, 2009:182). This work will discuss a narrative of three selected accounts of altered consciousness in caesarean section. This offers us the background for most of the theoretical and methodological issues we experience. Our direct perception picks up information naturally without reflection on them whereas indirect perception argues that our judgement of depths is made on the basis of our past experience with the depth cues (Kantowitz *et al*, 2009:182). Perception in this research has to do with one's experience of event of caesarean section and much research on perception has attempted to understand the nature of the phenomenon of altered consciousness from experience. From this narration, we make further discussion on the value-ladenness of conscious experience which preserves its rationality. It has a practical, ethical and a theoretical epistemology side which we will focus on later.

On the part of bodily experience, the human body is an epistemic valve for understanding reality. The woman's body stands in epistemic context in this study to justify how anaesthesia works during caesarean section and how human mind can be sent to oblivion and her consciousness kept under regulated illusion to perform an act on the body: Thus, exercising the need for a wider study on the use of anaesthesia not just on human, but with kin interest on the woman trying to populate the world. The act of child bearing is not a selfish enterprise; rather it is a social value.

## 2. Role of Drugs in our lives (altered states)

One way people seek to alter their own consciousness is through the use of psychoactive drugs. Drugs play vital roles in our lives. These roles can be positive or negative. The negative effects of psychoactive drugs include physical dependence, psychological dependence and addiction. Illicit drug use is a global problem (UNDOC). Psychoactive drugs include depressants, stimulants and hallucinogen. Depressants slow down mental and physical actions. Some of them are alcohols, barbiturates, tranquilizers and opiates. Stimulants increase the activities of the central nervous system. Examples include caffeine, nicotine, amphetamines and cocaine. Hallucinogens are psychoactive drugs that modify a person's perceptual experiences and provide visual images that are not real. They are psychedelic (from Greek word mind revealing) drugs. Marijuana has mild halogenic effect, while LSD is a stronger form.

In surgery, the anaesthetists (personnel) use the sorts of drugs called anaesthetics; all affect the brain. Anaesthesia is from two root words; *anastegia* meaning no pain and *Anastetin* meaning unconscious. It is built in line with the understanding of the workings of the human brain, respiratory and cardiovascular physiology. The human brain is made of cerebrum (for reasoning), mid-brain, hind-brain and medulla oblongata. The medulla oblongata controls all the vital centres of the body; the heart, brain, cardiac central, vasomotor (blood flow), respiratory (lungs) and reflex. Thus, the medulla oblongata plays essential role in altering one's reflex activities during surgery. It is the activities of this part of the brain that are altered (paralyzed), using anaesthetic agents during surgery. The depressant effect of anaesthetic drugs in respiration has been known since the earliest days when the depth, character and rate of respiration were recognized as a valuable clinical sign to the depth of anaesthesia. Initiation of a breath starts in the respiratory neurons of the respiratory centre in the floor of the fourth ventricle. Expiration proceeds passively with the start of elastic energy in the lung and chest wall

providing the force to overcome the resistance to airflow through the bronchial tree and upper airway (Hanning, 1996: 1-2). This respiration is regulated by the respiratory neurons to maintain homeostasis. Arterial carbon dioxide tension ( $P_{aCO_2}$ ) is regulated at about 5.3kPa (40mmHg). Under normal circumstances, the main determinant of the minute ventilation ( $\dot{V}$ ) is the production of carbon dioxide ( $\dot{V}CO_2$ ), ventilation is greater on a carbon based diet (Respiratory Quotient RQ= 1.0) than a fat diet RQ=0.1, as the energy produced per unit  $CO_2$  evolved is greater in the later. This is based on the understanding of the different mechanism of respiration (compliance, suffocations, resistance) that it is reversible and control is possible during anaesthetic administration.

The depressant effect of anaesthetic drugs on respiration has been known since the earliest days when the depth, character and rate of respiration were recognized as valuable clinical signs to the depth of anaesthesia. The volatile and intravenous anaesthetic agent and the opioid analgesics all depress respiration and decrease the responsiveness of  $CO_2$  (Hanning, 1996: 10). The response is not uniform, the opioid characteristically reduces respiratory rate while some of the volatile agents such as trichloroethylene may increase it. Hypoxic ventilator drive is similarly impaired by volatile agents in low concentration. Other respiratory response such as arousal response to airway obstruction and cough are reduced during anaesthesia. The pattern of respiration during anaesthesia tends to be regular without the intermittent sighs seen during wakefulness. The mechanism of respiration and the induction anaesthesia results in a reduction in the FRC of about 0.5 litre, probably due to cranial displacement of the diaphragm.

There are different types of anaesthetics which are given in different ways. There are inhalational anaesthetic, intravenous anaesthetic agents, local anaesthetic agents and drugs used to supplement anaesthesia. First, the local anaesthesia causes no sleep. The patient will be conscious of everything but will not feel pain at the region of surgery. The patient will relax, but not sleep in local infiltration. Xylocaine is of the category. It comes in variants of xylocaine (1%, 2%, 5%, they must not mix with blood). There is also Marcaine 20%. The general anaesthesia keeps the patient asleep, unconscious and painless. It keeps the patient relaxed and has no toxic effect to the patients.

The use of anaesthesia agents involves a multi-parameter patient monitor. This is done in phases. First is the induction phase. This is the introduction of drugs to knock-down the activities of the brain, so that the patient will sleep. This is done using inductive agents such as propofol (2,6-di-iso-propylphenol), phaphsecildine (hallucinogenic drugs- are groups of drugs having varying categories, morbid patents use phanscildine to bit the brain). There is also thiopentone (paintotal) which is

used to reduce high blood pressure. The alphatazine (alphadone) and Desflurane group of drugs are no longer commonly in use. When given this, there are so many undescribed reflexes presented after induction.

This is followed by introduction of the pre-operative medication. Pre-operative assessment and premedication ensure that the patient is "fit for anaesthesia" before surgery. It includes obtaining a history and performs physical examination, assess the risk of anaesthesia and surgery and institute preoperative management (Smith, 1996:305). This involves the administration of Altor pain (anti-cholinergic drugs). This drug will shoot up the blood pressure, increase the pulse rate, stop secretion (no tears). It is parasympathetic (it shoots up anything down), the use of minor. Tranquilizers will protect the minor reflexes. Narcotic analgesics (more than a hundred of them including betiding, petazozine, betrinopha, Indian herm, cocaine, margina, and so on) kills pain immediately and makes people feel euphotic (high). They are also drugs of addiction. The endotratic is used for respiratory undertaking by medical personnel. There is the maintenance phase where depolarizers are used (such drugs like sux-methonium, xacorerxer) and non-depolarizing drugs (which relaxes the muscles). The non-depolarizers make patents not to fasciculate; it lasts for twenty minute. Such drugs include phalcuronium promide and atriculum; while Alcurunum bromide is for long time operation between thirty-five to forty minutes.

Lastly is the reversal stage. This is when you want the patient to wake up. This is intonated (extubating). This is when you use drugs (like protigmin, neostigmine combined with neutrotine to stop excessive salivating (anticonestius). This is how drugs are used to alter consciousness during surgery in medical practice. Next is three accounts of experience of people whose consciousness were altered during surgery.

### 3. Remembering, the divided self and Consciousness in an altered State

The essence of this section comes from the logic of mental conduct. The best evidence would be from experience of persons whose consciousness were altered. Extrapolation is involved in the idea of altered consciousness, since it is subjective in character. Part of the objective of this paper is to analyse some individuals' accounts of altered states of consciousness for persons who experienced caesarean section. The simplest dependent variable is the verbal description given by the observer; first person account. The independent variable is the altered physical nature. We considered three experiences, which were narrated, and are considered as

statements of specific subjective altered experiences. It is subjective, however, it exists between one person and

another, and are assembled. This is different from subjective character of a person deaf and blind at birth, because it is not accessible. Their accounts are summarized below:

Observer X: *My experience in caesarian section was as a result of multiple pregnancies. My conscious state was altered and I know it. How? I was sure I was in the hospital trying to bring my babies forth, but suddenly I saw myself in a baby shop, trying to pick lots of baby items. I am sure my consciousness had been tampered during the caesarean section. I was aware that my consciousness is altered and I was aware I was hallucinating.*

Observer Y: *I felt serious pain when I was given the first cut and I screamed. The doctor said in my language: 'madam, stop shouting we are human beings like you.' I heard him say increase the anesthesia. I have really made up my mind to understand and differentiate how and when my conscious state will be altered. At each cut I felt reduced pain, that moment, I noticed my body has been cut and I felt the movement of their hands inside me (my womb); how they played within my uterus and all their comments like 'this baby is slippery', 'oh the second is very bigger.' I felt all movement within my uterus and heard all they have said but could not feel the pains after a while. It was as if they were stitching I screamed, and suddenly saw myself climbing stairs and at each end of the stairs I felt ice being poured on my head, and I felt relieved and continued walking. I already know my consciousness had been tampered to reduce pain, because I know I was at the hospital ready to bring my babies forth and have no business with climbing endless stair case. But the pain reduced though was persistent for a couple of months.*

Observer Z: *I know when I started hallucinating, when the Anastasia said: Madam, lead us in prayer, I replied I have done that within my heart, suddenly my opened mouth was frozen. The doctors appeared in my dream state, it was as if I was hearing their voices, conversations and I know I was paralyzed and I was saying these doctors again, but then my mouth was not moving. I understood I was hallucinating until the surgery was over.*

A compelling aspect of this research is that the dependent variable seems to provide insight into phenomenological experiences of women under controlled altered consciousness. This is the internal awareness of the external observer through a strong verbal report. Thus the observer's report must be correlated with the awareness of the experience. The

generality or regularity of the result increases the confidence in the utility of verbal report that is given. Thus, the verbal statement qualifies only a verifiable relationship between the responses that a person's perceptual event can be directly inferred. Natsoulas (1967:250) defines a report as a presumed or confirmed relationship between proceeding or synchronous events  $e_1$  and the responses. This relationship must be such as to make possible direct inferences from knowledge of the response of  $e_1$ .

The knowledge from the accounts above are testimonial knowledge made cognitive through linguistic communication (Jimoh and Iyogun, 2020: 161'). Thus at the centre of these accounts are regulated altered states of consciousness, experience, selfhood, sub-personal experience, intentionality. The individual under caesarean section has lots of questions to ask and to understand empirically, what exactly the doctors have done to alter her real life experience and keep her in regulated illusion. Even though she was mentally and consciously awake to determine how her consciousness will be tempered and/or altered, this idea echoes William James' intuition that "whatever I may be thinking of, I am always at the same time more or less aware of myself" (James, 1961: 42). It is the activities of the brain that are usually altered, where is the mind? Was the mind weak to stand objectively? And if I may ask; myself where is this hallucination coming from? Which part of the body does hallucination bring dreams from?: The mind? Brain? Or where? Probably, I guess, from the mind, from what one has in mind or from the last moments of one's experiences. One hard question here concerns the memory: how are memory representations stored and organized so as to be made available for retrieval in the appropriate circumstances and form experiences of altered states of consciousness? Thus philosophical theories of memory should engage with the question as well. Memory is a faculty performing a kind of cognitive *triage*: management of information for a variety of uses under significant computational constraints. In such triage, memory representations are preferentially selected and stabilized, but also systematically modified and integrated into generalized, model-like representational structures. These accounts, I argue, points to a new kind of preservationist theory, on which the preservation of information in memory goes hand-in-hand with the maintenance of its relevance even in altered states of consciousness.

#### **4. Understanding the Epistemic Value of consciousness in An Altered Experience**

To think about value of a phenomenon or thing is to understand the quality and degree of importance given to it. In the development of scientific

knowledge, there are four types of values-commitment; *Value-Laden phenomena*; scientists in their respective areas are committed to. Our understanding of the past enables our normal human consciousness classify manipulations, signs and metaphor. Knowledge is governed by politics which centres on the epistemic values of governing conscious experience and the experience itself. It is when epistemic values are rooted in social values appropriately that knowledge becomes possible. Conscious experiences are appropriate when they are rooted in social values. In Doppelt (2014:351) words, 'it is only when social values are expressed in the appropriate epistemic values that scientific knowledge becomes possible. Thus the causal influence of social values over knowledge (conscious) claims is rational only when these values provide good reasons for the adoption of appropriate epistemic values. It borders about how common values are renegotiated in understanding a particular issue, in this instance altered states of consciousness.

I want to argue here that it is not all altered states that provide epistemic values. There are several altered states that do not provide adequate epistemic value. If one gets drunk, for instance, there is no appropriate epistemic value to it. Altered states under controlled environment like in medical practice can provide appropriate epistemic valve because there are standards governing altered states. Epistemic values include properties of theories such as simplicity, unification, accuracy, novelty in prediction, explanatory depth, empirical adequacy (Doppelt, 2014:347). Thus altered experience as narrated above is value-laden since its epistemological thesis is joined with the epistemic values and standards in understanding a conscious experience. This indeed is a good example of the way a reasonable social value justifies the practical commitment to a new epistemic value for delineating the domain of relevant phenomenon. It is important to note here that even though this shared experience was influenced by social values, the value-ladenness of knowledge obtained here cannot be reduced to social values.

#### **4.1. Altered Consciousness as Perceptual experience and knowledge**

Altered consciousness is a perceptual experience. Another side of the argument here is; how is perceptual experience embodied? Embodiment suggests that we are beings with human bodies. The human body designates us as epistemic agents. This is because human interactions (within, or from the outside world) of whatever degree is through the body. The light rays, sounds, and pains are experienced through the body. This happens because they were transduced into the

neurobiological currency capable of generating experience. Thus bodily processes form a constitutive part in perceptual experience. This could be explained in terms of the bodily process having a causal role in the beginning of perceptual experience. This we can infer as;  
*There is a constitutive dependency between bodily processes and perceptual experience ..... A.*  
*There is a casual dependency between the bodily process and perceptual experience ..... B.*

In (A) above, perceptual experiences are constituted, in part, by the exercise of sensorimotor skills, where as in (B), perceptual experiences are carried in part, by the exercise of sensorimotor skills. There is experimental evidence that favours (B) over (A).<sup>1</sup> Thus perceptual knowledge might attain the epistemically normative status required for knowledge. How is this to be explained? How is it to be explained in altered experience and state? Freely determined epistemic judgements can be based on degrees of confidence (credence, credential status that is functioning) in terms of rational performance (Sosa, 2013:589). Given the fact that altered states of consciousness are self-presenting, it has prominent role in epistemology. This is because we can know directly when we suffer pains. We need not obtain this knowledge merely through inference from other things we know. This is a foundational knowledge.

Self-presenting<sup>2</sup> states have long had a prominent role in epistemology. The reason for self-presenting states like altered consciousness is that they are factive and stative. It involves inferential, practical and theoretical reasoning. Facts of pain in altered states are self presenting and as such truth-makers, possessing epistemic foundation. They possess constitutive and noticing awareness. It is an experience that host truth-maker functions. Thus pain in altered states (of caesarean section) is self-presenting since your constitutive awareness of it comes necessarily with the pain itself. The pain itself is not motivated by any reason. The noticing awareness of pain comes from the way we apply pain concepts to our pains (indeed, we think of pains of various sorts). Thus we can say that altered in this discussion are mental states that are cognitively relevant, and can enable cognitive mind-world relations in a perceptual relation. Perception involves processing, comparing and interpreting stimuli to give them necessary meaning. This means that it is an epistemic process which coordinated the relation between physical objectives and individual

experiences; in this instance drugs and human experience.

#### 4.2. Altered Consciousness as Causal Experience

Causal reasoning is very great practical importance to daily living. Our ability to control our environment to live successfully and achieve our purpose depends essentially on our knowledge of causal connections. In medical practice causal reasoning is vital in many ways; disease control, curative patterns, drug use, administration and understanding side effects and reactions. Casual event is when a given phenomenon tends to have a causative role in the production of certain outcomes. Cause is commonly used to mean sufficient condition especially when we are interested in the production of something desired rather than the elimination of something undesirable (Copi *et al.*, 2010: 550). Hume (cited in Copi *et al.*, 2010:540) notes that “all reasoning concerning matter of fact seems to be founded on the relation of cause and effect. By means of that relations alone, we can go beyond the evidence of our memory and sense ... if we would satisfy ourselves, therefore, concerning the nature of that evidence, which assures us of fact, we must enquire how we arrive at the knowledge of cause and effect.” The method by which we arrive that “altered conscious experience is casual” is the central concern here.

Consciousness was not just altered; it was altered under certain condition and this is an axiom of this study that needs to be understood. The altered experience here envisages the conditions under which consciousness was altered. In casual reasoning, it is customary to distinguish between necessary and sufficient condition for the occurrence of events. A necessary condition for an altered consciousness experience is the circumstance in whose absence the event can occur. In this instance, the pregnant state is a necessary condition for altered conscious state to occur during caesarean section. Then a sufficient condition for the occurrence of an event is the circumstances in whose presence the event must occur. In this study, it is not that they are just pregnant or their health conditions. The presence of drugs occasions radical disruption of consciousness. There are other reasons such as the life of the babies, the women’s condition, other medical, physical and health reasons (put together) makes up the

<sup>1</sup> There has been argument of (B) over (A) see popular arguments from John Haugeland “Mind Embodied and Embedded” in Haugeland (ed.) *Having Thought*, Cambridge: Cambridge University Press, 1998, pp 207-237. Also, Robert Wilson, *The Boundaries of the mind*:

*the Individual in Fragile Scenes*, New York: Cambridge, 2004.

<sup>2</sup> Self presenting states can be compared with the likes of introspective knowledge, and mental self knowledge

sufficient condition for the altered states of consciousness. Sometimes sufficient conditions imply overall reasons in time and space. Examining the relationship between reason and action, Akinawonu (2021:42) says it is a causal interpretation. This is because a reason explains an action if it leads us to see the consequences which the agent desired in his actions. Again there is instance of the general causal law exhibiting in this instance of altered states. In section 2, *the role drugs in our lives*, it is discussed there that a group of drugs used as anaesthesia reacts (to disrupt consciousness) with the human brain upon administration. This is to say similar causes produce similar effects (the role of anaesthesia to the human brain) always. This is a show of the general causal law that such instance is always accepted by such phenomenon. It is worth noting that every assertion of causal connection contains a critical element of generality (Copi *et.al*, 2010: 553). Causal reasoning here implies the function of **X**, in **Y** is to do **Z** (the function of anaesthesia, X, in patients, Y, is to alter consciousness Z) Thus altered conscious state in this instance is a causal event

### 4.3. The Self and Consciousness in Altered Experience

By narrating these experiences shows that there is a certain level of consciousness while hallucinating. From the narrative in section 3 above, the level of consciousness in altered state is submerged in an existential feeling of pain (suffering). It is such that the feeling of pain is a reminder that selfhood exists, though its understanding is altered. It sends the signal that normality has seized. This means that the value of consciousness can be seen here in an altered state, in terms of question(s) considering life's goodness. What is good in living healthy? Human well-being is anchored mostly on the level of consciousness one exhibits. This means 'the less the pain, the more the pleasure, the better the life for one who lives it.' This is measured by consciousness. Self-consciousness now becomes a measure of life's goodness. Thus, pleasure and pain contribute to well-being especially in virtue of conscious experience of them. The presence of consciousness is a determinate factor here in medical practice. Its value helps in patient's medical treatment and other necessary medical decision and further medical actions; for instance, the use of life support and further treatment for critical conditions.

Again, the hallucinating states are differentiated from real life experience. This means that when the brain is altered by drugs the thought system is

intact but its functions are limited since internal experiences are more pronounced than external and

bodily movement. This can be explained because the five senses are inactive. Their inactivity is sustained by the impact of the drugs on the altered function of the brain that received the stimuli. This is why the feelings of the self are immense internally to coordinate internal reaction responding to hallucination. Here, we have to make distinction between internal and external awareness. In line with Descartes who advocated a form of dualism for which mind and body are mutually exclusive categories, "minds" are things that can think; where access to minds can be secured by means of a faculty known as introspection (Searle, 1980). Introspection is a kind of inward perception of a person's own mental states. There is need also to differentiate between awareness and self-awareness. The experience of altered consciousness provides us with an opportunity to experience self-awareness in totality, which is distinct from awareness itself. This brings the epistemic value of consciousness to bear. To what extent can we justify altered states as necessarily providing appropriate epistemic value? In this regard, Akinawonu (2012:67-8) writes that the naturalist theory of sensory perception which involves neurological computations of sensory stimulus is in itself inadequate in accounting for the nature of sensory experience. The problem of explanation goes beyond the explanation of structure and functions of human brain and body. What is lacking is how the rational connections between thoughts can be linked to a causal account of mental process. Philosophical arguments are needed to supply the missing gaps,

### 4.4 Understanding the Epistemology of pain

Humans are characterized by consciousness. It is this consciousness that controls our reasoning, actions and judgement. Our lives contain states and events of three sorts; (a) suffering, pains or itches (b) functioning that is functionally assessable state (c) endeavours with a freely determined aim. These three states have epistemic and ethical impacts on us. Our recognition of them impacts our conscious lives. Consciousness thus, characterizes our human experiences. Experience cannot be accounted for without our consciousness. The flow of sensation, images, thoughts and feelings occur at different levels of awareness. Thus psychologists have characterized five levels of awareness, they include: High level consciousness, lower level consciousness, altered state of consciousness, subconscious awareness and no awareness.

Altered states of consciousness are mental states that are noticeably different from normal awareness (King, 2010:120). It is artificial mechanism that controls human experiences. Altered consciousness suggests that human experiences can be controlled; induced and reverted. Altered states of consciousness can range from losing one's sense of self-consciousness to hallucinating. Such status can be produced by drugs, traumas, fever, fatigue, sensory deprivation, meditation and possibly hypnosis. This means that certain experiences can be controlled by some mechanism and for some purposes. If consciousness can be altered this means human actions, experiences and reflexes can be kept in control for a specific reason. The means that actions, judgements and human experience under alteration cannot be accounted for by the victim. The person under the control of such alteration is aware that he or she is a victim of altered consciousness. Human consciousness can be altered as well as reversed. Supposing the alteration is self-inflicted (in such instance drunkenness, or drug abuse) then the victim should be held accountable?: for the outcome of the alteration of consciousness. One positive way to alter one's consciousness is usually during in medical surgery, where certain drugs are brought to use. The ongoing discussion shows that altered consciousness of women in caesarean sections were caused with anaesthetics drugs; making their experiences causal.

Pains and suffering are one of the human experiences where the patient or person in altered state is relevantly passive. Consider how passive one can be when in altered state in medical controlled environment. The justification of this is that the evidence of the use of drug to alter one's mental and reflexive state with an aim. There is a difference between normal state and altered states. This perceptual claim is justified in the functioning, and it is assessable in a specific epistemic respect which means that their assessment must be in relation to truth. Its knowledge does not need to go through infinite regression for its justification.

This brings out another perspective in philosophy; "the epistemology of pains." Pain is real and how best are we to understand it when inflicted for a purpose especially in this scenario of altered consciousness in caesarean section? Knowledge of pains is perceptual, for instance, the gendered nature of pain especially that a woman experiences during child-bearing. This presents re-examination of pain account from the perspective of the bearer, the rationale of bearing pains in order to continue humanity (bearing one's species alive), alternative ways of pain reduction during caesarean section rather than altering consciousness, or keeping one in illusion and the relationship between consciousness and pain. Pain is understood essentially in

social location, in time and space. Must mothers (women) bear pain against their will when considered from the perspective of Arthur Schopenhauer? How is the self-realized when radically altered in caesarean section? What are the efforts of initiating self-realization practices especially to overcoming personal trauma and the traumas of injustice, and the role and need of radical healing for individual women struggle with pains and traumas of altered consciousness? What medical arguments and principles of anaesthetics justify improving pain during caesarean section by altering one's consciousness and what are the grounds for such justification?

#### **4.5 Feminist Knowledge of Altered experience and Social Location**

One of the significant points of this study is to undertake the gendered nature of pains, and the gendered experiences of disrupted consciousness especially that encountered during caesarean section. Pain is a human experience but then there are instances where pains are gendered. Again, how does a woman feel when her consciousness is altered for the purpose of bringing out another human being? How does a woman feel when she is kept under regulated illusion in order to produce citizens of the world? Some people may argue that child bearing is a choice and optional but then should women choose not to give birth to avoid pains and extinct humanity? There are lots of feminist issues this paper intends to unfold. It essentially borders on social values. There are many ways social values influence consciousness. "Social values refer to features of society which are taken to be good making ones (justice, universal health etc.)" (Doppelt, 2014:346). In the above narration of section 3, social values shape the direction of consciousness. This means that the value of consciousness is relative giving the social conditions of events under conscious observation.

This study is necessary for an improved study to the overall incidence and risk factors for persistent pain after caesarean section and to characterize the persistent pain, regarding intensity, body location, impact on daily life, personal trauma and the traumas of injustice. This will inform both care givers and women facing a caesarean section about how pain assessment and pain relief work, why it is so important both in the short and long term perspective, to be pain relieved and guide women about when to ask for medication. The care givers should be continuously informed about the mechanisms behind pain; how pain relief works and why it is so important to listen to and rely on the woman's description of her pain. Above all it is

hinged on how best we can understand the value of consciousness through altered experiences. This adds to feminist studies in philosophy of medicine, of mind and epistemology.

#### 4.6 Brain, Memory and Mind in Altered States

Although neuroscience is able to reveal the nature of the brain processes most directly associated with conscious experience, the fact remains that it cannot solve the problem of why the performance of brain functions is accompanied by conscious experience (Akinawonu, 2021:44). There is an explanatory gap between physical processes and consciousness. The computational theory of the mind shows how the rational connections between thoughts can be linked to a scientifically respectable causal account of mental processes (Akinawonu, 2021:45). Perception therefore involves processing, comparing and interpreting sensory stimuli to give them meaning. This is the point where philosophical arguments and thought experiments have a role to play.

Naturalized philosophy of mind fills this gap by showing that the relation between physical objects and their qualities are causal. It is difficult to find exact experience of consciousness from the perspective of the first person experience, which placed limits of trust in cognition and knowledge from consciousness. It questions the epistemic efficacy (knowing ability) of an individual's consciousness experiencing ideal controlled altered state. From the naturalist theory of sensory perception neurological computation of sensory stimuli is in itself inadequate in accounting for the nature of our sensory experience and thought systems. The problem of conscious experience goes beyond the explanations and function. What is lacking is how the rational connection between thoughts can be linked to a causal account of the mental processes. Remembering hallucinating experiences (in section 3) suggested that there are limits where our common experiences can be tampered with (in this situation by drugs). This is to say that it is factual that the physical matter and subjective consciousness are real phenomenon that exists in their right. They are both on equal footing in the universe. They are as well radically different kinds of stuff (Revonsuo, 2010:5). This means that interaction between the body and subjective experience could be separated. The above narration suggested a convincing state of separated metaphysical interactionism between the external body and mental or subjective consciousness.

Again, which part of the self remembers the hallucinating experience? "I think I am not just mind and body; I am more than that probably a third account of the self." The narration of the experiences in section 3

above signals the uniting and harmonizing status of the human body. Even when I suppose that there are explanatory gaps between mind and matter, as seen in altered states of consciousness, the human body here serves as epistemic route to understand the value of consciousness and different states of consciousness, being human and human's wellbeing (Osuji, 2020: 197, 203-204). This encounter posits more discussion on the reasoning ability of the mind even in altered states of consciousness and the epistemic value of the sub-personal in the human cognitive economy.

The sub-personal mechanism is a process where one is attracted to ascent to the relevant propositional content (Sosa, 2013: 595). It is presumably through the sub-personal that the blindsighters know. The sub-personal exists and pertains also to the deontic justification of rational performances. This altered self-presenting state brings out the place and working of sub-personal in epistemic justification that knowledge requires. Although it can be argued that since it is a perceptual experience, it can be doubted. But then the competence relevant to such altered state (such as the feeling of pains and paralysis) can yield belief directly since it is also a causal experience. The sub-personal provides the truth-reliability to the world beyond our minds. This is because the contents of the mind are changed in altered consciousness through impactful sensory experiences (use of drugs). The sub-personal mechanics, although in altered experience could be seen as epistemically passive, it is epistemically proficient and truth-reliable. Thus sub-personal mechanism can be given proper epistemic status that we can investigate for further studies. This brings out the question of the 'unreliability of the mind'.

There is need to ascertain the state of the human mind in altered experiences. How are the contains of human mind manipulated in altered experiences? What is the connection between the mind and brain? Which aspect of the human body hallucinates? These questions here are necessary. It adds value to the explanation on manipulation. What kind of information do we feed our minds with in altered experiences? It is evident that information (empirical or physical or internal) guides our thoughts and imaginations. This can be more useful in understanding the theories of computation. This can also guide those who inquired for a more scientific and less subjective conception of the nature of thinking things. More so, on the connection between the mind and the brain, we often use the words brain and mind interchangeably even though they differ but are overlapping concepts. The human mind is a set of cognitive faculties including consciousness, imagination, perception, thought, thinking, judgment, language and memory. The human mind is that faculty of thoughts and consciousness. The human mind through the exertion of

consciousness experience gives us the ability to analyze situation, develop solutions to problems that leads to practical solution. The brain is a tissue where the mind resides; it controls the central nervous system. Understanding the practical upshot of our experiences enables us to explain the meanings and the quality of hypothesis we produce about them. Understanding this connection between the mind and brain will add value in cognitive neurosciences. The value of consciousness in this instance can be seen when we look at the justification for altering one's consciousness. Consequentialism is of the view that an act is morally right to the extent that its consequences are morally. Welfarist consequentialism is of the view that good consequence promotes more well-being in the world. Consequentialism promotes well-being on accounts of its moral values; consciousness being the ground for moral value.

In altered state, the mind is manipulated to avoid the feeling of huge pains. The pains during caesarean section are defiled by drugs which work on the human mind to make sure that the pains are not felt as much as dissection goes on. The contents of the mind are representational, as such veridical or as illusory. It is as well highly perceptual experience. It could be seen that the epistemic state of the mind is zeroed since the contents are arbitrary and under the influenced of drugs and thus under manipulation.

The assertion in section 3 that "even in altered state, I still know that my consciousness is altered", means that there is a feeling of selfhood; one does not lose the feeling of selfhood in altered experience. Intentionality is not given up: I think it is at the realm of the mind. This raises epistemic issues between consciousness and existence. In what senses can existence precede consciousness? Where does consciousness reside? Again, 'Am I inside a container?' Embodied? I think the question here is whether bodily awareness is rightly seen as a source of self-consciousness in the sense of consciousness of 'ourselves' as subjects of experience and thought: How should we understand ourselves?

Further, the value and place of memory, remembering and narration of one's personal subconscious experience and its impact on daily life attract more attention not only to psychology but also as a philosophy of mind and metaphysics and philosophy of memory. "Memory is simply an activity of the mind that presents the past to present to make sense of future. So, through the memory we can call past, stored events to

shape future actions on the basis of the remembering ability" (Ojong and Ibrahim, 2012: 57-8). If our memory affects us, what constitutes those experiences; this might as well have value and necessary to examine.

Is there any link between memory and emotions? On the one hand, a large chunk of our affective lives concerns the good and bad events that happened to us and that we preserve in memory. This is one amongst the many ways in which memory is relevant to the nature and control of consciousness. What does recent research teach us about these relations? Does one's state of life have privileged links with types of memory (e.g., perceptual memory)? This is a question about the format of representation of events within altered states. Do consciousness evaluations have privileged links with memory? This issue concerns the way in which the evaluative aspect of the consciousness is realized in the subject's psychology. Are the states of consciousness relevant to the nature and causation of memory in altered states and many other ways? Is there a relation between the formation of memories and consciousness? This is the issue of selectivity, which concerns the role of states of consciousness at the time of encoding. The philosophy of consciousness has a lot to do with the emerging philosophy of memory.<sup>3</sup>

## 5. CONCLUSION

This discussion on the epistemic value of consciousness in altered experience shows that consciousness is a measure of human well-being, emotional states and an adequate characteristic of being-human. Our conscious experience shows the level of participation in human endeavours. When it is altered, the bodily movement is limited but then the sub-personal and ideal of selfhood comes to bear. Altered consciousness's in caesarean sections are practical experiences of such conscious states that remind us that a certain level of consciousness is felt even in altered states and intentions are not given up in altered states. That it is recalled, and narrated shows that they are cognitive statements and inter-subjective experiences which add value to our understanding of radical disruptions of consciousness.

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<sup>3</sup> The philosophy of memory is an upcoming exciting sub-discipline in today's philosophical landscape due to its inter-disciplinary nature and its connection to topics such

as personal identity, mental causation, imagination, counterfactuals, among others.

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