



HENDRIX

COLLEGE

Behavioral Neuroscience Notes

PSYC 360

Start

JANUARY 21, 2025

Author

Paul Beggs

BeggsPA@Hendrix.edu

Instructor

Prof. Jennifer Peszka, Ph.D.

End

MAY 14, 2025

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3.1 Neuroanatomy

Neuroscience is the study of the nervous system. Behavioral neuroscience is understanding the nervous system's underlying behavior.

3.1.1 Nervous System Structure

Structural Nervous System

How are neurons organized into systems?

- **Central Nervous System (CNS)**
 - Brain
 - Spinal Cord
- **Peripheral Nervous System (PNS)**

Functional Nervous System

What are the 'jobs' of the nervous system?

- *Somatic Nervous System*
 - Skeletal Muscles (Striated)
 - Sensory information in
 - Voluntary motion out
- *Autonomic Nervous System*
 - Uses smooth muscles
 - Glands
 - Sympathetic Nervous System
 - Fight or Flight
 - Heart rate, blood pressure, respiration, and alertness.
 - Parasympathetic Nervous System
 - Rest and Digest
 - *Enteric Nervous System*



- A mesh-like system of neurons that governs the function of the gastrointestinal system.
- AKA: ‘Second Brain’
- GI problems are correlated with psychological disorders.
- The GI track houses a lot of our microbiota.
- Fecal Microbiota Transplant
 - Rat studies showed that when a skinny rat has a fecal transplant from a fat rat, the skinny rat becomes fat. This works in reverse too.
 - Therefore, the microbiota change the *behavior* of the rat.
- Elevated Plus Maze
 - A test to measure anxiety in rats.
 - The rats with the fecal transplant from the anxious rats were more anxious.
 - **This is huge!** This shows that the microbiota can change if a rat is anxious or not!

3.2 Meninges

- Cover the outside of the nervous system.
 - Three for the CNS and two for the PNS.
 - The PNS does not use the arachnoid mater.
- *Dura Mater*
 - “Hard Mother”
 - The outermost layer.
 - Tough and fibrous.
 - Contains blood vessels.
 - Early anatomists called it “pachymeninges” because similar to elephant skin.
- *Arachnoid Mater* = “Spider Mother”
 - Middle layer.
 - Web-like structure.
 - Contains blood vessels.
 - Subarachnoid Space
 - Between the arachnoid and Pia mater.
 - Contains cerebrospinal fluid (CSF).
 - Arachnoid trabeculae



- Web-like structures that connect the arachnoid mater to the Pia mater.
- Allows for the subarachnoid space to be filled with CSF.
- *Pia Mater* = “Soft Mother”
 - Innermost layer.
 - Thin and delicate.
 - Flows over every sulcus (grooves), fissure (deep indentations), and gyri (bumps).
 - Follows the contours of the brain and spinal cord.
- *Meningitis*
 - Inflammation of the meninges.
 - Can cause symptoms such as headache, fever, a stiff neck, or hallucinations.

3.3 Cerebrospinal Fluid (CSF)

- Similar to blood plasma.
- Functions of CSF
 - Protection
 - Failures:
 - Brain is injured.
 - AND even Contrecoup—when the brain is injured on the opposite side of the impact—injuries.
 - *Chronic Traumatic Encephalopathy (CTE)*
 - Old name: Dementia Pugilistica (boxer’s dementia).
 - Symptoms (not exhaustive): Memory loss, confusion, impaired judgment, impulse control problems, aggression, depression, Parkinson’s-like symptoms, insomnia, and progressive dementia.
 - Causes ventricular enlargement. In other words, the larger your ventricles, the less brain matter you have.
 - Also causes atrophy of the fornix. The fornix is a C-shaped bundle of nerve fibers in the brain that acts as the major output tract of the hippocampus.
 - Tau are abnormally phosphorylated aggregate into tangles. They accumulate both inside neurons and even released into extracellular space.
 - The CSF also moves neurotransmitters, waste, hormones, nutrients, and other substances from one place to another.
 - For example, the CSF moves β -amyloid (in-between cells) from the brain to the blood.



- *Choroid Plexus*
 - *Ependymal cells*
 - Lines the lateral ventricles.
 - These are the cells that produce the CSF.
 - If the choroid plexus is not working properly, it can cause hydrocephalus.
 - *Hydrocephalus*
 - “Water on the brain”
 - Swelling of the brain due to the accumulation of CSF.
 - Derives from the Pia mater.

3.3.1 Flow of CSF

- *Lateral ventricles*
 - CSF is produced here and flows through the interventricular foramen.
- *Third Ventricle*
 - Looks like a duck’s head.
 - Is connected to the *pituitary gland* through the *infundibulum*.
- The CSF routed through the medial longitudinal fissure and into the *Superior Sagittal Sinus*.
- *Interpeduncular Fossa*
 - The space between the two cerebral peduncles.
- *Interventricular Foramen*
 - Connects the lateral ventricles to the third ventricle.
- *Cerebral Aqueduct*
 - Connects the third and fourth ventricles.
- *Central Canal*
 - Connects the fourth ventricle to the spinal cord.
 - For remembering purposes, the *cerebral aqueduct* is in the *brain* and the central canal is in the spinal cord.
- *Subarachnoid Space*
 - Foramen of Magendie (Medial) and Luschka (Lateral)
 - Two tiny little holes in the fourth ventricle.



3.3.2 Dumping of CSF

- Arachnoid Villi/Granulations
 - Absorbed into blood stream from the superior sagittal sinus.

3.3.3 Getting Some CSF Out -or- Putting Something Into It

- Where would you have them stick that needle?
 - *Dural Sac*
 - Enlarged space in the lumbar region.
 - Testing and introduction of anesthetic agents.
 - Epi = Something in
 - *Lumbar Puncture*
 - AKA: Spinal Tap.
 - Tap = Taking something out

3.4 Cranial Nerves

#	Name	Type	Information Carried
I	Olfactory	S	Smell
II	Optic	S	Vision
III	Oculomotor	M	Eye movement, pupil constriction
IV	Trochlear	M	Eye movement
V	Trigeminal	B	Touch to face, motor control of mandibles
VI	Abducens	M	Eye movement
VII	Facial	B	Taste and facial expression
VIII	(Vestibulocochlear)	S	Hearing
IX	Glossopharyngeal	B	Taste and swallowing
X	Vagus	B	Taste and sensation from neck, thorax, abdomen, swallowing, control of larynx, parasympathetic nerves to heart and viscera
XI	Spinal Accessory	M	Movement of shoulders
XII	Hypoglossal	M	Movement of tongue

3.4.1 Mnemonic for Cranial Nerves

Old Opie occasionally tries trigonometry and feels very gloomy, vague, and hypoactive.



3.5 Terms

- Santiago Ramon y Cajal (1911)
 - Used the Golgi stain to show that neurons are separate cells.
- *Soma* – Cell Body
- *Dendrites* – “Branches”
 - Purpose is to increase the surface area of the neuron, so it can receive the most amount of information.
- *Axon terminal botton* – The ends of the neuron that send information.
- *Glial cells* – Support cells by insulating the axon for better communication.
- *Myelin sheath* – Insulates the axon.
- *Nodes of Ranvier* – Gaps in the myelin sheath.
- *Unmyelinated axons* are called grey matter.
- *Ganglion* – A collection of cell bodies in the PNS.
- *Nerve* – A collection of axons in the PNS.
- *Nucleus* – A collection of cell bodies in the CNS.
- *Tract* – A collection of axons in the CNS.

Grey Matter	White Matter
Cell bodies	Myelinated axons
Dendrites	
Unmyelinated axons	

Table 3.1: Gray vs. White Matter

	Gray Matter	White Matter
Location	Cell Bodies	Axons
CNS	Nucleus	Tract
PNS	Ganglion	Nerve

Table 3.2: Differentiation of Gray and White Matter in the CNS and PNS



3.6 Brainstem

3.6.1 Hindbrain

- *Myelencephalon*
 - *Medulla Oblongata*
 - Enlargement of the cord.
 - Lots of gray matter.
 - *Reticular Formation*
 - A network of nuclei.
 - Regulates sleep, wakefulness, and arousal.
 - Also regulates heart rate, blood pressure, respiration, and skeletal muscle tone.
 - *Pyramids*
 - Two ridges on the ventral surface.
 - Voluntary motor system.
 - *Olives*
 - Audition and motor learning.
 - Located on the lateral surface.
- *Metencephalon*
 - *Pons* – “Bridge”
 - White matter on the outside and gray on the inside.
 - *Locus Coeruleus*
 - Produces norepinephrine.
 - The norepinephrine is sent to the forebrain.
 - *Cerebellum*
 - Caudal portion of the brain.
 - Balance, hand/eye coordination, soothes movements.
 - Shifting attention between vision and hearing, sensory timing (judging rhythms), language, emotional control, and reward valuation.
 - Cerebellar agenesis – the cerebellum is not developed.

3.6.2 Midbrain

Mesencephalon

- *Tectum* = “Roof”
 - *Superior Colliculus* – Visual Reflexes
 - Pupils opening and closing in response to light.



- *Inferior Colliculus* – Auditory Reflexes
- Colliculus = “Little Hill”
- *Pineal Gland* – Melatonin
- *Tegmentum* = “Floor”
 - *Substantia Nigra* = “Black substance.”
 - Get its black coloring from the creation of dopamine.
 - Clearly, this brain structure makes a majority of dopamine (1 of 3).
 - *Red Nucleus* – Motor coordination.
 - Get its red color from iron oxidation.
 - Connects to the cerebellum for that motor coordination.
 - *Periaqueductal Gray Area* – Opioids.
 - Peri = around, so peri-aqueductal = around-the cerebral aqueduct.
 - Handles endogenous pain relief.

3.6.3 Forebrain

Diencephalon

- *Thalamus*
 - Massa Intermedia = intermediate mass. This connects the two halves together.
 - Made up of many specific relay nuclei.
 - *Lateral Geniculate Nucleus* – Vision
 - *Dorsal Medial Nucleus* – Pain
 - Routes the pain from the thalamus to the prefrontal cortex.
 - ...and of non-specific relay nuclei.
 - *Nucleus Reticularis* – Promotes wakefulness.
 - Goes to different parts of the brain, not just one specific part like the specific relay nuclei.
- *Hypothalamus*
 - Irregular shape, size of a thumbnail.
 - Encases the ventral part of the third ventricle.
 - **Survival of the individual**
 - Eating
 - Drinking (water)
 - Salt regulation
 - *Suprachiasmatic Nucleus*



- Circadian rhythms
- Daily fluctuations of temperature
- **Survival of the species**
 - Territoriality
 - Sexual activity
 - Reproduction
- **Integration of information**
 - Endocrine system
 - Autonomic nervous system

Telencephalon

- *Corpus callosum*
 - Connects the two hemispheres.
 - Remember that the neurons in this structure go from lateral to lateral, and not from dorsal to ventral.
 - Creates the roof of the lateral ventricles.
 - Agenesis of the cc
 - AKA: Callosal Agenesis
 - Vision impairments,
 - hypotonia,
 - poor motor coordination,
 - delays in motor milestones,
 - (Such as sitting and walking.)
 - cognitive disability,
 - (Disability in complex problem solving.)
 - and social difficulties.
 - (Missing subtle social cues maybe cause of impaired fair processing.)
- *Corpus Callosotomy* – Split brain surgeries.
 - Used to treat epilepsy.
 - Gives information about lateralization of hemispheres.
 - **Left Hemisphere**
 - language
 - serial events
 - **Right Hemisphere**
 - creativity
 - synthesis



- *Basal Ganglia*

- **Function:**

- Initiation of Voluntary Movements.
- [Click here for Parkinson's continuation.](#)

- Curls laterally around the thalamus.

- *Striatum*

- *Caudate Nucleus* = "Nucleus with a Tail"
 - Obsessive Compulsive Disorder (OCD)
 - MIXED RESULTS
 - Too much activity, too large.
 - Romantic Love
 - Fisher, Aron, and Brown
 - Anthropologist used fMRI with a picture of neutral and romantic partners.
 - The CN activity was increased for loved one.
 - Larger in folks with incredible episodic memories (superior autobiographical memory).
 - How large? 7-8 SDs larger.
- *Putamen* = "Shell"
- *Nucleus Accumbens*
 - Nucleus Accumbens Septi = "Nucleus leaning against the septum."
 - Where the head of the caudate and the most anterior portion of the putamen come together.
 - Plays an important role in reinforcement, pleasure, and addiction.
- *Globus Pallidus* = "Pale Globe"
- *Note:* When people mention the putamen and the globus pallidus, they call it the lentiform nucleus.

- *Limbic System*

- *Hippocampus*

- In charge of moving memories from short-term to long-term.
- Emotion, selective attention, learning, and memory.

- *Amygdala*

- In charge of emotions.
- Fear and aggression, territoriality, odor processing, and sexual activity.
- **Amygdala and Fear**
 - 1930's.



- Lesions to amygdala in monkeys.
- Many things happened...
 - Exploratory behavior of objects (put in mouth–hyperorality).
 - Hypersexuality.
 - Loss of fear.
 - Freezing, increased heart rate, hair standing on end, etc.
 - Lost their fear of the human experimenters.
- *Kluver-Bucy Syndrome*
 - Damaging the anterior temporal lobes.
 - Herpes encephalitis and trauma.
 - Loss of normal fear and anger responses.
- Facial mimicry
 - Seeing fear in others lead to fear expression.
 - AND has amygdala activity.
- **Other things**
 - Social networks (Bickart et al., 2010)
 - Size and complexity of social network + correlated with amygdala size.
 - MAYBE: More effectively identify, learn about, and recognize socioemotional cues.
 - Political views (Rees et al., 2011)
 - Took extreme liberals and extreme conservatives and found that the more extreme conservatives had a larger amygdala than the extreme liberals.
- **How burnout is related to your brain...**
 - Worse at suppressing negative emotions.
 - Big amygdala & weak connection to frontal lobe.
- *Cingulate Gyrus*
 - Selective attention.
 - Love (like the cingulate gyrus)
 - Same studies show increased activity for loved ones.
 - Pain.
 - Serves as alarm for distress
 - Association of the emotional components and the sensory components of pain.
 - Sympathetic pain (empathy).
 - Social rejection.
 - Eisenberger (1990s)
 - Cyberball



- A computer game where you play catch.
- The other players stop throwing the ball to you.
- The cingulate gyrus lights up.
- *Fornix*
- *Mammillary Bodies*
- *Septal Nucleus*

Cerebral Cortex

- Cortex = “bark”
- Many convolutions
 - Sulci/fissures
 - Gyri
- Gray matter.
- 6 Layers
- Four lobes
 - *Frontal Lobe*
 - Executive functions, motor control, and language production (Broca’s area).
 - *Parietal Lobe*
 - Lips, toes, and spacial awareness.
 - *Temporal Lobe*
 - Memory, hearing, and language comprehension (Wernicke’s area).
 - *Occipital Lobe*
 - Vision
 - **How they are separated:**
 - Frontal ↔ Parietal: *Central Sulcus*
 - Parietal ↔ Occipital: *Parieto-Occipital Sulcus*
 - Temporal ↔ Frontal/Parietal: *Lateral Sulcus (Sylvian Fissure)*
- *Nucleus Accumbens*



3.7 Parkinson's Disease

- *Bradykinesia*
 - Slowness of movement.
- *Akinesia*
 - Difficulty initiating voluntary movements.
- *Rigidity*
 - Increased muscle tone.
- *Tremors*
 - Involuntary shaking of hands and jaw most prominent at rest.

3.8 Alzheimer's Disease

- Progressive memory loss.
- Affects the cortex and hippocampus.
- Suffers from both retrograde and anterograde amnesia.

Behavioral neuroscience research involves the efforts of science in many disciplines, including physiology, neuroanatomy, biochemistry, psychology, endocrinology, and histology. An enormous array of research methods is available to researchers in behavioral neuroscience. The goal of this chapter is to provide an overview of the most common methods used in the field.

This chapter will mainly focus on the following research methods:

- Experimental Ablation
- Recording and Stimulating Neural Activity
- Neurochemical Methods
- Genetic Methods

Each research method has a multitude of techniques that we will explore in detail for each section.

5.1 Experimental Ablation

5.1.1 Terms

EVALUATING THE BEHAVIORAL EFFECTS OF BRAIN DAMAGE

- *Experimental Ablation* – Destroying a part of the brain and evaluating an animal's subsequent behavior. (Synonymous with *lesion study*)
- *Lesion* – The damaged tissue.

PRODUCING BRAIN LESIONS

- *Kainic Acid* – An excitatory amino acid that kills neurons by stimulating them to death.
- *Cannula* – A small metal tube.
- *Excitotoxic Lesions* (*ek sigh tow tok sik*) – A brain lesion produced by intracerebral injection of an excitatory amino acid, such as kainic acid.
- *Sham Lesions* – A placebo procedure that duplicates all the steps of producing a brain lesion except the one that actually causes the brain damage.

STEREOTAXIC SURGERY



- *Stereotaxic Surgery* (*stair ee oh tak sik*) – Brain surgery using a stereotaxic apparatus to position an electrode or cannula in a specified position of the brain.
- *Stereotaxic Atlas* – A collection of drawings of sections of the brain of a particular animal with measurements that provide coordinates for stereotaxic surgery.
- *Bregma* – The junction of the sagittal and coronal structures of the skull; often used as a reference point for stereotaxic brain surgery.
- *Stereotaxic Apparatus* – A device that permits a surgeon to position an electrode or cannula into a specific part of the brain.
- *Deep Brain Stimulation* – A technique using stereotaxic surgery to implant a permanent electrode in the brain; used to treat chronic pain, movement disorders, epilepsy, depression, and OCD.

HISTOLOGICAL METHODS

- *Histological Methods* – Methods of preparing and examining brain tissue to determine the effects of behavior, injury, or disease.
- *Formalin* (*for mal lin*) – The aqueous solution of formaldehyde gas; the most commonly used tissue fixative.
- *Fixative* – A chemical such as formalin; used to prepare and preserve body tissue.
- *Microtome* – An instrument that produces very thin slices of body tissue.
- *Cryostat* – An instrument used to prepare very thin slices of body tissue inside a freezer chamber.
- *Immunocytochemical Method* – A histological method that uses radioactive antibodies or antibodies bound with a dye molecule to indicate the presence of particular proteins or peptides.
- *Transmission Electron Microscope* – A microscope that passes a focused beam of electrons through thin slices of tissue to reveal minuscule details.
- *Scanning Electron Microscope* – A microscope that provides three-dimensional information about the shape of the surface of a small object by scanning the object with a thin beam of electrons.
- *Confocal Laser Scanning Microscope* – A microscope that provides high-resolution images of various depths of thick tissue that contains fluorescent molecules by scanning the tissue with light from a laser beam.

TRACING NEURAL CONNECTIONS

- *Anterograde Labeling Method* – A histological method that labels the axons and terminal buttons of neurons whose cell bodies are located in a particular region.



- *Retrograde Labeling Method* – A histological method that labels cell bodies that give rise to the terminal buttons that form synapses with cells in a particular region.

STUDYING THE STRUCTURE OF THE LIVING HUMAN BRAIN

- *Computerized Tomography (CT)* – The use of a device that employs a computer to analyze data obtained by a scanning beam of X-rays to produce a two-dimensional picture of a “slice” through the body.
- *Magnetic Resonance Imaging (MRI)* – A technique whereby the interior of the body can be accurately imaged; involves the interaction between radio waves and a strong magnetic field.
- *Diffusion Tensor Imaging (DTI)* – An imaging method that uses a modified MRI scanner to reveal bundles of myelinated axons in the living human brain.

5.1.2 Evaluating the Behavioral Effects of Brain Damage

An example of experimental ablation (or lesion study) would be if, after part of the brain is destroyed, an animal can no longer perform tasks that require vision, we can conclude that the damaged area plays some role in vision. (See [Johannes Müller](#) and the doctrine of specific nerve energies for relevant information.)

What makes lesion studies so important, is that, we can distinguish between brain function and behavior. For example, reading involves functions required for controlling eye movements, focusing the lens of the eye, perceiving and recognizing words and letters, comprehending the meaning of words, and so on. Some of these functions also participate in other behaviors; for example, controlling eye movement and focusing are required for any task that involves looking, and brain mechanisms used for comprehending the meanings of words also participate in comprehending speech.

6.1 The Neuron

- Definition: Basic information processing unit of the NS.
- Similarities to an animal cell:
 - *Cell membrane*: Separates the inside of the cell from the outside environment.
 - *Nucleus*: Contains the genetic material of the cell.
 - *Organelles*: Carry out the basic functions of the cell.
 - *Mitochondria*: Produce energy for the cell.
 - *Endoplasmic Reticulum*: Synthesizes proteins.
 - *Golgi Apparatus*: Packages proteins for transport.
 - *Lysosomes*: Break down waste products.
 - Basic cellular processes.
- Differences:
 - Special “morphology” (shape).
 - Communicate through an electrochemical process.

6.1.1 Structure of the Neuron

(Mostly a recap of **Terms**)

- *Soma*
- *Dendrite*
- *Axon*
- *Terminal Arboriza* – Branches at the end of the axon.
- *Terminal Buttons* – End of the terminal arboriza.
- *Axon Hillock*
- *Myelin*



- Not all axons have it.
- Glial cells / 70% Lipid / Nodes of Ranvier.
- Multiple Sclerosis (MS) – Demyelination.

6.1.2 Support cells in the Nervous System

- Glia/Glial Cells/ Neuroglia – Support cells.
 - Capable of cell division after birth/communication.
 - Make up half of the volume, but are 10-50 times more numerous. (The other half is made up of neurons.)
 - CNS:
 - *Macroglia* – Large glial cells.
 - *Astrocytes* – Star-shaped cells that provide physical support to neurons, clean up debris, and provide nutrients to neurons.
 - *Note* that these cells do not help neurons grow when they are damaged. In fact, they inhibit growth by proliferating and forming a scar.
 - *Oligodendrocytes* – “few branches (in contrast to Astrocytes)” – *Form* myelin sheath around multiple axons in the CNS.
 - *Microglia* – Small cells that remove debris from injured or dead cells.
 - *Ependymal Glia* – Line the ventricles of the brain and spinal cord. (Remember the CSF?)
 - PNS:
 - *Satellite Cells* – Provide nutrients and physical support to neurons.
 - *Schwann Cells* – Form myelin sheath around axons in the PNS. These cells are monogamists; they wrap their arms around one axon.
 - Neuronal Regeneration.
 - The Myelin Sheath is composed of Oligodendrocytes in the CNS and Schwann Cells in the PNS.
 - *Phagocytosis* – When an injury occurs, the glial cells divide and eat the dead cells. (Done by Microglia and Schwann Cells.)
 - Maintenance of Internal Consistency.
 - When neurons undergo rapid firing, they release potassium ions. Astrocytes absorb these ions to maintain the internal consistency of the neuron, and dump them into the blood stream.

NEW NOTES FOR 02/28/25



6.1.3 Are Glial Cells Contributing to Alzheimer's Disease?

- Normally,
 - Beta amyloid cleared away through microglia.
- IF beta amyloid builds up too much, Tau INSIDE cells builds up.
- This leads to inflammation, which maybe leads to the problems of Alzheimer's.

6.2 Different Kinds of Neurons

- Based on Structure
- Based on Function

6.2.1 Structural Classification of Neurons

- *Unipolar/Pseudounipolar*
 - *The difference:* The axon and dendrite are fused together.
- *Bipolar*
- *Multipolar*

6.2.2 Functional Classification of Neurons

- Sensory Neurons (Afferent)
 - Carry information from the sensory receptors to the CNS.
 - Unipolar.
 - “Afferent” – “bearing or conducting inward”
- Interneurons
- Motor Neurons (Efferent)
 - Carry information from the CNS to the muscles and glands.
 - Multipolar.
 - “Efferent” – “conducting outward”
- Remember: Ad = towards Ex = from Ferro = I carry.



6.3 Neural Communication

- **2 Systems of Neuronal Communication:**

- *Binary* – All or none (literally only 2 options).
- *Analogue* – Graded, matter or degree.

NEW NOTES FOR 03/03/25 (kinda)

We added a lot to the notes that we already had, so there is new material springled throughout this section.

6.3.1 Binary System (“Off” and “On”)

- *The Resting Membrane Potential (RMP): “OFF”*

- [Click here for a diagram.](#)
- *Note:* Where the arrows land on either side of the cell membrane is supposed to represent the relative permeability of the cell membrane to different ions.
- -70 mV (relative to the outside).
- Understand the cell membrane.
 - *Phospholipid Bilayer* – Hydrophobic tails and hydrophilic heads.
 - *Semipermeability* – Some things can cross, others cannot.
 - Lipid, lipid soluble, small, and neutral.
 - *Embedded Proteins* – Channels and pumps.
 - **4 Jobs We Care About:**
 - *Receptors*
 - High specificity and affinity.
 - “Places where things can bind to the cell and cause a change.”
 - *Channels.*
 - *Gated Channels:*
 - Passive movement. The cell itself does not expel any energy to move the ions.
 - Chemical (ligand) gated channels.
 - Voltage gated channels.
 - *Pumps* – Active transport.
 - *Enzymes* – Facilitates chemical reactions.
 - Breaking neurochemicals down or putting them back together.
- **3 Determinants of the RMP**
 - *Differential Permeability* – The cell membrane is more permeable to some ions than others.



- For sodium, the membrane only allows a trickle of Na^+ into the cell.
- Conversely, the membrane is more permeable to K^+ and Cl^- . (K^+ is the most permeable.)
- **Driving Forces:**
 - *Diffusion* – Ions move from high to low concentration (Concentration Gradient).
 - *Note:* The cell membrane is more permeable to potassium ions than sodium ions.
 - *Electrostatic Pressure* – Ions move towards the opposite charge (Electrical Gradient).
 - *Equilibrium Potential* – The charge the ion “prefers” if it were the only one and could pass freely through the membrane.
 - This answers the question: “Why doesn’t the cell get more and more negative?”
 - Driving force in (influx) = Driving force out (efflux).
 - $\text{K}^+ = -80 \text{ mV}$ and $\text{Na}^+ = +55 \text{ mV}$.
 - *Sodium-Potassium Pump* (Na^+/K^+ Pump)
 - 3 Na^+ out for every 2 K^+ in.
 - Costs 1 ATP.
- *The Action Potential (AP): “ON”*
 - [Click here for a diagram.](#)
 - *Note:* The above diagram neglects to show that there can be *failed* attempts at an action potential wherein the threshold is not reached. In these cases, the charge of the cell can increase or decrease, but if it does not reach -55 mV, it will quickly settle back to its resting potential of -70 mV.
 - +40 mV (relative to the outside).
 - Thus, during an action potential, there is a total of 110 mV difference between the inside and outside the cell.

NEW NOTES FOR 03/05/25

- **Electrical Current**
 - *Depolarization*
 - A little
 - A lot
 - *Threshold of Excitation* = +15 mV.
 - Action potential
 - Even more.
 - *Repolarization*



- A little
- A lot
- Even more.
- *Refractory Period*
 - Cell is resistant to reexcitation for a period after the AP peak.
 - *Absolute Refractory Period* – No amount of stimulation will cause another AP.
 - *Relative Refractory Period* – A stronger than normal stimulus is required to cause another AP. (This is because of hyperpolarization.)
- **Three Questions:**
 - Why don't the Na^+ channels reopen during repolarization? ✓
 - *Answer:* Because of the refractory period.
 - How can an all or none signal convey analog information? ✓
 - *Answer:* The frequency of the APs can convey the intensity of the stimulus.
 - *Rate Law* – Variations in the intensity of a stimulus are represented by variations in the rate of firing.
 - Where does that signal come from that meets the threshold of excitation?
 - *Decremental Conduction* – The further the signal travels, the weaker it gets. (cable properties)
 - Analogue communication.
 - Degrading because for resistance and leakage.
 - *Passive Conduction* – No energy is expended.

6.3.2 Conduction of Action Potential in Unmyelinated Axons

NEW NOTES FOR 03/07/25

- *All or Nothing Law* – AP occurs or not once triggered, always the same size.
- *Active Regeneration* – The AP is regenerated at each point along the axon.
 - Takes a lot of time ($< 1\text{--}10$ meters/second).
 - Takes a lot of energy.

6.3.3 Conduction of Action Potential in Myelinated Axons

- *Saltatory Conduction* = “To jump” – AP jumps from node to node.
 - Decremental conduction in the myelinated portions.
 - No extracellular fluid.



- Almost absent Na^+ channels.
- Active regeneration at Nodes of Ranvier.
 - High density of Na^+ channels.
 - AP is regenerated.
- **Advantages:**
 - Economic
 - Much less work for the Na^+/K^+ pump.
 - Speed
 - in excess of 100 m/s (225 mph) (not as fast as electricity's 300 million m/s).
 - So why not evolve 1 long myelin sheath?
 - *Answer:* The AP would be too weak from the decremental conduction by the time it reached the end.
- Think of how this applies to multiple sclerosis: The myelin sheath is destroyed, and the AP can no longer jump from node to node. This results in a loss of sensation and motor control.

6.4 Conversion from Electrical to Chemical Signals

- Occurs at the synapse (Greek: “syn” = together, “haptein” = to clasp).
 - Synaptic cleft (20 angstroms (\AA) across). *Note:* $10^7 \text{\AA} = 1 \text{ mm}$.
 - Pre-synaptic membrane
 - *Golgi bodies* – Synthesize neurotransmitters and package them into vesicles.
 - *Synaptic vesicles* – Contain neurotransmitters.
 - In the pre-synaptic cell, the golgi bodies
 - *Docking proteins* – Hold the vesicles in place.
 - Full synaptic vesicles migrate to membrane and attach.
 - Voltage gated *Ca^{2+} channels* open.
 - Once the AP arrives at the synapse, the docking proteins release the vesicles and the neurotransmitters are released into the synaptic cleft (this is due to the Ca^{2+} channels opening).
 - Post-synaptic membrane
 - *Receptors* – Bind to the neurotransmitters.

NEW NOTES FOR 03/10/25

6.5 Conversion from Chemical to Electrical Signal

6.5.1 Two Kinds of Post Synaptic Potentials

- *Excitatory Post Synaptic Potentials* (EPSPs)
 - Bring the cell closer to firing.
 - i.e., opening of Na^+ channels.
- *Inhibitory Post Synaptic Potentials* (IPSPs)
 - Take the cell further from firing.
 - i.e., opening of K^+ channels (and potassium leaves).
- Thus, post synaptic into action potential by summing up of the EPSPs and IPSPs at the axon hillock.

6.5.2 What Happens to Excess or Used Neurotransmitters?

- **Three things can occur:**
 - *Active Reuptake* – The neurotransmitter is taken back up into the pre-synaptic cell.
 - *Metabolism* – The neurotransmitter is broken down by enzymes.
 - *Bound to Autoreceptors* – The neurotransmitter binds to autoreceptors on the pre-synaptic cell.
 - This inhibits the release of more neurotransmitters.

6.5.3 Two Types of Chemically Gated Channels

2 Kinds of Synapse: *ionotropic* and *metabotropic*.

6.5.4 *Ionotropic Synapse*

- No change in metabolism. (No ATP expended.)
- Direct change of ions.
- Fixed duration (rapid and short).
- 1 neurotransmitter binds to 1 receptor.
- **Example:** Acetylcholine (ACh) binds to a receptor and opens a Na^+ channel.



6.5.5 *Metabotropic Synapse*

- Actual change in cellular metabolism.
- Indirect exchange of ions.
- Variable duration (can be very long).
- At least 2 neuromodulator molecules bind to a receptor.
- **Example:** Dopamine binds to a receptor, which activates a G-protein, which activates an enzyme, which produces a second messenger, which opens a K^+ channel.
- **At the Metabotropic Synapse:**
 - Neuromodulator binds and initiates process.
 - Alpha subunit of *G-Protein* binds to *Adenylate Cyclase*.
 - Activating adenylate cyclase to convert ATP to *cAMP* (cyclic adenosine monophosphate).
 - cAMP activates *Protein Kinase A*.
 - Causing 2 subunits to dissociate.
 - Catalytic portion is no longer inhibited.
 - Allowing it to convert ATP to ADP.
 - This produces a phosphate group.
 - To end this process:
 - Neuromodulator dissociates to end cAMP production.
 - Enzymes
 - *Phosphodiesterase* – Metabolizes residual cAMP
 - *Phosphoprotein phosphatase* – Removes the phosphate and resets the channel.

NEW NOTES FOR 03/12/25

6.5.6 Who Cares About Metabotropic Synapses?

- Fine tuning of electrical signals is done through presynaptic inhibition and facilitation.
 - *Presynaptic Inhibition* – The release of neurotransmitters is inhibited.
 - Example: One synapse can modulate another that causes it to have some of its—normally opening— Ca^{2+} channels closed.
 - *Presynaptic Facilitation* – The amount of neurotransmitters released is increased.
 - Think of this like, instead of 3 APs, it would seem like 4 APs.

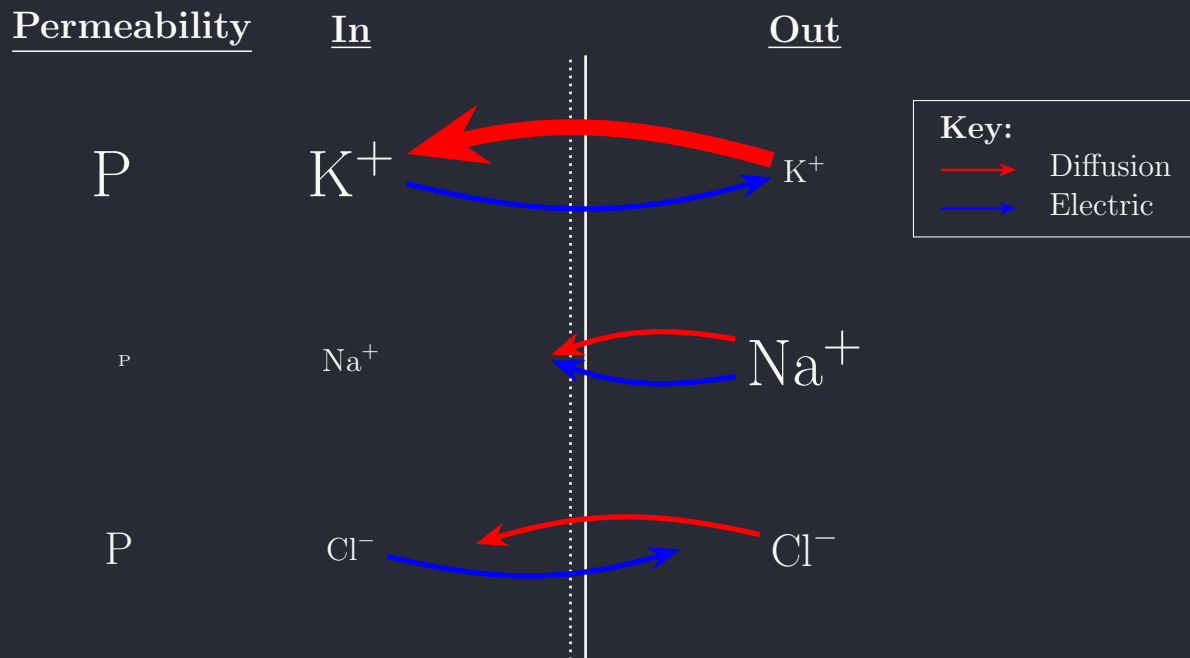


Figure 6.1: The Resting Membrane Potential (RMP) of a Neuron

6.5.7 Eletrical Synapse (Gap Junctions)

- No neurotransmitters, no neuromodulator.
- Channels cross the synapse.
- Very fast.
- Rare in mammalian brain, common in some fish (simpler CNS).
- No facilitation or inhibition is possible.

6.6 Somatic vs. Autonomic (Revisited)

- *Somatic Nervous System*
 - Voluntary control.
 - Sensory and motor neurons.
 - Innervates striated muscles.
 - More differentiated.
- *Autonomic Nervous System*
 - Relatively involuntary.

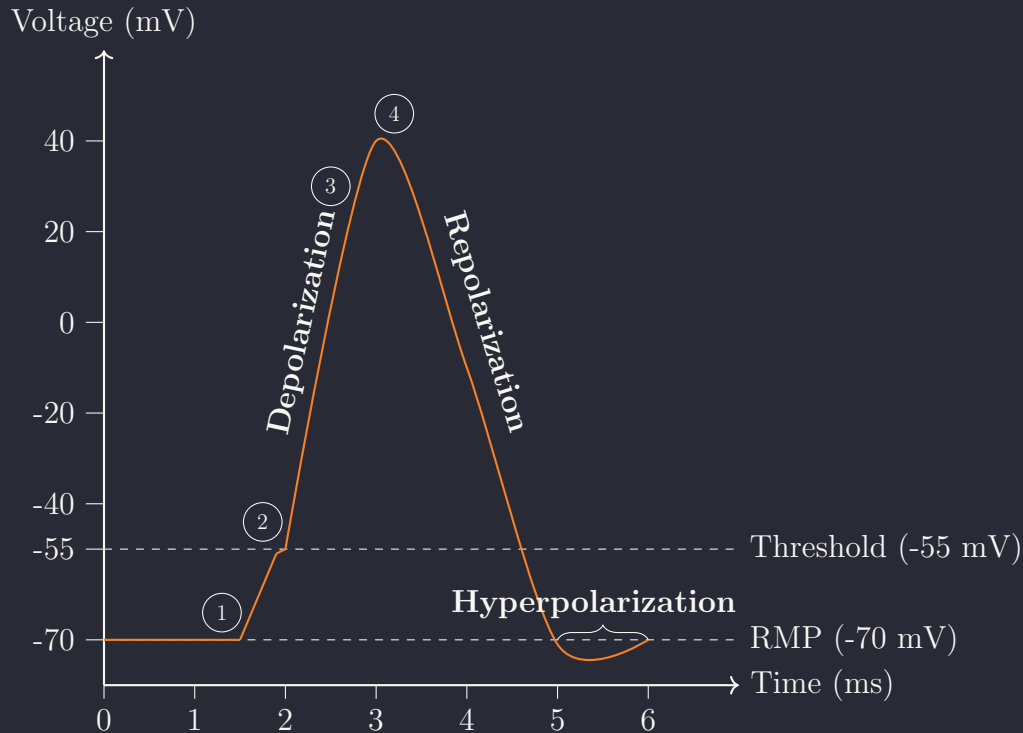


Figure 6.2: Action Potential Waveform

- Purely motor.
- Innervates smooth muscle, cardiac muscle, glands.
- Functions more as a whole.

6.7 Sensory Systems

- *Vision* – Light waves hit photoreceptors in the retina.
- *Audition* – Sounds waves vibrate hair cells in the cochlea.
- Chemical senses: *Olfaction* and *Gustation*. Where, for both, chemicals bind to receptors.
- *Somatosensory System*
 - *Proprioception* – Sense of body position.
 - *Cutaneous Senses* – Touch, temperature, pain.
 - *Kinesthesia* – Sense of movement.
 - *Vestibular Sensation* – Balance.



6.7.1 Why Study Sensory Systems in Psychology?

- Psychologists are interested in? The study of behavior
 1. Perceptions are the basis for behavior and mental processes.
 - “Why did you drive through that stop light?”
 - “Why did you shoot that unarmed man?”
 - The answer to both of these questions are that the person genuinely (sometimes genuinely, other times, they’re lying) believed that the light was green, or the person had a gun.
 2. And those perceptions don’t exactly match to the stimuli.
 - Get a physicist to measure stimulus.
 - BUT—a psychologist to measure perceptions.

NEW NOTES FOR 03/14/25

6.8 What is Color?

- *Electromagnetic Spectrum* – Energy radiated as waves that are produced by electric charges.
 - Measured in wavelengths.
 - Visible light (for humans)
 - ranges from 380 to 760 nanometers (10^{-9} m).
- *Rods* – Sensitive to low light levels.
 - These cannot differentiate color because there is only one type of rod.
- *Cones* – Sensitive to color.
 - 3 types: *Short* (Blue), *Medium* (Green), *Long* (Red).
- *The Problem of Univariance* – One cone type can’t differentiate between different wavelengths of light. Thus, we need multiple cone types.
- *Trichromatic Color Theory* – 3 types of cones, each sensitive to a different wavelength of light.
- *Physiology* – From the sensory systems to the psychology systems (Bottom-up processing).
- *Top-Down Processing*
 - Expectation



- Knowledge
- Cognition of ALL sorts.
- *Background* – Changes your depth perception.
 - For example, a small circle surrounded by 6 large circles will appear larger than the same small circle surrounded by 6 smaller circles.

6.8.1 Language and Color

- Color perceptions influenced by language.
- Russians have 2 words for blue.
 - ‘sinij’ for dark blue and ‘goluboy’ for light blue.

6.8.2 Motivation Influences Visual Perception

- Radel and Clement-Guillotin (2012).
 - Hungry people see food words better.

6.9 Unit 3

- Neurotransmitters and Neuromodulators

7.1 Overview – Unit 3

- Neurotransmitters and Neuromodulators
 - Psychopharmacology
 - Disorders
 - Pain

7.1.1 Psychopharmacology in Detail

- The scientific study of the effects of drugs on the nervous system and behavior.
- Psychopharmacology is the study of how drugs affect the mind and behavior.
 - Psychotherapeutic drugs
 - Better understanding of how things normally work.

Principles of Drug Action

- *Selective Action* – Drugs are selective in their action on the nervous system.
 - *Sites of Action* – The location at which a drug interacts with the body to produce its effects.
 - Side effects are often due to the drug acting on sites other than the intended target.
 - Thus, side effects are relative to what our preferred site of action is.
 - *Example*: Opioids primarily affect the opioid receptor system.
- Drugs don't CREATE effects, they *modulate* ongoing cellular activity.
 - That is, they affect behavior by affecting neural transmission in some way.
 - *Agonist* – A drug that mimics or enhances the **effects of a neurotransmitter**.
 - Facilitates post synaptic effects.
 - *Example*: Morphine mimics endorphins, which are natural painkillers.
 - *Antagonist* – A drug that blocks or inhibits the effects of a neurotransmitter.



- Inhibits post synaptic effects.
- *Example*: Naloxone blocks the effects of opioids, reversing their effects.
- Agonistic effects can become antagonistic if the drug is taken in excess.
 - *Example*: I make a neuron fire a neurotransmitter, but I also block the reuptake of that neurotransmitter.

Basic Process

- *Precursor* – A substance from which another substance is formed. AKA, the ingredients used to make a neurotransmitter.

•



- *Synthesis* – The process of creating a neurotransmitter from its precursors.
- Sometimes, we break down the precursor to build the neurotransmitter.

NEW NOTES FOR 03/21/25

7.1.2 Other Ways of Agonist and Antagonist

- Block Ca^{2+} channels from opening (antagonist)
- *Mimetic* – Mimics the action of a neurotransmitter.
 - *Direct Agonist* – Binds to the same receptor as the neurotransmitter and mimics its effects.
 - *Indirect Agonist* – Binds to a different site on the receptor and enhances the effects of the neurotransmitter.
- Blocking agent
 - Competitive
 - *Direct Antagonist* – Binds to the same receptor as the neurotransmitter and blocks its effects.
 - Non-competitive
 - *Indirect Antagonist* – Binds to a different site on the receptor and blocks the effects of the neurotransmitter.
 - *Inverse Agonist* – Binds to the same receptor as the neurotransmitter and produces the opposite effect.
- *Depolarizing* or *Desensitizing Agent* – A drug that causes the AP to stay in a depolarized state; refusing to let the neuron go through another AP, and it stays in the absolute refractory period. (Antagonist)



- Interfere with vesicles (leaky or transporter proteins). (Antagonist)
- Interfere with docking proteins. (Antagonist)
- Selectively deactivate autoreceptors. (Agonist)
- Selectively activate autoreceptors. (Antagonist)

7.2 What Do These Chemicals Between Neurons Do?

- Transmit information.
 - Glutamate
 - GABA
 - Glycine
- Modulate information.
 - Every other neurotransmitter.

7.3 Classes of Neurotransmitters (Revisited from Lab)

- Amino Acids (book 4.3.1)
 - Glutamate, GABA, Glycine
- *Amines* (monoamines) – Derived from amino acids
 - Catecholamines
 - Contain catechol and derived from the amino acid tyrosine.
 - *Tyrosine* – Precursor for the catecholamines.
 - Dopamine (DA), Norepinephrine (NE), Epinephrine (Adrenaline)
 - Dopaminergic, Adrenergic, and Noradrenergic systems.

New Notes for 03/31/25

- *Indolamines*
 - *Serotonin* (5-HT)
 - *Melatonin*
- Peptides (AKA: Neuropeptides)
 - Endogenous Opioids
- Acetylcholine (ACh)
- Lipids (book 4.3.5)



- Anandamide (Sanskrit for “bliss”) – Endogenous cannabinoid.
- **Two Other Classes (from book)**
 - Nucleosides
 - Adenosine
 - Soluble Gases
 - *Nitric Oxide (NO)* – Required for an erection.

7.4 Acetylcholine (ACh)

- First neurotransmitter discovered.
- Otto von Loewy – Discovered ACh in 1921.
 - This guy took a frog heart and put it in saline. Then, he took simulated the parasympathetic part of the vagus nerve, and saw that the heart slowed down.
 - He then took the saline and put it in a different frog heart, and saw that the heart slowed down again.
 - “Vagusstoff” (ACh) – The chemical that was released from the vagus nerve that slowed the heart down.
 - Cholinergic – Referring to ACh.
- **Some Functions**
 - **Function in the ANS:**
 - Sympathetic
 - Spinal nerve leaves the cord and synapses in the paravertebral ganglion (ACh)
 - Then makes neuromuscular junction with smooth muscles and glands (NE)
 - *Neuromuscular Junction* – The synapse between a motor neuron and a muscle fiber.
 - *Paravertebral Ganglion* – A ganglion located next to the spinal cord.
 - Except sweat glands (ACh)
 - *Sympathetic Chain* – A chain of ganglia that runs parallel to the spinal cord. This is the reason for when you get anxious, ALL of your body gets anxious.
 - Parasympathetic
 - Spinal nerve leaves the cord and synapse in the parasympathetic ganglion (ACh)
 - Then makes neuromuscular junction with smooth muscles and glands (ACh)



- The only NT in the parasympathetic branch.
- NT of the preganglionic sympathetic branch.
- **Function in the Somatic NS**
 - Excites the neuromuscular junction (ACh)
 - So, ACh is important for getting motor messages out to all kinds of muscles and glands.

NEW NOTES FOR 04/02/25

- **Function in the CNS**
 - ACh is important in:
 - Learning and alertness (*Basal Forebrain*)—activates the cortex and facilitates learning.
 - *Nucleus Basalis* – Projects to the cortex
 - *Medial Septal Nucleus* and *Nucleus of Diagonal Band* – Projects to the hippocampus through the fornix.
 - Memory (*medial septal nucleus*)—modulate the hippocampus
 - REM sleep generation (*Pedunculopontine nucleus (PPT)* and *Laterodorsal Tegmental Nucleus (LDT)*)—projects to the pons and thalamus.
 - Reward system.
- **Synthesis and Metabolism**
- **Drugs and Disorders**

7.4.1 ACh Synthesis and Metabolism

- **Synthesis**
 - In a nutshell: A breakdown of lipids leads to Choline, which is the precursor for ACh. Acetate is the anion in vinegar (Acetic acid). Then, this is combined with Acetate to make ACh.
 - In more detail:
 - CoA attaches to an acetate ion (*Acetylcoenzyme A (acetyl-CoA)*).
 - Then, *choline acetyltransferase (ChAT)* transfers the acetate from the acetyl-CoA to the choline molecule.
 - Mnemonic: **ChAT**: From right to left: Transfers acetate to choline.
- **Metabolism**
 - ACh is broken down by the enzyme *acetylcholinesterase (AChE)* into acetate and choline. Nice and simple!
 - The choline is taken back up by active transport and reused, and the acetate is broken down and eliminated.



7.4.2 Two Types of Cholinergic Receptors

- Nicotinic Receptors
 - Agonist at low doses, but antagonist at high doses.
 - Iontropic.
 - Found at the Neuromuscular Junction in the PNS.
 - *Curare* (direct antagonist) – A drug that blocks nicotinic receptors, causing paralysis.
 - Competitive blocking agent
 - Paralysis, surgery
- Muscarinic Receptors
 - Comes from a hallucinogenic mushroom (*Amanita muscaria*).
 - **Don't confuse with Serotonin's Mescaline: Cactus; nor Psilocybin: Mushroom.**
 - Vikings (probably took this drug before raiding) and Koryaks (Nordic people who used this mushroom in religious practices).
 - Metabotropic receptors.
 - Predominates in the CNS (although, both types are found in the CNS).
 - *Atropine* (direct antagonist) – A drug that blocks muscarinic receptors, causing pupil dilation and increased heart rate.
 - Competitive blocking agent
 - Belladonna alkaloids (deadly nightshade)

NEW NOTES FOR 04/04/25

7.5 MORE Drugs and Toxins Affecting ACh

- *Botulinum Toxin* – A waste product of *Clostridium botulinum*, which are bacteria who grows without oxygen.
 - Interferes with Ca^{2+} influx channels, preventing the release of ACh.
 - Because Botox causes paralysis, it can interfere with emotional *expression* because it paralyzes muscles like the orbicularis oculi.
 - Additionally, since we know that expression influences experience, when we paralyze these muscles, then the emotional *experience* is also negatively affected.
 - **Does Botox Decrease Emotional Experiences?**
 - Population: Women who want wrinkles gone.



- One IV: two levels: Botox or restylane (dermal filler).
- Method: Everyone had wrinkle reduction. AND, Everyone watches some emotion evoking movies.
- Results: Botox group had less emotional experience than the restylane group.
- **Is this a good thing?**
 - Another study takes a sample of depressed people and gives them either Botox or a placebo.
 - Results: 15% of placebo had a decrease in depression, while 52% of the Botox group had a decrease in depression.
- Botox can also be used to treat migraines, cerebral palsy, and hyperhidrosis (excessive sweating).
- *Black Widow Spider Venom* – A neurotoxin that causes the release of ACh at the neuromuscular junction, causing continual release of ACh and paralysis.
- *Cobra and Krait Venom* – A neurotoxin that blocks the binding of ACh to nicotinic receptors, causing paralysis.
- *AchE Blockers* – Comes into contact with the enzyme that breaks down ACh, causing an increase in ACh in the synaptic cleft.
 - Irreversible

NEW NOTES FOR 04/07/25

-
- Insecticides (Parathion)
 - Nerve gas: DFP (Diisopropylfluorophosphate (don't need to know the whole name)) and Sarin.
 - Readily crosses the blood-brain barrier so PNS and CNS are affected.
 - Antidote?
 - *Atropine* – A drug that blocks muscarinic receptors, preventing the effects of excess ACh.
 - *Pralidoxime* – A drug that reactivates AChE, allowing it to break down ACh again.
 - Reversible
 - *Neostigmine* (**Prostigmin**) and *Physostigmine* (**Antilirum**) – Drugs that inhibit AChE, increasing the amount of ACh in the synaptic cleft.
 - Doesn't cross the blood-brain barrier, so it only affects the PNS.
 - Used to treat *myasthenia gravis* (a disease that causes muscle weakness and fatigue).
 - Autoimmune disease that attacks nicotinic receptors at the neuromuscular junction.
 - *Donepezil* (**Aricept**) and *rivastigmine* (**Exelon**) – These drugs do the same thing as the above drugs, but they cross the blood-brain barrier and are used to treat Alzheimer's disease and Parkinson's disease (only the cognitive part).



7.6 New Drug for Schizophrenia

- We'll talk about dopamine drugs later in this unit.
- This new drug now:
 - *Xanomelne and trospium chloride* (**Cobenfy**) – A drug that blocks the muscarinic receptors in the CNS, but not in the PNS.
 - Dopamine but also Ach!

7.7 Catecholamines

- Dopamine (DA)
- Norepinephrine (NE)
- Epinephrine (Adrenaline)

7.7.1 Dopamine (DA)

- Synthesis and Metabolism
- Function
- Drugs and Disorders

Dopamine Synthesis

- Tyrosine was first discovered from cheese (tyrosine = cheese).
 - Tyrosine is the precursor for DA, NE, and Epi.
 - *Tyrosine Hydroxylase* – The rate-limiting enzyme in the synthesis of catecholamines.
 - Converts tyrosine to L-DOPA.
 - L-DOPA is the precursor for DA, NE, and Epi.
 - L-DOPA is converted to DA by the enzyme *DOPA decarboxylase*.

Dopamine Metabolism

- DA is broken down by the enzyme *Monoamine Oxidase (MAO)* into *Dihydroxyphenylacetic acid (DOPAC)*.
- Then, *Catechol-O-methyltransferase (COMT)* converts DOPAC into *Homovanillic acid (HVA)*.
- Also, starting from DA, we can use COMT to convert it to 3-methoxytyramine (3-MT), then with MAO, we can convert it to HVA.



DA Function

- **Movement/Motor systems**

- *Nigrostriatal System* – Starts in the substantia nigra and ends in the striatum (caudate nucleus and putamen).
- Here's the route: We start at the striatum, which then sends an inhibitory GABA signal to the substantia nigra, who sends a reciprocal inhibitory DOPA signal back to the striatum nerve that sends an inhibitory GABA signal to the globus pallidus. Then, the globus pallidus excites the thalamus, who then excites the primary motor cortex, who then excites movement.
 - Note that if the inhibitory signal to the substantia nigra is limited, then the signal that the striatum sends to the globus pallidus is much stronger, which leads to a weaker signal to the thalamus, and thus to movements.
- Parkinson's Disease symptoms:
 - Weakness,
 - Tremor at rest,
 - Muscle rigidity,
 - Problems with balance,
 - Abnormal gait,
 - Trouble learning
- Treatment

NEW NOTES FOR 04/09/25

- *Reserpine* (**Raudixin**) for ↓ BP (Not in use anymore because it caused Parkinson's-like symptoms)
 - 1960's
 - Blocks monoamine transporters
 - Developed Parkinson's symptoms
 - Can't fill vesicles and DA is lowered
 - Then, discovered Substantia Nigra was pale.
 - L-DOPA can be a direct treatment for Parkinson's as well.
 - *MPTP* – Neurotoxin for DA cells in the Nigrostriatal System (which is not endogenous).
 - **History of MPTP – or why you shouldn't use illicit drugs**
 - 1982 – young California heroin users
 - Had used what they THOUGHT was synthetic heroin
 - *MPPP* – Opioid analgesic drug
 - Not used clinically
 - Illegally manufactured for recreational drug use



- INSTEAD it was MPTP (oh no!)
 - They instantly developed Parkinson's-like symptoms
 - Bad for them, but good for us because we can study it.
 - Led to animal model development and possible treatment ideas.
- We don't know why Parkinson's patient's cells are dying, but maybe something similar.
- MPTP is converted to the chemical *MPP+* by the enzyme MAO (which is what breaks down DA), which is what damaged the cells.
 - Question: Could MAO-I improve Parkinson's?
 - Yes!
 - *Deprenyl*, also called *selegiline* (**Eldepryl, Jumex**) – A drug that inhibits MAO, can slow down progression of the disease.
- New treatment
 - Molecule keeps proteins from misfolding
 - *Lewy Bodies* – Misfolded proteins that are found in the brains of people with Parkinson's.
 - These are toxic to DA cells
- *Huntington's Chorea* – A genetic disorder that leads to uncontrolled movements and cognitive decline.
 - Too little GABA from the Striatum to the Substantia Nigra causes an increase in dopamine back to the Striatum which, in turn, lessens the signal to the Globus Pallidus, which increases overall movements.
 - *Tetrabenazine* (**Xenazine**) – Drug that inhibits the DA vesicle transporters.
 - *Pallidotomy* – A surgery that affects the Globus Pallidus to inhibit movement.
- *Choreoathetotic Movements* – too much movement
 - *Athetosis* – Slow continually writing movements
 - *Choreic* (to dance) – Rapid, purposeless, involuntary movements
- Behavioral Arousal and Attention
- Reinforcement and Reward

We're starting with three studies:

1. Study 1: Blinking:

- Three levels of blinking:
 - Reflexive blinking. Ex: When a puff of air is directed at the eye.
 - Voluntary blinking. Ex: When you're asked to blink.
 - Endogenous blinking. Meaning: "originating from or due to internal causes."
- *Endogenous blinking* is the focus of this study.
 - Endogenous blinks occur during reading or speaking and reflect changes of attention and changes in thought processes. The more attention required by a visual task; the fewer endogenous blinks occur.
 - More attention required is associated with fewer endogenous blinks. Especially for visual tasks.
 - **The harder the tasks → the fewer the blinks.**
 - Even when a task is not visual, there is a decrease in endogenous blink rate (EBR) during a difficult task followed by flurry of blinks when task is over.
 - **But wait!**
 - EBR has been shown to increase when a cognitive secondary task is performed concurrently, and the cognitive task does not involve visual attention.
 - **WHY?**
 - EB is a dopaminergic activity.
 - Dopamine plays a big role in selective attention.
- Through this study, we learned that endogenous blinking (DV) is affected by cognitive load (IV)

2. Study 2: Cartoon Judgement:

- Group 1 and 2 membership.
- Follow group instructions then rate the 3 cartoons that follow on scale from 1-10.
 - 1 is NOT funny
 - 10 is VERY funny
 - Answers (Lips = Pen in lips; Teeth = Pen in teeth):



Groups	Pics 1	Pics 2	Pics 3	Average
Lips	3	3	4	$3\frac{1}{3}$
Teeth	4	4	3	$3\frac{2}{3}$
Stretch	4	5	6	5
J. Jacks	4	2	3	3

- **Facial Feedback Hypothesis**

- Selective activation or inhibition of facial muscles has a strong impact on emotional responses to stimuli.
- Zygomatic major muscle.
 - When we had the pen in our teeth, we were activating the zygomatic major muscle.
 - This muscle is responsible for smiling.
- Our data supported this hypothesis with a probability of $p < 0.02$.

- **Arousal**

- Increased heart rate in many emotions.
- Heart rate and attraction
 - 1973 Dutton and Aron
 - Shaky high bridge vs. low stable bridge.
 - Woman on the other side who is asking questionnaire questions (faux DV).
 - She gave her phone number to the guys once they got done answering the questions.
 - The actual DV was the amount of phone calls she received and the sexual content in questionnaire answers.
 - The high bridge group had more sexual content in their messages.
 - 15 minutes of physical activity, then rate attractiveness of potential mates.

Psychophysiology: Behavioral, cognitive, emotional, and social events are all mirrored in physiological processes.

The idea is that we can get a peep into your psychology by looking at what your biology is doing.

Sleep: EEG (Electroencephalogram; measuring brain activity), EOG (Electrooculogram; measuring eye movement), EMG (Electromyography; measuring muscle movement), ERP (Event-Related Potential; measuring electrical activity in the brain in response to a stimulus).

When your brain is hooked up to the ERP and you are asked either task relevant-stimulus, important stimulus, or surprising stimulus, it will produce a higher p —300 amplitude compared to otherwise. Think about how this would be used for interrogating a suspect, for



example.

Then, there are $n=350$ amplitudes which are activated when we are asleep, and we hear our name, for example.

Notice the implications of this with sleeping: the more tired you are (or closer to falling asleep), the harder it will be to find the $p=300$ amplitude.

Omitted Stimulus Paradigm – Given a constant stimulus, this is the phenomena wherein there is a gap in the pattern. This will result in a higher $p=300$ amplitude.

Polygraph: Respiration, GSR (EDA), Blood flow, Blood pressure, and heart rate.

With a polygraph, we're looking at all the components of the peripheral nervous system. That is, when we're "looking at " a polygraph, we're not measuring lying, but all the physiological responses that are associated with lying.

EDA

- *Electrodermal Activity*
 - Old name: Galvanic Skin Response
 - Measuring sympathetic nervous system activity by detecting sweat gland activity by measuring the conductance of an electrical signal from one electrode to another.
 - More rapid conductance with more activity.
 - Particularly good for emotion.
 - Maybe attention.
 - This also is a good measure for the sympathetic nervous system because it is the only one that can enervate the sweat glands.

What if I Want to Know

- If you're lying
- Cognitive or emotional states when you're sleeping
- If you're attending to stimuli I'm presenting

Psychophysiology is different from Physiological Psychology. Note that Psychophysiology is where mind/behavior is the IV, and physiology is the DV. Similarly, Physiological Psychology uses the same IVs and DVs, but notice that we are manipulating the physiological psychology to measure psychology. Remember the independent variable is first (mnemonic).



Examples

- Present snake photo or not. Then measure effects on physiology that evidence fear.
- Presenting in-group and out-group photographs. Then measure effects on physiology that evidence prejudicial cognition.
- Drugs: Measure effects on psychology (behavior/aggression)
- Lesion: Measure effects on psychology (cognition/memory)
- Manipulate heart rate: (behavior/attractiveness ratings)
- Electrical Stim of Brain [tDCS (transcranial direct current stimulation)]: Measure effects on psychology (mood/emotion/depression)

EEG

- Activity in large groups of neurons.
- Difference in electrical activity at a reference point and site of interest.
- You get: Wavelike patterns.
- *International 10-20 system.*
 - Fz, Fp1, Fp2, F7, F8, F3, F4, T3, T4, Cz, C3, C4, T5, T6, Pz, P3, P4, O1, O2.
 - F = Frontal
 - T = Temporal
 - C = Central
 - P = Parietal
 - O = Occipital
 - Odd numbers = left hemisphere.
 - Even numbers = right hemisphere.
 - Z = Midline
- Researchers use *visual inspection* to look at the EEG data.
- Measurements
 - *Frequency* – $\frac{1}{\text{time}}$ (in Hz)
 - *Amplitude* – Height of wave (in μV)

Neurofeedback

- Learn to control your brain activity.
 - See the activity
 - Get reinforcement or punishment
 - Make changes



- Even if you don't "know" what you're doing, you can still learn to control your brain activity.

NEW NOTES FOR 03/20/25

7.8 Physiological Psychology (Video Lab) Experiment

Research Question: *Do opioids play a role in social behavior?*

- Pros of videoing:
 - Minimizes the effect of the experimenter.
 - Called “reactivity”
 - Permanent data record
 - Double blind procedures
 - Observer bias/experimenter effect

7.8.1 Good Introductions

- *Rationale* – Why is this study important?
 -
- *Questions* – What are you trying to answer?
- *Hypothesis* – What do you think will happen?
- *Support for Hypotheses* – Why do you think this will happen?
-

7.9 Classes of Neurotransmitters

- Peptides (AKA: Neuropeptides)
 - Endogenous opioids

7.9.1 Peptides—Opioids

- *Peptides* – Short chain of amino acids.
- **Opioid vs. Opiates:**
 - *Opioid*: Endogenous (from inside the body).
 - *Opiate*: Exogenous (from outside the body) morphine, codeine, heroin, percodan (*levorphanol*), opium, OxyCotin, fentanyl, etc.
 - All agonists.
 - Richard Deyo, the guy whose data we’re going to be using says opiates are the ones derived by plants.



7.9.2 Antagonists

- NARCAN (Naloxone) – Opioid antagonist.
 - Reverses opiate intoxication.
- Vivitrol (Naltrexone) – Opioid antagonist.
 - Blocks euphoric effects but may not work that well on addiction because doesn't get rid of cravings.

7.9.3 New NonOpioid Pain Relievers

- VX-548 (January 2024—Late stage trials)
 - Acute post-surgical pain.
 - No addiction risk.
- Blocks Na^+ channels in peripheral (not CNS) pain pathways.
- Better than placebo but not as good as hydrocodone + acetaminophen.

7.10 Opioid Receptors

- 3 Kinds:
 - *Mu* (μ) – Analgesia and euphoria.
 - *Delta* (δ) – Analgesia
 - *Kappa* (κ) – *Colocalized* with certain *catecholamines*, learning and memory, emotional control, stress response and analgesia.
 - *Colocalized* – When two or more neurotransmitters are released from the same neuron.
 - *Catecholamines* – Dopamine, norepinephrine, and epinephrine.
- [The process was] Discovered in early 1970s.
- Mid 1970s endogenous opioids were discovered.
 - *Endorphins* – Binds to mu receptors the most.
 - *Enkephalins* – Binds to delta receptors the most.
 - *Dynorphins* – Binds to kappa receptors the most.



7.11 Functions of Opioids

- Prevents diarrhea.
- Euphoria.
- Analgesia.
- Stress response, body temperature, emotions, feeding motivation, sexual behavior, learning (reinforcement), drowsiness.
- Social behavior?

7.11.1 Pain is Good

- Unpleasant sensory and emotional experience associated with actual or potential tissue damage.

Pain Pathway

- From face
 - Comes in via cranial nerve V (trigeminal nerve).
- From neck down
 - Comes in via a spinal nerve in one of 2 pathways:
 - Direct (fast pain pathway)
 - Sharp and well localized pain.
 - Immediate and brief.
 - *A-delta fibers* (myelinated) – Fast conducting fibers.
 - Mechanical (strong) and thermal (extreme temperature).
 - Indirect (slow pain pathway)
 - Slow pain.
 - Throbbing, aching and dull pain.
 - Takes longer, but lingers.
 - *C-fibers* (unmyelinated) – Slow conducting fibers.
 - Chemical (inflammatory) pain.
 - Receptors are sensitive to chemical stimulation.
 - *Prostaglandins* – Inactive until tissue damage occurs.
 - *Cyclooxygenase* (COX) – Enzyme that converts inactive prostaglandins to active prostaglandins.
 - Pain arrives at the brain stem reticular formation (BSRF)
 - After the BSRF:
 - Thalamus (Arousal)



- Limbic system: Anterior Cingulate Cortex (ACC) (emotional)
- Periaqueductal gray region (Opioids)
 - This is activated when there is too much pain.
 - For example, a person gets their finger cut off; instead of incapacitating the person, the periaqueductal gray region will activate and release opioids to help the person get away from whatever is causing the pain.
- Frontal lobes (Association)
- and others.

7.12 NSAIDs

- 2 Classes:
 - *Propionic Acid Derivatives* – Ibuprofen, naproxen, ketoprofen.
 - *Salicylates* – Aspirin, diflunisal, salsalate.
- Block cyclooxygenase
- *COX-2 Inhibitors* – *celecoxib* (Celebrex), *rofecoxib* (Vioxx) (removed from market because heart attack and stroke).

7.13 Opioid Systems at Work?

- Acupuncture
- The placebo effect activates the opioid system.
- For example, if I were to give you a pill, and said it was going to relieve your pain, but it was actually just a sugar pill, you would still feel relief from the pain. However, if I gave you a pill, such as Naloxone (which is an opioid antagonist), you would not feel relief from the pain.

New Notes for 04/03/25

7.14 Carefully Plan Some Hypotheses

- *Conceptual Hypothesis* – A statement of the expected relationship between the IV and DV.
- *Statistical Hypothesis* – A statement of the expected relationship between the IV and DV in statistical terms.



- Consider the example “Does technology use disrupt sleep quality.”
 - Conceptual:
 - Null: TU (tech users) do NOT have lower sleep quality than NTU (non-tech users).
 - Alternative: TU have lower sleep quality than NTU.
 - Statistical:
 - Null: $\mu_{TU} \geq \mu_{NTU}$
 - Alternative: $\mu_{TU} < \mu_{NTU}$
 - For the test that we would use to test this hypothesis, we would use a paired t-test.
- Consider another example “Does too little vitamin D lead to depressed mood?”
 - Conceptual:
 - Null: Adequate VD (vitamin D) participants do NOT have lower mood than inadequate IVD (inadequate vitamin D) participants.
 - Alternative: Adequate VD participants have lower mood than IVD participants.
 - Alternative:
 - Null: $\mu_{VD} \leq \mu_{IVD}$
 - Alternative: $\mu_{VD} > \mu_{IVD}$
- For our question, “Does nalaxone increase play?” we need to be careful how we operationalize play.
- For rats, they play by:
 - Boxing, chasing, dorsal contact, PINNING, and social proximity. But these are not sufficient enough.

7.14.1 Nonspecific Effects

- The IV produces changes in the DV by acting on a system not directly related to the system in question.
- For example, I sleep deprive people and they have less sex. Thus, does sleep deprivation interfere with sex OR maybe, sleep deprivation reduces motivation and that leads to sex declines along with lots of other things indirectly.
- Could the effect we see on play be due to something else?
 - Level of behavior
 - Spontaneous activity



- Crossing
- Motivation
 - Exploratory behavior
 - Rearing
- Fear of emotionality
 - If no food is available, grooming

7.14.2 Results

- IRR
 - For play and nonspecific effect (crossing)
 - Descriptive (includes graph)
- Play
 - Descriptive (includes graph)
 - Inferential
- Nonspecific effect
 - Descriptive (includes graph)
 - Inferential
- Play and nonspecific effect separately
- How can I show the relationship between rater 1 and rater 2's ratings?
 - Graph?
 - Scatterplot
 - Statistic?
 - Pearson's Correlation coefficient (r)
 - Jamovi Variables?
 - Rater1_pins, Rater2_pins, Rater1_ns, Rater2_ns