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The Severed Self. Consciousness, Dreams and the Lost Dialogue in Medicine

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Abstract

Consciousness is not a single state. Human beings naturally move among waking, dreaming, and other organized states of conscious experience, yet modern medicine has largely privileged waking consciousness as the primary lens through which health and illness are understood. This paper explores whether different states of consciousness may offer complementary perspectives on the same living organism. Using the television series Severance as a contemporary metaphor for divided consciousness, the discussion examines ordinary and lucid dreaming, liminal sleep states, Indigenous and traditional healing perspectives, Asclepian dream incubation, and the psychological inquiries of Freud and Jung. Drawing on communication and integration as fundamental organizing principles in biology, the paper proposes that a fuller understanding of consciousness-and potentially the lived experience of health and illness-may emerge through greater dialogue between its different states of awareness.

Keywords: Consciousness; dreaming; lucid dreaming; altered states of consciousness; Asclepius; mind-body medicine

Introduction

Modern medicine has transformed our understanding of the body. Advances in anatomy, physiology, pathology, and genetics have enabled a level of precision in understanding disease unimaginable to previous generations. At the same time, psychology and neuroscience have developed increasingly sophisticated models of cognition, emotion, and behaviour. Yet between these achievements lies an enduring mystery. Consciousness-the lived experience through which illness, healing, fear, hope, suffering, birth, and death are encountered-remains one of the least understood aspects of human existence. Although its existence is self-evident, there remains no universally accepted account of what consciousness is, why it exists, or how its different states relate to one another [1].

Biology, however, offers an intriguing perspective. Throughout evolution, increasing complexity has repeatedly emerged not simply through the appearance of new structures but through the integration of existing ones. Molecules combine to form cells. Cells communicate to form tissues. Organs integrate into physiological systems. Individual organisms form societies and ecosystems. At every level, communication among previously separate systems generates new organization, new function, and new understanding. Modern medicine has advanced by applying the same principle to its understanding of the human body. No single observation is sufficient on its own. Clinical understanding emerges from integrating multiple sources of information: symptoms with signs from clinical examination, pathology with imaging, molecular biology with physiology, and genetics with environmental and inheritance factors. Each provides a different perspective on the same organism; together, they create a more complete understanding than any could provide alone.

Yet one form of integration has received remarkably little attention: communication across different states of consciousness. If consciousness is an emergent biological phenomenon, why should it be the sole exception? Human beings naturally inhabit multiple organized states of consciousness. Waking awareness is only one of them. Sleep, dreaming, and other non-ordinary states involve characteristic patterns of perception, memory, cognition, emotion, and bodily awareness. They are described here as organized states because consciousness does not simply diminish or become disordered as it moves between them; rather, the way

experience is constructed and interpreted is reorganized. Each state may possess its own internal coherence, its own relationship to memory and sensation, and its own characteristic experience of self and reality [2].

Dreaming is perhaps humanity's oldest and certainly its most universal experience of another organized state of consciousness. Each night, as we sleep, consciousness repeatedly enters the dreaming state, creating experiences that may occupy substantial portions of sleep and recur throughout the human lifespan [2,3]. While dreaming, we do not ordinarily experience this world as an illusion. We experience it as reality itself. The dreaming mind authenticates dream experience just as the waking mind authenticates waking experience. Each state possesses its own conviction of reality while it is being lived, yet on awakening much of the experience becomes inaccessible or survives only in fragments [3].

Human curiosity about this other state of consciousness is ancient. Across diverse cultures, dreams have been regarded as meaningful experiences worthy of attention and, in some traditions, as relevant to healing. Dream incubation was part of the therapeutic practices associated with the sanctuaries of Asclepius, while Indigenous and other traditional healing systems developed their own culturally distinct relationships with dreaming and altered states of consciousness [4]. In the modern era, Freud and Jung brought dreams back into serious psychological inquiry, though each understood their significance in profoundly different ways.

Modern medicine, however, has largely privileged the waking mind as the primary source of clinically meaningful experience. Waking consciousness has become the implicit standard by which other organized states are measured, while dreams and other non-ordinary states have often been regarded as secondary, psychologically derivative, or biologically incidental. Yet if consciousness naturally exists in multiple organized states, each offering a different perspective on the same living organism, privileging any single state may leave our understanding incomplete.

The question is therefore not whether one state of consciousness has greater authority than another, or whether it is more important or more real than the other. Rather, it is whether different organized states of consciousness offer distinct perspectives on the same living organism, and whether a fuller understanding of the whole might emerge when those perspectives are allowed to communicate and integrate. Just as medicine integrates different sources of biological information to understand the organism, perhaps consciousness should be approached by the same principle. To explore this possibility, the paper uses the still-unfolding television series Severance as a contemporary metaphor for divided consciousness. The separation of its "innie" and "outie" offers a conceptual framework for reconsidering dreaming, lucid dreaming, Indigenous healing traditions, the medicine of Asclepius, psychoanalytic approaches to dreams, and contemporary neuroscience - not as evidence for another reality, but as different perspectives on the same biological organism. In doing so, the paper asks whether the future of medicine may advance not only through a deeper understanding of the biology of disease, but also through a fuller understanding of the consciousness through which that biology is lived, and of the communication between its different organized states.

Discussion

Throughout biology, communication and integration repeatedly give rise to new forms of organization and understanding. This discussion explores whether the same organizing principle might also apply to consciousness. Using Severance as a contemporary metaphor for divided consciousness, it considers whether different organized states may offer distinct perspectives on the same living organism and whether communication between those states might yield forms of understanding unavailable to either state in isolation.

Part I - The Biological Reality of Divided Consciousness

The Severed Self

The extraordinary success of the television series Severance lies not in its science fiction but in its power as a cultural metaphor for the human condition. Its central premise carries a haunting familiarity. Through a neurological procedure, a single individual becomes two conscious selves. The "innie" exists only within the workplace; the "outie" experiences only life beyond it. They inhabit the same brain, the same body, and the same lifetime, yet remain separated by an impermeable barrier of memory. Each knows that another version of themselves exists, but neither has access to the other's experiences. Each consciousness experiences itself as complete. Neither is false. Each forms authentic relationships, experiences genuine suffering, and pursues meaningful aspirations. Each believes its own world is reality because it cannot experience the other.

The division is therefore more profound than a simple separation of memory. It represents a partitioning of conscious experience itself. The innie and outie are not merely different repositories of memory but distinct centers of awareness within the same biological organism, each with access to only part of its lived experience. Herein lies the fascination of Severance: the unsettling possibility that two coherent lives can coexist within the same biological individual while remaining almost entirely inaccessible to one another. Rather than presenting consciousness as a single continuous phenomenon, the series invites us to consider whether it may instead comprise distinct, self-contained modes of experience.

This possibility becomes especially compelling when considered alongside ordinary human dreaming. Unlike the fictional procedure depicted in Severance, dreaming is a naturally

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occurring reorganization of consciousness that almost every human being experiences every night [2,3]. Within dreaming-from the vivid experiences of REM sleep to the liminal states between sleeping and waking-we remain recognizably ourselves, yet our autobiographical identity is subtly reconstructed. Time, place, and personal history become fluid. Impossible events are accepted without question. Familiar people become strangers, strangers become family, and ordinary physical laws cease to constrain experience. Emotional certainty frequently outweighs logical consistency [4]. In many respects, the dreamer resembles an innie: awakening into an elaborately constructed world, accepting it without question, and possessing a sense of self confined to that reality. On waking, only fragments of this other experience are generally retained, and its once-vivid reality fades almost as quickly as the aroma of the morning's first cup of coffee-an unmistakable trace that is almost impossible to hold on to [3].

This observation reveals one of consciousness's most remarkable properties: its ability to authenticate the experiential world it currently inhabits. The waking mind authenticates waking experience. The dreaming mind authenticates dream experience. Each possesses its own internal coherence while it is lived. Whether dreams are real is therefore not the question. Nor is it whether they arise entirely from neurobiological processes or involve phenomena not yet fully understood. What matters is that dreams constitute authentic lived experiences while they occur and represent a part of us that remains largely inaccessible to waking consciousness [2,4]. If different states of consciousness offer distinct perspectives on embodied experience, might a fuller understanding of health and illness emerge not from any one state alone, but through communication and integration among them? This possibility invites us to consider what each state may perceive differently and what might become accessible as the boundaries between them begin to soften.

Dreams as perspectives of consciousness

During waking life, conscious experience is dominated by a continuous stream of sensory information from the external world. Vision, hearing, touch, proprioception, and countless other sensory signals continually shape our perception of reality. Yet waking consciousness is not unfiltered. Attention is necessarily selective, continually prioritizing information according to immediate demands, expectations, memories, and goals, while other information recedes from awareness. During dreaming, external sensory input is greatly reduced, while internally generated information assumes a dominant role. Memory, emotion, bodily sensation, anticipation, imagination, and internally generated imagery combine to construct a coherent experiential world. The world is now generated more from within than from without. The result is not the absence of consciousness. It is consciousness reorganized [5].

This distinction has important implications. Dreams need not diagnose disease or predict the future. The dream need not possess supernatural knowledge or access to biological information unavailable to the waking brain to offer a different perspective on the organism. It need not know something the organism does not already know. Rather, a different organization of consciousness may alter the salience, weighting, or accessibility of information already present. What recedes from awareness in one state may become prominent in another. This challenges the assumption that waking consciousness offers a complete or unbiased representation of reality, while dreaming is a distorted derivative of it. Like every organized state of consciousness, waking awareness selects, prioritizes, and constructs from the information available to it. The question, therefore, need not be which state is more real or more important, but rather which aspects of embodied experience become accessible when consciousness is organized differently, and whether communication between these perspectives might yield forms of understanding unavailable to either alone.

The Knowledge of the Dreaming Self

The waking self-experiences the body while continuously engaged with the external world. The dreaming self-experiences the same body while largely disengaged from that world. Neither perspective need be complete. Dreaming consciousness is constrained by its altered relationship to memory, logic, and external reality; waking consciousness by selective attention and the continual demands of engagement with the world. Modern medicine has privileged the rational waking mind as the principal source of clinically meaningful experience. Waking consciousness has therefore become the implicit standard against which other states of consciousness are measured. It is also the principal window through which we seek to understand the human condition, both in health and in disease.

But are we missing something?

Despite spending almost one-third of our lives asleep, we ask remarkably few questions about what happens to our conscious experience during that state [6]. Rather than revealing disease itself, dreams may illuminate the lived experience of illness. A person living with chronic pain, infertility, pregnancy, menopause, cancer, trauma, grief, or progressive disease may experience these in dreams in ways that waking language cannot easily express. Such dreams need not have diagnostic value to hold clinical significance [7]. They may instead reveal how illness is experienced by the conscious person who inhabits the body. If dreams illuminate aspects of that lived experience that waking consciousness only partially perceives, attending to them may complement rather than compete with the objective knowledge upon which modern medicine depends.

Part II - Communication Across Conscious States

Reintegration

In Severance, the possibility of reintegration becomes the central tension. It is both feared and desired-not because either

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self-wishes to replace the other, but because each senses its own incompleteness. Lucid dreaming offers a striking biological insight into what such reintegration might entail. Unlike ordinary dreams, in which the dreaming self-accepts its world without question, lucid dreaming permits the coexistence of two normally separate modes of awareness. The dreamer can recognize the dream, participate in it, and at times consciously influence its unfolding. The dream remains experientially real, yet elements of waking cognition emerge within it. For a brief period, the boundary between organized states of consciousness becomes permeable: waking awareness enters the dream, and two normally separate modes of consciousness begin to communicate [8].

The philosophical significance of lucid dreaming lies not primarily in dream control or volition, remarkable though these phenomena may be, but in revealing that characteristics of two normally distinct modes of consciousness can coexist without either immediately disappearing [8]. The dream continues. Waking awareness enters. A dialogue begins. In the language of Severance, the innie and the outie briefly sojourn with one another. When waking awareness enters the dream, experiences ordinarily separated by state may become accessible to one another. Old memories may emerge. Emotional insight may deepen. Recurrent patterns and symbolism may become more readily recognized. Creative associations may arise, and personal fears may be encountered from perspectives unavailable in ordinary waking consciousness. Whether such experiences provide knowledge or therapeutic benefit remains an empirical question. More fundamentally, lucid dreaming demonstrates the possibility of communication across states of consciousness that ordinarily remain separate [8].

Such communication, however, need not imply that waking consciousness assumes authority over the dreaming state, interpreting whatever material it gleans from a position of greater insight. Waking consciousness is itself only one organized state, with its own constraints, priorities, and blind spots. Dreaming may not necessarily provide superior information, but may organize the same embodied experience differently, allowing aspects that recede from awareness in one state to become more salient in another. Communication between states may therefore offer something genuinely reciprocal: not one consciousness interpreting the other, but each contributing a perspective unavailable to the other in quite the same way. In this respect, the metaphor of Severance is particularly apt. Reintegration does not mean that the outie finally gains access to the innie and interprets its experiences from a position of greater authority. Both have only partial access to the life of the whole person. What emerges through reintegration is the possibility of a self-informed by both.

Lucid dreaming is not the only state in which such boundaries become permeable. During hypnagogia and hypnopompia-the liminal states encountered while entering and emerging from sleep-elements of waking awareness may coexist with the imagery, associations, and altered experiential qualities of dreaming [9]. These transitional states are particularly relevant to the present discussion because different modes of conscious experience do not simply alternate; for a time, they coexist. Waking and dreaming consciousness need not therefore be entirely discrete domains but may overlap, allowing characteristics of each to become simultaneously accessible.

The possibility of such communication is not merely a contemporary observation. Across much of human history, cultures have sought ways to maintain a dialogue between waking and dreaming experience. Although dreams were interpreted in profoundly different ways, many traditions shared one important assumption: dreams were experiences worthy of attention rather than to be dismissed upon waking. Instead of separating waking and dreaming into fundamentally different domains, these traditions incorporated dreams into a wider dialogue between the individual and dimensions of experience extending beyond immediate waking awareness-family, community, ancestors, landscape, illness, spirituality, and the natural world. In this sense, dreaming remained part of an ongoing conversation through which knowledge, healing, and self-understanding were sought [10].

Indigenous perspectives

Australia comprises hundreds of distinct Aboriginal and Torres Strait Islander nations, each with its own languages, cultural traditions, and systems of knowledge. Among the Anangu peoples of Central Australia, Ngangkari are highly respected traditional healers whose practices encompass the physical, emotional, and spiritual dimensions of wellbeing, illustrating how dreaming and other non-ordinary states of consciousness may be integrated into broader understandings of life, health, and healing [10]. This perspective finds parallels across cultures separated by geography and history. Diverse shamanic traditions have cultivated dreaming and other altered states of consciousness not merely as psychological curiosities but as means to understand and integrate illness, relationships, identity, and connection with the wider world [11].

Whether these experiences are understood literally, symbolically, or within the cultural frameworks from which they arise, the key point is that waking and dreaming were not necessarily treated as fundamentally separate domains of experience. Instead, communication between them could be part of an ongoing dialogue through which meaning, self-understanding, and healing were sought [11]. Among historical medical traditions, none illustrates the integration of dreaming and healing more powerfully than the medicine of ancient Greece. Within the healing sanctuaries of Asclepius, dreams were not merely observed; they became integral to medicine. The dialogue between waking and dreaming consciousness was deliberately cultivated as part of the therapeutic encounter [12].

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The medicine of asclepius

The healing sanctuaries of Asclepius lie within the historical lineage from which Western medicine eventually emerged. Asclepian healing was integrative; it was not an alternative to medicine, but a more inclusive understanding of what medicine could embrace [12]. Patients travelled to these sanctuaries to enter a carefully structured therapeutic environment in which preparation for healing commonly included purification, fasting, ritual, physical cleansing, prayer, and periods of quiet reflection before entering the abaton-the sacred sleeping chamber where dream incubation took place [12]. In this setting, the dream was not regarded as an incidental event occurring during treatment - it was understood to be part of the treatment itself. Healing therefore extended beyond intervention upon the body, deliberately creating conditions in which another organized state of consciousness could participate in the therapeutic encounter. The dream became a medium through which illness, experience, and healing were brought into dialogue [12].

Patients might awaken believing they had encountered the god Asclepius himself, received symbolic guidance, undergone healing in the dream, or gained new insight into the nature of their illness. The surviving Sacred Tales of the second-century orator Aelius Aristides offer an unusual record of this process. Over years of illness, Aristides recorded dreams alongside his bodily symptoms and treatments, illustrating how waking experience and dreaming consciousness could form part of a continuous narrative of illness and healing [12]. Whether these experiences reflected divine intervention, symbolic cognition, or internally generated psychological processes is secondary to the present discussion. What matters is that dreaming consciousness was not dismissed as inconsequential simply because it occurred during sleep. Rather, it was recognized as another mode through which illness could be experienced, interpreted, and perhaps transformed [12].

In this respect, Asclepian medicine posed a question that modern medicine seldom asks. Alongside What is happening within the body? it also asked, what is the illness saying through the patient's experience? Although the tradition would eventually fade from Western medicine, Asclepius himself never entirely disappeared; his staff, entwined by a single serpent, would remain one of medicine's most enduring symbols [13]. More than two millennia later, interest in dreams would return to serious intellectual inquiry through the work of Freud and, later, Jung.

Dreams return to modern thought

Freud and Jung restored dreams to the center of psychological inquiry. Both regarded dreams as meaningful expressions of the human mind, though they interpreted that meaning in markedly different ways. Freud emphasized unconscious wishes and conflict, whereas Jung viewed dreams as symbolic communications arising from a deeper, more expansive psyche. Despite their differences, both shared an important assumption with earlier healing traditions: dreams merited serious attention rather than dismissal [14,15].

Jung's later development of active imagination moved this inquiry beyond the interpretation of dreams alone. He deliberately cultivated a state in which images and associations arising beyond ordinary waking awareness could be consciously encountered, engaged, and subsequently integrated into waking life [15]. Whatever interpretation is placed upon the origins of these experiences, the underlying process is strikingly relevant to the present discussion: experiences ordinarily separated from waking awareness were deliberately brought into dialogue with it. From the dream incubation of Asclepius, through the psychological interpretations of Freud and Jung, to the imagined world of Severance, the significance attributed to dreams has shifted, yet the underlying question persists: might different states of consciousness provide access to aspects of ourselves that are less accessible, overlooked, or misunderstood by the waking mind, and if so, what might be gained if communication between these states could be fostered?

Part III - Consciousness as a Biological Principle

Consciousness, Integration and medicine

It is often suggested that Hippocratic medicine marked a transition from sacred and ritual healing traditions to rational observation and natural explanations of disease. The Hippocratic tradition undoubtedly strengthened medicine's emphasis on careful clinical observation, systematic reasoning, and explanations grounded in the natural world [16]. These developments laid important foundations for scientific medicine and remain among the great intellectual achievements in the history of medicine. Yet this transformation also reshaped medicine's relationship with consciousness.

Modern medicine has become exceptionally skilled at understanding disease. Disease can be observed, measured, imaged, biopsied, and diagnosed with extraordinary precision. Illness, however, like life itself, is more than this. Illness is lived. Disease describes what is happening within the organism; illness describes what it is like to be the organism to whom it is happening. Two people may therefore share apparently similar pathology yet experience its meaning, suffering, and consequences profoundly differently. Pain is felt. Suffering and hurt are endured, just as hope and love are experienced and longed for. Birth, life, and death are not simply biological events; they are conscious experiences through which biology is encountered from within. As medicine has become progressively more successful at understanding disease, it may also have become less attentive to how disease is consciously experienced.

Modern medicine, however, has not been entirely indifferent to altered states of consciousness. It routinely observes and measures them and, at times, deliberately induces them for

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therapeutic purposes-from general anaesthesia to sedation and the relief of otherwise intractable suffering. What medicine has less often asked is whether different states of consciousness might themselves offer clinically meaningful perspectives on the person experiencing them. The Asclepian and other ancient healing traditions approached consciousness differently [12]. Alongside asking what was happening within the body, they also asked: What is the illness saying through the patient's experience? These perspectives are complementary. One seeks to understand disease from without, the other how it is experienced from within. The examples discussed throughout this paper further extend this possibility, suggesting that communication between ordinarily separated states of consciousness is not only possible but may also prove therapeutically meaningful.

The examples considered throughout this paper suggest how this might be so. They also invite us to consider whether the phenomenon reflects a principle already familiar throughout biology: the generation of new capacities by bringing previously separate processes into communication. If consciousness is itself an emergent biological phenomenon, communication between its organized states may represent another expression of this same principle. What becomes accessible need not provide evidence for an alternative reality but rather a broader perspective on the same living organism-one that may contribute something unavailable to either state in isolation. This paper therefore posits that the fullest expression of consciousness may not reside in any single conscious state but may emerge through communication among them.

The future of medicine need not be framed as a choice between ancient wisdom and modern science, nor between objective biology and subjective experience. Rather, the possibility considered here suggests that consciousness deserves renewed attention as an integrated whole. Within this framework, dreams acquire renewed significance-not because they reveal another reality, but because they represent another organization of conscious experience through which dimensions of embodied life may become accessible that remain only partially available to waking consciousness. Viewed in this way, the examples explored throughout this paper-Severance, dreaming, lucid dreaming, Indigenous healing traditions, the medicine of Asclepius, and the psychological inquiry of Freud and Jung-converge as illustrations of the same biological proposition: that different organized states of consciousness may offer complementary perspectives, and that communication and integration among them may enrich our understanding of health, illness, and healing.

Conclusion

Throughout this paper, one biological principle has repeatedly emerged. Across every level of living systems, communication and integration generate new organization, function, and understanding. This paper has asked whether consciousness might be explored through that same principle. Human beings naturally inhabit multiple organized states of consciousness. For almost one-third of our lives, we sleep, repeatedly entering modes of awareness that differ profoundly from ordinary waking life. Every evening, we willingly surrender the consciousness we know as ourselves and, in dreaming, enter another organized state in which memory, identity, perception, and emotion are reorganized into a different yet internally coherent reality. Perhaps the mystery is not that we dream, but that we awaken each morning so readily believing that the waking self alone represents all that we are.

Throughout the discussion, Severance has served as a contemporary metaphor for this mystery. Its divided "innie" and "outie" remind us that two coherent conscious lives might inhabit the same biological individual yet remain almost entirely inaccessible to one another. Dreaming offers a striking biological parallel. Waking and dreaming consciousness are not different people; they are different organizations of the same living brain. Each authenticates its own experience as it is lived. Each may illuminate different dimensions of the same organism. Across history, dreams have been understood through many frameworks. Ancient healing traditions incorporated them into healing practices. Freud and Jung returned them to serious psychological inquiry, while contemporary neuroscience increasingly investigates them as biological phenomena. The proposition advanced here is not that dreams reveal hidden worlds, nor that ancient healing traditions should replace evidence-based medicine. Rather, it is that dreaming represents an organized state of consciousness that may offer a complementary perspective on the waking self, and that communication and integration between these states may be worthy of contemporary medical inquiry.

Perhaps the path to becoming more fully conscious lies not in elevating the waking self above all else, but in allowing the different ways we experience ourselves to become less severed and to have their say. Whether that is possible remains an open question. For consciousness, as with Severance, we must await the next season. For now, perhaps it is enough that we go to sleep at night, dream, awaken the next morning, and briefly wonder which version of ourselves has returned.

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