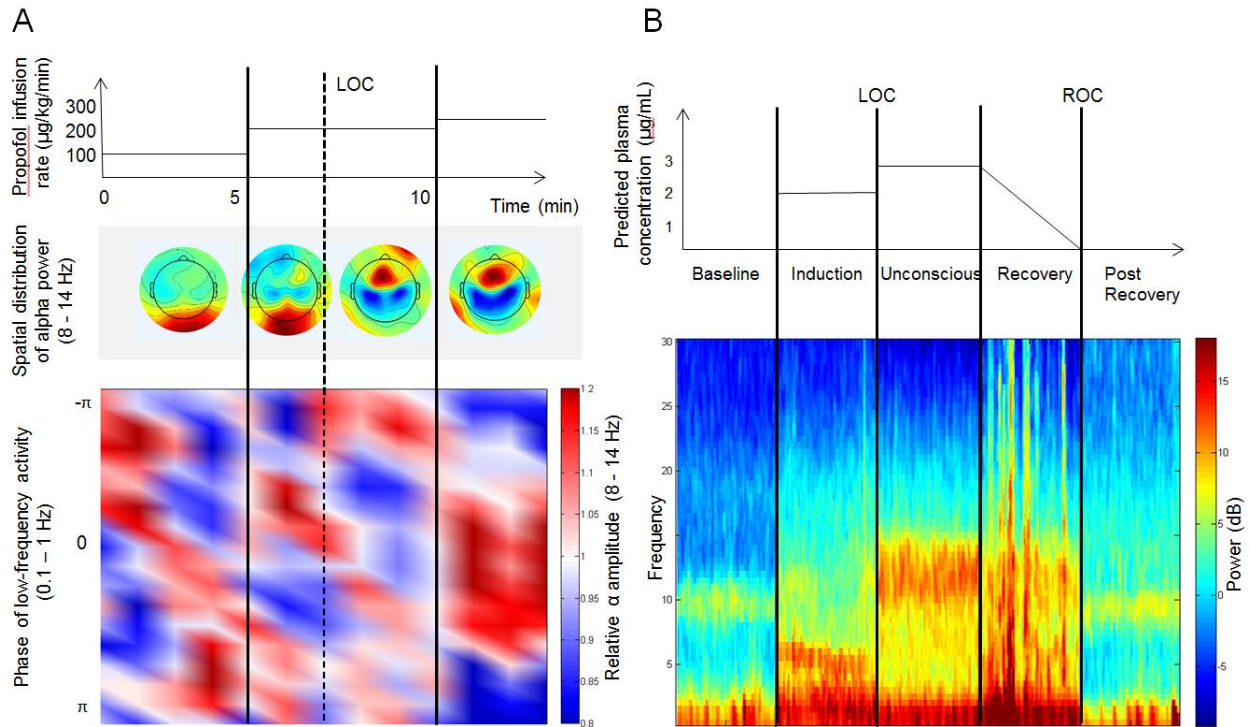
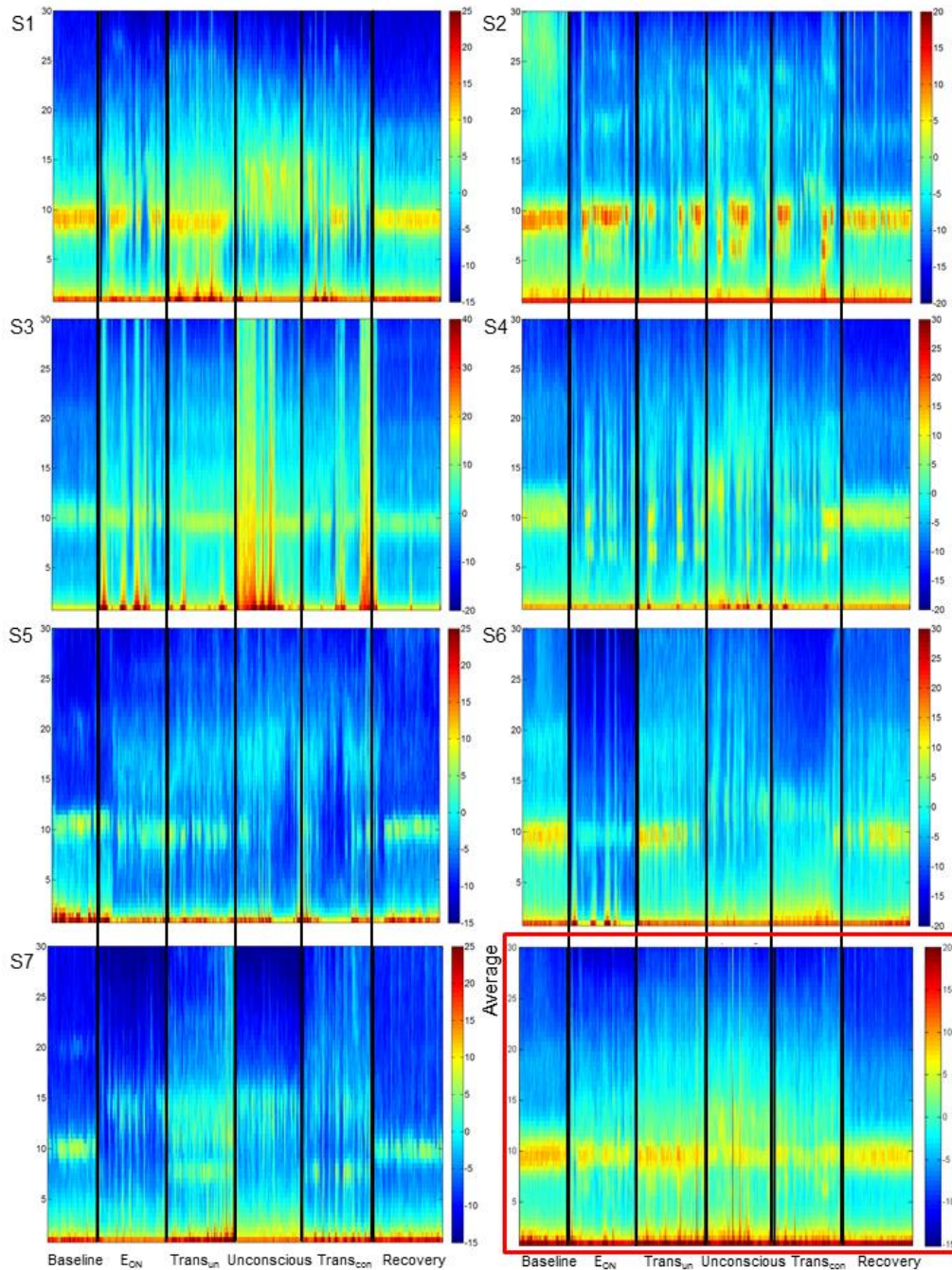


## Supplemental Digital Content 1



**Fig. 1. Methodological control with propofol-induced unconsciousness.** (A) Topographic and phase-amplitude coupling analysis conducted on high-resolution dataset P1 ( $n = 1$ ; infusion protocol: top panel). During propofol-induced unconsciousness (reached at effect-site concentration of approximately  $4 \mu\text{g}/\text{mL}$ ), we observe anteriorization of alpha power (middle panel) and the emergence of peak-max phase-amplitude coupling (bottom panel, which is manifest on the right side of the figure as the high alpha amplitude in red color in the region of the peak phase of the slow oscillation). Induction was likely too rapid to observe the peak-trough coupling characteristic of transitions. (B) Spectral analysis of low-resolution dataset P2 ( $n = 9$ ; infusion protocol: top panel). Propofol-induced unconsciousness is characterized by increases in low-frequency and alpha power.

LOC = loss of consciousness; ROC = return of consciousness.



**Fig. 2. Individual-level spectrograms.** Spectrograms calculated across the six alignment-epochs for each individual participant and for the group average (bottom right). Increased alpha power and increased low-frequency power were not observed during sevoflurane-induced unconsciousness for any participant.

$E_{ON}$  = effect onset;  $Trans_{UN}$  = transition to unconsciousness;  $Trans_{CON}$  = transition to consciousness;  $LOC$  = loss of consciousness;  $ROC$  = return of consciousness.