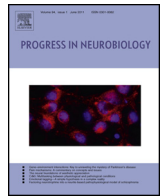




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Inhibition and impulsivity

q1 Behavioral and neural basis of response control

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ABSTRACT

In many circumstances alternative courses of action and thoughts have to be inhibited to allow the emergence of goal-directed behavior. However, this has not been the accepted view in the past and only recently has inhibition earned its own place in the neurosciences as a fundamental cognitive function. In this review we first introduce the concept of inhibition from early psychological speculations based on philosophical theories of the human mind. The broad construct of inhibition is then reduced to its most readily observable component which necessarily is its behavioral manifestation. The study of 'response inhibition' has the advantage of dealing with a relatively simple and straightforward process, the overriding of a planned or already initiated action. Deficient inhibitory processes profoundly affect everyday life, causing impulsive conduct which is generally detrimental for the individual. Impulsivity has been consistently linked to several types of addiction, attention deficit/hyperactivity disorder, mania and other psychiatric conditions. Our discussion of the behavioral assessment of impulsivity will focus on objective laboratory tasks of response inhibition that have been implemented in parallel for humans and other species with relatively few qualitative differences. The translational potential of these measures has greatly improved our knowledge of the neurobiological basis of behavioral inhibition and impulsivity. We will then review the current models of behavioral inhibition along with their expression via underlying brain regions, including those involved in the activation of the brain's emergency 'brake' operation, those engaged in more controlled and sustained inhibitory processes and other ancillary executive functions.

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Abbreviations: 5-CSRTT, 5-choice serial reaction time task; 5-HT, serotonin; ACC, anterior cingulate cortex; ADHD, attention deficit/hyperactivity disorder; BA, Brodmann area; DA, dopamine; DNAB, dorsal noradrenergic bundle; DRD2, dopamine receptor 2 gene; ERP, event-related potentials; FEF, frontal eye field; IFC, inferior frontal cortex; IFG, inferior frontal gyrus; IFJ, inferior frontal junction; LC, locus coeruleus; M1, motor area 1; MDMA, 3,4-methylenedioxymethylamphetamine; MRI, magnetic resonance imaging; NE, norepinephrine; OCD, obsessive-compulsive disorder; OFC, orbitofrontal cortex; Pre-SMA, pre-supplementary motor area; PFC, prefrontal cortex; RT, reaction time; SMA, supplementary motor area; SSD, stop-signal delay; SSRI, selective serotonin reuptake inhibitor; SSRT, stop-signal reaction time; SST, stop-signal task; STN, subthalamic nucleus.

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1. Historical introduction

In the words of the father of American psychology William James (1842–1910) inhibition [Lat. *inhibere*, to restrain] is “... not an occasional accident; it is an essential and unremitting element of our cerebral life” (James, 1890; p. 583). Scientists and philosophers have long been interested in the nature of inhibitory processes at the psychological, neurophysiological and cognitive level. Plato’s allegory of the human soul viewed as a charioteer driving a chariot pulled by two horses having opposite characters, well represents the inhibitory function of will. In order of being able to drive the chariot in the intended direction, the inclination of the two horses has to be tightly controlled. Similarly, in 1650 Descartes wrote that: “if anger makes us rise our hand to strike, our will can usually hold it back; if fear incites us to run away, our will can stop us, and so on with the other passions” (as cited in Diamond et al., 1963; p. 15). Inherent to this philosophical view of inhibition is the existence of a choice between conflicting courses of action, which has been extensively discussed in their influential book ‘Inhibition and choice’ by Diamond et al. (1963). The concept of inhibition was introduced in the scientific literature at the beginning of the 19th century to explain a large number of phenomena, from simple spinal reflexes to more abstract psychological processes, although it became commonly used in neuroscience only in the second half of the century (Smith, 1992). Before then inhibition was thought to derive from some form of excitation or by its cessation (Macmillan, 1992), and even when directly observed during controlled experiments, it was ignored, rejected as an error in the experimental procedure or as deriving from fatigue (‘exhaustion’) of the nerves (Meltzer, 1899).

1.1. Development of the concept of inhibition

“When physiologists have solved the problem of inhibition, they will be in a position to consider that of volition”. (Morgan, 1891; p. 461)

According to Smith (1992) the word ‘inhibition’ initially made its appearance in the scientific literature as the mechanism by which intellect controls passions and the will wins over impulses, in an intellectual context influenced by Plato and Aristotle’s moral psychology. In the first half of the 19th century, making the first steps towards an empirical psychology with his controversial work, Franz Joseph Gall thought that “The laws of nature, for instance, ordain that the faculties of an inferior order should obey those of a superior order...” (Gall, 1835; Vol. I, pp. 230–231). Although Gall did not explicitly consider inhibitory interactions between the different ‘faculties’, his hierarchical view of mental processes resembles most modern conceptualization of inhibitory control. On the contrary, the German philosopher-psychologist Herbart (1776–1841) extensively used the term inhibition (‘hemmung’) in a non-hierarchical fashion to describe the force that prevents cognitive contents to aggregate indiscriminately by keeping dissimilar ideas momentarily out of consciousness (Dunkel, 1970; Macmillan, 1996). However, while he used the

concept of ‘associative inhibition’ as an umbrella term for what we now call proactive and retroactive inhibition in the context of learning and memory, various theorists after him tried to explain the loss of consciousness during hypnosis as some sort of cerebral inhibition (Bramwell, 1903). In psychiatry, the concept of inhibition was soon adopted to describe the behavior that characterizes certain mental disorders. As reported by Macmillan, in 1843 the German psychiatrist Griesinger “adopted a straightforward physiological explanation” suggesting that “Ideas passed into normal action whenever they were not hindered by this [volitional] control but in the two main classes of insanity – the depressive and the excited – there was either too much or not enough inhibition, respectively. In this conception, will and inhibition were virtually equated and symptoms were interpreted physiologically” (Macmillan, 1996; p. 9). The common idea in the early theorizing about inhibition seems very much linked to the concepts of will and consciousness, such that only with high levels of self-awareness is possible to exert (or contrast) inhibitory control over one’s behavior. Things were different in neurophysiological theories.

One of the first observations of the inhibitory action of nerve impulses was made by John and Charles Bell in the muscles of the eye. They did not use the term inhibition and wrote as a footnote: “The nerves have been considered so generally as instruments for stimulating the muscles, without thought of their acting in the opposite capacity...” (Bell and Bell, 1827; Vol. 2, p. 223). Similarly, drawing from his experiments on the frog’s sciatic nerve stimulation, in 1838 Volkmann wrote: “It becomes clear [...] that the brain contains the cause for the hindrance in the activation of the nervous principle...” (as in Smith, 1992; p. 77). However, it is generally acknowledged that it was the early observations on the effects of vagal nerve stimulation on heart rate that posed the foundations for the first theories on the inhibitory action of nerve impulses (Gaskell, 1886; Weber and Weber, 1966). This phenomenon was first observed by Volkmann, who subsequently dismissed it as resulting from an invalid procedure (Volkmann, 1838a,b, 1842). Weber and Weber (1845) made the same observation, but were the first to define it ‘inhibition’, whereas the concept of ‘inhibitory system’ in physiology was first discussed by Lister in a communication to the Royal Society of London (Lister, 1858). Thus, while Smith (1992) emphasizes the description of peripheral inhibition by the Weber brothers in 1845, according to MacLeod et al. (2003), the observation made by Sechenov (1863) that stimulation of certain areas of the frog’s brain inhibits spinal reflexes can be considered the point of origin of the concept of (central) inhibition in physiology. Finally, in 1874, the concept of inhibition was included by the father of experimental psychology Wilhelm Wundt (1904) in his seminal textbook: “The two mutually supplementary forms of energy that we designated, from their mechanical effects, excitation and inhibition [...] appear throughout as the simple substrate of nervous function.” (Vol. 1, p. 324); “The whole course of the [nerve] stimulation is then dependent upon the constantly varying play of excitation and inhibition.” (Vol. 1, p. 70).

Still widely cited, the classical definition of inhibition formulated by Brunton in 1883 is reported in the Oxford English

Dictionary (c.f., [Pilkington and McKellar, 1960](#)) and, although it refers to inhibition as a physiological concept, it can be applied to a variety of phenomena: “By inhibition we mean the arrest of the functions of a structure or organ, by the actions upon it of another, while its power to execute those functions is still retained, and can be manifested as soon as the restraining power is removed. It is thus distinguished from paralysis, in which the function is abolished, and not merely restrained.” ([Brunton, 1883](#); p. 419).

However, by the end of the 19th century, the concept of inhibition was still not universally accepted. [Meltzer](#) wrote in 1899 that “... the phenomenon of inhibition is distrusted in physiology, had to fight on general grounds at every step for the establishment of any new fact, and has still to fight for recognition as an independent vital force.” ([Meltzer, 1899](#); p. 661). Nevertheless, it is possible to recognize in the work of many authors the principle that higher-order brain structures control lower-order ones, consistently with the nowadays accepted role of phylogenetically recent brain regions (prefrontal lobes) in restraining and controlling primitive instincts and passions originating in older brain structures. The idea that attention and inhibition are closely related was also already present in the early psychophysiological theories (e.g., [Ferrier, 1876](#); [Volkmann, 1838a](#)). It was only at the turn of the 20th century that the concept of inhibition was widely accepted in neurophysiology and linked to the name and works of [Sherrington \(1906\)](#). He was awarded the Nobel Prize in 1932 for Physiology or Medicine for his work on neural inhibition as a fundamental principle in the organization of the central nervous system. The beginning of the 20th century was also the turning point for the concept of inhibition in the behavioral sciences and the period in which the first attempts to systematically classify different types of inhibition were made. [Meltzer \(1899\)](#) published a practical classification of forms of inhibition for physiologists and, three decades later, [Skaggs \(1929\)](#) presented a systematic description of the major categories of inhibition in psychology making the first distinction between voluntary (or active) and involuntary (or passive) forms of inhibition. In their psychological dictionary, [English and English \(1958\)](#) listed at least 22 types of inhibition, some of which are summarized in [Table 1](#).

In his work on conditioned reflexes, [Pavlov \(1927; p. 377\)](#) described excitation and inhibition “...as two fundamental properties, the most important manifestations of activity, of the living nervous elements.” The concept of inhibition was thoroughly developed by Pavlov with the distinction between different subtypes including external (or indirect) and internal (or direct) inhibition ([Reid, 1960](#)). His ‘external inhibition’ is more akin to passive avoidance ([Ursin, 2005](#)) and primarily originates outside the brain regions where the reflex response is initiated. Stimuli eliciting orienting or defensive responses would be particularly powerful generators of external inhibition. On the other hand, ‘internal inhibition’ corresponds to what is usually called ‘extinction’ (misleadingly, according to [Pilkington and McKellar, 1960](#)) of a conditioned response. Pavlov thought that as a result of extinction training a previously excitatory conditioned stimulus becomes inhibitory under definite conditions, rather than merely returning to its neutral pre-conditioning state. On the contrary [Konorski](#), who first described operant conditioning, proposed that the phenomenon of extinction – and thus pavlovian internal inhibition – is based on the formation of excitatory associations between antagonistic centers ([Konorski, 1967](#)). He distinguished between three types of inhibitory training: ‘retroactive inhibition’ akin to reversal learning, ‘drive inhibition’ similar to extinction and ‘motor act-inhibition’ which occurs when a response has to be withheld in order to avoid punishment or obtain a reward ([Ursin, 1976](#)). Both Pavlov and Konorski have used various methods to quantify conditioned inhibition such as the ‘summation’ and the ‘retardation-of-acquisition’ procedures (see [Rescorla, 1969](#)).

Another behaviorist influenced by Pavlov’s thinking was [Hull](#) who, although concerned with instrumental learning rather than classical conditioning, distinguished three types of inhibition: reactive, conditioned and the aggregate inhibitory potential, which is the sum of the first two ([Hull, 1943](#)). It transpires from these examples that the dominant tendency in the early behaviorism and learning theories was moving toward a more frequent use of the concept of inhibition to explain overt behavior. [Harlow and Hicks \(1957\)](#) went further pointing out that errors are responses made to irrelevant aspects of a situation and that become inhibited during the learning process ([Pilkington and McKellar, 1960](#)). Thus, Harlow’s learning theory does not need to postulate the formation of new associations by excitatory mechanisms, but only the inhibition of inappropriate responses ([Fig. 1](#)).

In the psychoanalytic works of Freud, the concept of inhibition has always been problematic ([Macmillan, 1992](#)). He defined inhibition as “the expression of a restriction of an ego-function. A restriction of this kind can itself have very different causes” (p. 6) and linked it to the concept of anxiety: “Some inhibitions obviously represent a relinquishment of a function because its exercise would produce anxiety” ([Freud, 1959](#); p. 4). However, the earlier Freudian conception of inhibition is more akin to a lack of excitation – “the libido may simply be turned away” – whereas later he describes a model of ‘lateral’ cathexis ([Freud, 1966](#) as cited in [Macmillan, 1992](#)) through which the ego exercises its inhibitory functions ([Fig. 2](#)). Somewhat related to Freud’s view, [Skinner](#) thought of inhibition as the result of excessive punishment ([Skinner, 1953](#)). It is probably with [Eysenck](#) that the concept of inhibition became central to psychological theories ([Pilkington and McKellar, 1960](#)) particularly due to his work on the differences between introverts and extraverts, which has had a great influence on modern personality research ([Eysenck, 1947](#); [Gray, 1972](#)). Perhaps of greater significance for the present discussion is the concept of inhibition elaborated by [Hughlings Jackson \(1931a\)](#) who considered response inhibition as being the prerequisite for the successful occurrence of an antagonistic or incompatible response. In Jacksonian terms ‘release of function’ is the result of the removal of inhibitory control from the higher centers over the lower centers of the nervous system ([Pilkington and McKellar, 1960](#)), an idea originally introduced by [Anstie \(1864\)](#) and empirically demonstrated by [Head and Holmes \(1911\)](#) who observed excessive response output after the destruction of fibers running from the cortex to the thalamus.

1.2. The search for the neural ‘locus’ of inhibition

“This inhibitory influence of higher over lower nerve centres we shall see reason to extend into the region of the encephalic centres themselves.” ([Ferrier, 1876](#); p. 18)

Since the first empirical studies, the focus of scientific enquiries has been on the search for a locus of inhibition in the nervous system. [Sechenov \(1863\)](#) first claimed the discovery of a central inhibitory locus in the brain stem, while others came to the conclusion that there are no specific inhibitory centers, but the activity of higher centers represses that of lower ones (e.g., [Goltz, 1869](#)). Wundt commented on Sechenov’s hypothesis of inhibitory centers of the brain by stating: “But if any given sensory excitation may be inhibited by the stimulation of any other sensory element, the sphere of inhibition – as Goltz justly observed – becomes coextensive with the sphere of sensory excitation, and the assumption of specific inhibitory centres falls to the ground.” ([Wundt, 1904](#); p. 91). In his early work, Wundt proposed an ‘intracellular’ theory of inhibition where stimuli that reach the central part of a nerve cell have inhibitory effects, whereas those reaching the periphery are predominantly excitatory and thus he thought that there is no need to postulate the existence of special inhibitory centers. Later,

Table 1

Descriptions of the different uses of the term ‘inhibition’ and its subtypes directly quoted or adapted from the cited source. Where possible, the original terminology has been preserved.

Entry	Source	Description
Inhibition	English and English (1958, p. 262)	Restraining or stopping a process from continuing or preventing a process from starting although the usual stimulus is present; or the hypothetical nervous state or process that brings about the restraint
	Meltzer (1899, p. 661)	A mental condition in which the range and amount of behavior is curtailed, beginning or continuing a course of action is difficult, and there is a peculiar hesitancy as if restrained by external agency
	Skaggs (1929, p. 311)	The process whereby an instinctual process is prevented from coming into consciousness by the activity of the superego
	Konorski (1967, p. 312)	A temporary diminution or abolition of a vital activity brought about by an internal or external stimulus
		Some sort of interference exerted by one mental process upon another
		Voluntary: an active, self-conscious effort which results in inhibition
		Involuntary: any form of inhibition which is not the direct issue of an effortful conscious process. It acts on a passive level and may be a negative aspect of a positive voluntary process
		A definite response of the organism (either peripheral or intercentral) elicited by a given stimulus and mediated by a given process in the nervous system is decreased or abolished by another central process produced by another stimulus, or even by the same stimulus if its physiological role has been changed
Associative inhibition	English and English (1958, p. 47)	The weakening or blocking of an associative bond when its cue item becomes associated to a new response
		The difficulty of forming associative bonds because of prior associations
Central inhibition	English and English (1958, p. 262)	Inhibition of nerve impulses by a process or processes within the central nervous system
Conditioned (or differential) inhibition	Pavlov (1927, p. 68)	A new stimulus is occasionally added to the conditioned stimulus and this combination is never followed by the unconditioned stimulus [i.e., reinforcement]. The new stimulus gradually makes ineffective the presentation of the conditioned stimulus, although this latter retains its full power when singly applied
Conditioned inhibition	Hull (1943, p. 300)	Stimuli closely associated with the cessation of a response become conditioned to the inhibition associated with the evocation of that response, thereby generating conditioned inhibition
Connective inhibition	English and English (1958, p. 263)	The increased difficulty in recalling separate parts that is experienced after the parts have been grouped into a connected whole
Cortical act-inhibition	Stanley and Jaynes (1949, p. 26)	The rising of the synaptic threshold of those neural units necessary for the execution of an observable response-pattern
External inhibition	Pavlov (1927, p. 44)	A weakening or complete disappearance of the reflex [conditioned] response due to the appearance of a disturbing factor or a strong, unusual stimulus at the time of application of the conditioned stimulus. The investigatory reflex is excited and the conditioned reflex is in consequence inhibited
Inhibition of return	Posner and Cohen (1984, p. 541)	A peripheral visual stimulus both summons attention and serves to inhibit the processing of further information at that position in space
Inhibitory potential	Hull (1943, p. 319)	Associated with every reaction potential there exists an inhibitory potentiality which oscillates in amount from instant to instant according to the normal “law” of chance
Internal inhibition (Extinction)	Pavlov (1927, p. 68)	In extinction the positive conditioned stimulus is temporarily transformed into a negative or inhibitory one by the simple method of repeating it several times in succession without reinforcement. [Internal inhibition includes also inhibition of delay, differential inhibition and conditioned inhibition]
Latent inhibition	Lubow and Moore (1959, p. 416)	Nonreinforced pre-exposure to a stimulus results in a rate of conditioning which is slower than to a novel stimulus
Lateral inhibition	Levine and Brown (2007, p. 282)	Mutual inhibition, directly or indirectly, between neurons or nodes at the same level of processing
Proactive inhibition	Whitely and Blankfort (1933, p. 852)	The detrimental influence of a condition introduced prior to learning upon a subsequent recall
Reactive inhibition	Hull (1943, p. 300)	Whenever a reaction is evoked in an organism there is created as a result a primary negative drive; this has an innate capacity to inhibit the reaction potentiality to that response; the amount of net inhibition generated by a sequence of reaction evocations is a simple linear increasing function of the number of evocations; and it is a positively accelerated increasing function of the work involved in the execution of the response; reactive inhibition spontaneously dissipates as a simple negative growth function of time
Retroactive inhibition	Muller and Pilzecker (1900, p. 179)	The processes that serve the formation of associations in a list of syllables continue for some time after reading of the list, but they can be weakened by another mentally effortful task during this time resulting in an inhibition
Social inhibition	English and English (1958, p. 263)	A restraint upon behavior by group standards or by overt group action
Inhibitory reflex (or reciprocal inhibition)	English and English (1958, p. 263)	The decrement in the activity (tonus) of a muscle that follows the excitation of its antagonist

Q39 Hull, C. Ed (1943) *Principles of Behavior*. Appleton-Century-Crofts: New York.

Levine, D. S. and Brown, V. R. (2007) Uses (and abuses?) of inhibition in network models. In: *Inhibition in cognition*. Eds. D. S. Gorfein, C. M. MacLeod. American Psychological Association: Washington, DC.

Lubow, R. E. and Moore, A. U. (1959) Latent inhibition: the effect of nonreinforced pre-exposure to the conditional stimulus. *J Comp Physiol Psychol* **52**, 415–419.

Muller, G. E. and Pilzecker, A. (1900) Experimentelle Beiträge zur Lehre vom Gedächtniss. *Zeitschrift für Psychologie und Physiologie der Sinnesorgane. Ergänzungsband* **1**, 1–300.

Posner, M. I. and Cohen, Y. P. C. (1984) Components of visual orienting. In: *Attention and performance X*. pp. 531–556. Eds. H. Bouma, D. Bouwhuis. Lawrence Erlbaum: London.

Whitely, P. L. and Blankfort, G. (1933) The Influence of Certain Prior Conditions Upon Learning. *Journal of Experimental Psychology* **16**, 843–853.

empirical psychology	psychiatry	physiology			physiological psychology	neuropsychology
1834	1843	1845	1858	1863	1874	1876
associative inhibition Herbart	behavioral inhibition in psychiatric patients Griesinger	peripheral inhibition Weber and Weber	inhibitory system Lister	central inhibition Sechenov	inhibition in the CNS Wundt	inhibition, attention and frontal cortex Ferrier
physiology and pharmacology	neurophysiology	psychoanalysis	behaviorism	neurology	neurophysiology	
1883	1906	1926	1927	1931	1941	1942
inhibition by interference Brunton	neural inhibition Sherrington	inhibition and anxiety Freud	internal and external inhibition Pavlov	inhibition in epilepsy Jackson	inhibitory neurons in the spinal cord Renshaw	inhibition and the corpus striatum Mettler and Mettler
theories of personality	experimental psychology	learning theory	behaviorism	PFC lesion studies		cognitive psychology
1947	1949	1959	1963	1964	1965	1984
behavioral inhibition as a personality trait Eysenck	act-inhibition Stanley and Jaynes	latent inhibition Lubow and Moore	inhibition of the orienting reaction Sokolov	inhibition of the orienting reaction Konorski	drive disinhibition Brutkowski	inhibition of return Posner and Cohen

Fig. 1. Representative timeline showing some of the most important publications that had a strong impact on the development of the concept of inhibition in the 19th and 20th centuries.

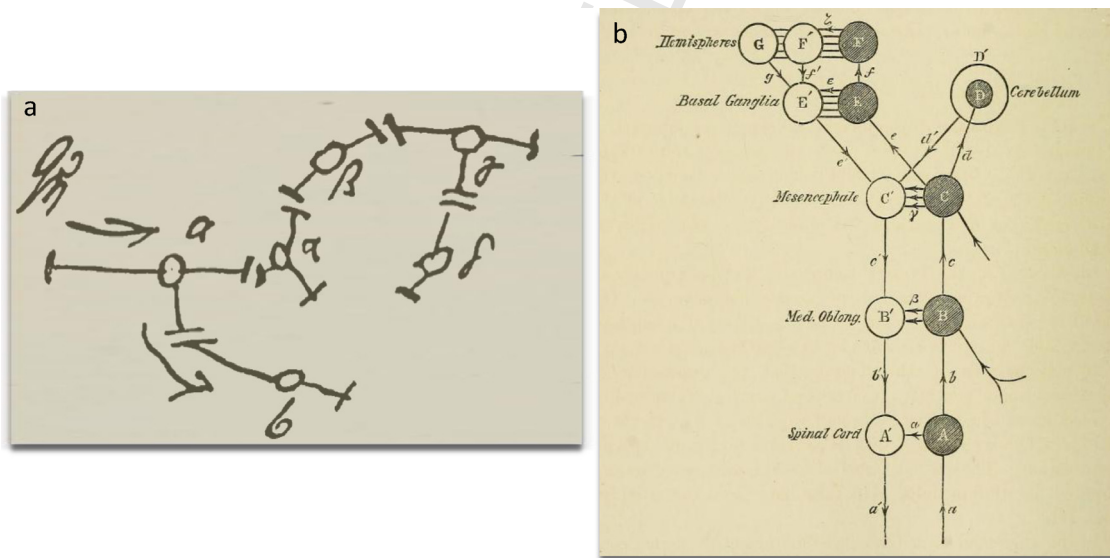


Fig. 2. a) The diagram represents Freud's concept of the inhibitory mechanism. Q_n is the neural energy (excitation) that is supposed to flow from neuron a (which contains an unpleasant memory) to neuron b (the "key neurone" that produces negative feelings if excited). Q_n is thus diverted elsewhere to other neurons ($\alpha, \beta, \gamma, \delta$), which include the ego (Freud, 1895). b) Ferrier's "Schematic Diagram of the Cerebro-spinal Nerve-centers" where he identifies the frontal regions (G) as "inhibitory-motor centers", whereas (F) and (F') represent the sensory and motor regions of the cerebral hemispheres (Ferrier, 1876; Fig. 58, pp. 290, 294).

inhibition was at the very heart of Wundt's theory of apperception and the central function of the 'apperceptive organ' was to inhibit sensory information that was not the focus of attention (Diamond et al., 1963).

The first to attribute explicitly the faculty of inhibition to the frontal lobes of the brain was David Ferrier (1876, 1878; Fig. 2). He wrote: "In proportion to the development of the faculty of attention are the intellectual and reflective powers manifested. This is in accordance with the anatomical development of the frontal lobes of the brain, and we have various experimental and pathological data for localizing in these the centres of inhibition, the physiological substrata of this psychological faculty." (Ferrier, 1876, p. 287) and "But besides

the power to act in response to feelings or desires there is also the power to inhibit or restrain action, notwithstanding the tendency of feelings and desires to manifest themselves in active motor outbursts" (Ferrier, 1876, p. 282). Ironically Ferrier withdrew his theory in later works (Diamond et al., 1963; Macmillan, 1992): "It is not, however, necessary to assume, as Setschenow and others have done, that there is anything specific in this restraining or inhibitory action of the encephalic centres, or that there are special inhibitory centres in the brain." (Ferrier, 1886; p. 70). Although Ferrier's hypothesis was prematurely abandoned, subsequent experimental data supported his argument about the inhibitory role of frontal areas. For example, lesion of the prefrontal cortex (PFC) was demonstrated to

interfere with the ability of laboratory animals to perform delayed response tasks (Jacobsen, 1936; Pribram et al., 1952; Weiskrantz et al., 1960), and to cause extreme hypermotility (French, 1959a,b) and perseveration (Mishkin, 1964). However, the pattern of deficits observed in different species after frontal ablation was not precisely defined and scientists ambiguously described it with expressions such as ‘inertia of the excitatory process’ (Konorski, 1957, as in Brutkowski, 1965) or ‘lack of act-inhibition’ (Stanley and Jaynes, 1949).

Summarizing the data available at his time, Brutkowski wrote that “... it has been hypothesized that a decreased ability to suppress the existing preferences and aversions, or the loss of inhibition of competing response tendencies is the basic impairment produced by frontal lobe damage [sic damage] ...” (Brutkowski, 1965; p. 732). Brutkowski also noted that this disinhibition not only caused increased general responsiveness or hyperactivity, but also emotional hyperexcitability which he thought may be the consequence of the loss of inhibitory control of cortical areas on hypothalamic centers. This led him to distinguish between ‘response perseveration’ (the inability to shift from one response to another), linked to damage of the prefrontal-caudate-subthalamic-hippocampal system, and ‘drive disinhibition’ (more related to motivational and emotional process) associated with a prefrontal-hypothalamic-amygdaloid complex (Brutkowski, 1965). This latter conceptual subdivision is somewhat similar to the one we will make below based on contemporary models of behavioral inhibition. Finally, bilateral ablation of the striatum was also found to have similar effects to those of PFC lesions, which led Mettler and Mettler (1942) to conclude that “... the striatum is an inhibitory mechanism, subject to cortical control and forming a significant link in the inhibitory path from the cortex to the motor neurone.” (p. 250).

Since the first observations of the inhibitory role of cortical and hypothalamic areas on spontaneous and evoked motor activity in anesthetized animals at the end of the 19th century, scientists have sought to associate different forms of inhibition to specific brain regions, whereas many believed that inhibition was a general and fundamental function of the cortex (e.g., Stanley and Jaynes, 1949; Tower, 1936). Several other brain areas including basal ganglia (Jung and Hassler, 1960), hippocampus (Kimbale, 1968) septal nuclei (Ellen and Powell, 1962) and cerebellum (Moruzzi, 1950) were described as having inhibitory functions since their destruction would cause hyperkinetic syndrome, over-responding or disinhibition. The search for inhibitory loci in the brain, however, was pursued not only by lesion experiments but also through electrical stimulation techniques (Delgado, 1964). Magoun and Rhines (1946) considered the brainstem reticular formation to be the converging area for inhibitory commands from the cortex (McCulloch et al., 1946) and cerebellum (Hare et al., 1936) before they are conveyed to the spinal cord, whereas Kaada hypothesized that inhibitory commands were funneled downward through the hypothalamus (Ursin, 1976). Kaada (1951) obtained strong somato-motor inhibition by stimulating several brain areas including the orbital cortex, the anterior cingulate gyrus and subcortical structures (Pribram, 1961). The effect of brain stimulation on motor activity was so general that Hunter and Jasper (1949) defined it as ‘arrest reaction’.

More recently, scientists have begun exploring more defined forms of inhibition by using *ad hoc* tasks that explicitly measure the ability to suppress pre-potent responses rather than automatic reflexes. In support of a prefrontal locus for inhibition, single-unit recordings obtained from non-human primates revealed the role of the principal sulcus – a PFC region corresponding to Brodmann area (BA) 46 – in modulating inhibitory performance during go/no-go tasks. In addition, stimulation of this same area led to reduced activity in the primary motor cortex and response suppression

(Sasaki et al., 1989). Further evidences of the inhibitory function of frontal areas have been obtained in human subjects by using a variety of techniques such as magnetoencephalography (Sasaki et al., 1993), electroencephalography (Gemba and Sasaki, 1989; Jodo and Kayama, 1992), event-related potentials (van Boxtel et al., 2001) and positron emission tomography (Kawashima et al., 1996). On the other hand, the importance of the basal ganglia in response suppression was first demonstrated by electrical stimulation of the dog caudate nucleus by Danilewsky in 1875 (Delgado, 1964). The inhibitory role of these subcortical nuclei is also supported by the strong motor inhibition caused by stimulating neurons just outside of the globus pallidus – the output structure of the basal ganglia – in monkeys (Horak and Anderson, 1984).

1.3. Defining cognitive and behavioral inhibition

“... while we may admit that control of movement is merely a control of ideas, the involving of motor mechanisms gives these forms of inhibition a certain descriptive significance and distinctiveness.” (Skaggs, 1929; p. 312)

It is clear from the historical introduction that the concept of inhibition has been invoked to describe a wealth of phenomena. Due to the wide range of meanings attributed to the term inhibition, Pilkington and McKellar (1960) recommended to accompany it with some qualifying adjective in order to clarify the intended meaning and the level of analysis. It is following this recommendation that we will try to better define the main focus of the discussion that follows in the next sections. Before that, however, we will briefly review the most common uses of the concept of inhibition in the broad literature. Although these various concepts overlap to some extent, a sharp distinction can be drawn between neural (both in the physiological and connectionist sense) and other kinds of inhibition (MacLeod, 2007). This is not to say that we have to abandon one for the study of the others, but that they belong to different levels of analysis (MacLeod et al., 2003). For instance, it is not easy to relate synaptic inhibition to inhibitory interactions between different brain areas or to the concept of inhibition at the behavioral level (Ursin, 1976). However, research on neural and cognitive functioning has been symbiotic especially in this field of study: principles of neural inhibition have been used to describe the properties of hypothetic executive inhibitory mechanisms and these same cognitive constructs have informed neural modeling (Klein and Taylor, 1994). Notably, Fuster (2008; p. 353) wrote that: “...we may plausibly view the inhibitory prefrontal role as a form of lateral inhibition on neural representations that detract from current behavior – resembling a similar phenomenon in sensory physiology”.

Research on automatic forms of inhibition has progressed from the early investigations on the inhibitory activity of nerve stimulation on simple reflexes (e.g., Sherrington, 1906) to more sophisticated phenomena. Two of them should be mentioned here for the important influence they have had on the development of modern learning theory and cognitive psychology. The first is ‘latent inhibition’ (Lubow and Moore, 1959), the phenomenon that causes a difficulty in acquiring a conditioned response to a stimulus if the subject has been pre-exposed to it in the absence of any reinforcement. The second is ‘inhibition of return’, initially described by Posner and Cohen (1984) as a mechanism for the coordination of attention and eye movements, which facilitates scanning of novel locations in the environment in order to avoid waste of attentional resources. The initial facilitation caused by a peripheral cue is followed by a decreased detection of items at the same location. This inhibition is mediated reflexively by primitive retinotectal pathways and is thought to have an important role in the control of visual attention and reflexive orienting (Rafal and Henik, 1994).

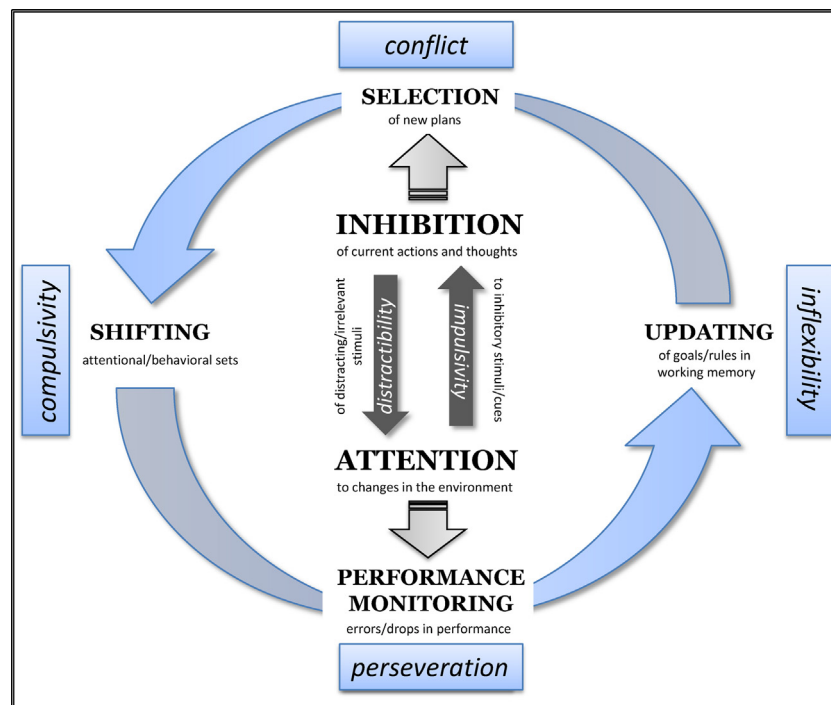


Fig. 3. Schematic representation of the hypothesized relationship (simplified) between different executive functions. Attention and inhibition are central in this model and are assisted by ancillary processes. *Attention* to changes in the subject's environment (internal or external) is essential in order to detect stimuli that signal the need to *inhibit* the current course of actions or thoughts. During a hypothetical task, *performance-monitoring* brain areas inform the system of a drop in performance and request an alternative plan of action. The goals are then *updated* and a new plan is *selected*. Finally, the organism *shifts* attentional and behavioral resources to the newly implemented plan and closes the circle until the next perturbation of the environment. In the diagram the hypothesized behavioral consequences of deficits in any of the executive functions are represented in italics.

On the other hand, *voluntary* inhibition is generally considered as a sub-component of cognitive control which is a higher-order supervisory process – ‘executive system’ – which optimizes and regulates lower-order functions (Miller and Cohen, 2001). It is evident that ‘cognitive control’ is an umbrella term, which also includes several interrelated executive processes such as inhibition of pre-potent tendencies, but also the updating of working memory content and shifting between tasks or attentional sets (Miyake et al., 2000). The controversy on whether, and to what degree, inhibition has to be included among executive functions is still unresolved. Some authors sustain that inhibition is one of the fundamental and unifying component of executive control (e.g., Barkley, 1997; Zacks and Hasher, 1994; Dempster and Corkill, 1999), whereas other propose that inhibition depends almost exclusively on other executive functions and do not support the existence of an inhibition-specific factor (e.g., Alderson et al., 2010; Friedman et al., 2008). In between these two extreme views, some models hypothesize that inhibition is separable from other executive functions, but there exist a common unifying factor, at least for some of them (e.g., Duncan et al., 1997; Miyake et al., 2000). However, borrowing Luria's idea of ‘interactive functioning systems’ (Luria, 1973), it is easy to see how different executive functions need one another for the successful execution of any cognitive process in which they are involved. For example, we need to pay attention to cues that signal a sudden change in the environment in order to inhibit the current flow of thoughts and actions when they are no more appropriate, and then select and shift to a new behavioral set. Thus, only with the concerted action of attention, inhibition and cognitive flexibility we can successfully monitor our performance in relation to external or internal feedback and update our plans/goals to better cope with an ever changing environment (Fig. 3).

Considering the way inhibitory processes exert their functions some authors adopted a ‘threshold’ model (e.g., Norman and

Shallice, 1986), where cognitive representations that are not relevant for the task at hand are in a state of elevated threshold for activation. Thus, they emphasize competitive activation of processing pathways and consider inhibition mostly as an indirect (‘passive’) consequence of higher activation (or facilitation) of alternative, to-be-selected courses of action or thoughts (Herd et al., 2006; Kimberg and Farah, 1993; Miller and Cohen, 2001; Munakata et al., 2011; Strack and Deutsch, 2004). For instance, Egner and Hirsch (2005) concluded from their results obtained by using functional magnetic resonance imaging (fMRI) that selective attention acts by increasing activation in task-related brain areas and not by suppressing activity for non-relevant content. This conclusion has been criticized by Aron (2007) on the basis of the inability of fMRI to detect inhibition at the neural level (Nakamura et al., 1997). On the other hand, several studies have shown that sensory components of event-related potentials (ERPs) are enhanced for stimuli presented at the attended location and suppressed for to-be-ignored stimuli, although here the controversy is on which process (inhibition or activation) is engaged first (Kok, 1999). Moreover, at least in the area of research on selective attention, there is behavioral evidence that irrelevant information is not passively ignored but instead is actively suppressed (Posner and Cohen, 1984; Tipper, 1985; Tipper and Cranston, 1985). The same is likely to be true for the inhibition of movements, which are not merely the consequence of activating antagonist muscles to stop an already commenced action (Coxon et al., 2006). Thus, although the use of the term inhibition has been challenged when referred to the suppression of cognitive content such as during selective attention or memory retrieval, the possibility of active inhibition of motor responses is usually widely accepted (Breese, 1899; MacLeod et al., 2003).

Cognitive inhibition, in its more restrictive meaning, has been defined as “... the stopping or overriding of a mental process, in whole or in part, with or without intention” (MacLeod, 2007), as opposed to

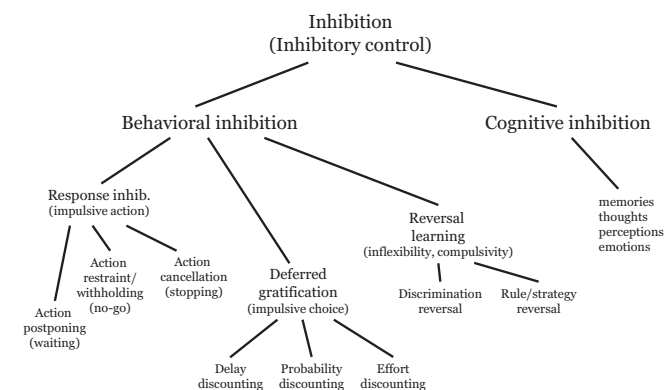


Fig. 4. The diagram depicts a possible subdivision between behavioral and cognitive inhibition with corresponding behavioral tasks that have been used to measure different subtypes of impulsive behavior. In response inhibition paradigms, actions have to be postponed until a go signal appears (waiting), withheld/restrained when an unexpected no-go signal is presented instead of a go signal or canceled when a stop-signal appears after the beginning of the response. On the other hand, in paradigms measuring impulsive choice is the urge to obtain immediate reward that should be inhibited in order to obtain larger rewards after a certain amount of time or effort. In reversal learning paradigms, the strong association between response and outcome has to be overcome when contingencies changes without explicit signals. Response–outcome contingencies can be deterministic or probabilistic.

the inhibition of manifest behavior. The relationship between inhibition of mental processes and of physical responses is not yet entirely clear (but see Fig. 4 for a tentative classification of inhibitory processes). Harnishfeger (Harnishfeger, 1995; Kipp, 2005) invokes a sharp distinction between cognitive and motor forms of inhibition – the first mediating the control of cognitive contents and attentional processes, the second relating to overt behavior such as response inhibition and delayed gratification. According to this view, cognitive inhibition strictly refers to mental processes such as when during the attentional processing of stimuli we have to inhibit the irrelevant ones (Friedman and Miyake, 2004; Nigg, 2000), although this phenomenon is often referred to as ‘resistance to interference’ or simply ‘interference control’ (Klein and Taylor, 1994; Tipper, 1992). By these means, other cognitive and behavioral processes are facilitated, with the consequence of enabling dynamic adjustments of goal-oriented actions as well as reducing interference from irrelevant distracting stimuli. Similarly, memory is facilitated by the ability to inhibit or suppress irrelevant information (Conway and Engle, 1994; Desimone and Duncan, 1995; Levy and Anderson, 2002; Miller and Cohen, 2001) and, more in general, intelligence too was considered by many to be positively correlated with inhibitory capacity (Dempster, 1991; Thurstone, 1924), but see (Friedman et al., 2006; Miyake et al., 2000). Diamond et al. pointed out that there are two ways in which inhibition can be involved in thinking: the first is the case in which inhibition of movements favors thinking by removing competing activities and the second is the possibility that inhibition is an essential part of the thinking process itself. They conclude their chapter on ‘Inhibitory processes in thinking’ by writing that “... we are ready to give serious consideration to the position which was stated by Wundt in 1902, and to recognize the need for inhibitory elements in the thinking process...” and that “... there is no reason whatever to give one of these processes [excitation or inhibition] preferential status over the other, in constructing hypothesis about behavior, and about that portion of behavior which we call thinking.” (Diamond et al., 1963, p. 178).

According to MacLeod the most important features of cognitive inhibition are mental withholding and reduced performance but, since the former is inferred from the latter, this creates confusion when trying to define cognitive inhibition. It is for this reason that

he recommends theorists to provide a personal meaningful definition of the term inhibition as well as a set of criteria for considering a behavioral phenomenon to involve inhibition (MacLeod, 2007). Thus, although cognitive inhibition is more difficult to study compared to motor inhibition, due to the absence of overt behavioral measures, several studies have investigated differences and similarities between these two phenomena. Such studies usually adopt two different versions of the same go/no-go paradigm where in the ‘motor’ version subjects are required to press a button during go trial and refrain to respond on no-go trials, whereas in the ‘cognitive’ version subjects have to silently count only the go stimuli (which are randomly intermixed with no-go cues) or to just imagine a motor response or its inhibition to the same task stimuli. Investigation of ERPs revealed that no-go components were similar in the cognitive and motor versions of the task (Bruin and Wijers, 2002; Burle et al., 2004; Pfefferbaum et al., 1985; Smith et al., 2012; Wang et al., 2002). Intentional inhibition of memory content has been demonstrated using the think/no-think paradigm (Anderson and Green, 2001), although others (Bulevich et al., 2006) have considered these findings as deriving from some form of ‘retroactive inhibition’ (or interference) (Hilgard, 1953). Also brain imaging studies have often found overlapping foci of activity for both cognitive and motor inhibition paradigms (Anderson et al., 2004; Aron et al., 2004; Cohen and Lieberman, 2010; Dillon and Pizzagalli, 2007; Nakata et al., 2008, 2009; Tabibnia et al., 2011), although inhibition of verbal material may be predominantly left-lateralized (e.g., Jonides et al., 1998). Memory content, instead is inhibited by the right dorsolateral PFC, which suppresses memory retrieval by decreasing hippocampus activation (Benoit and Anderson, 2012). Further support to the notion that cognitive and motor inhibition shares overlapping brain networks comes from the findings that psychiatric and neurological patients usually are impaired in tasks assessing inhibition of motor responses as well as inhibition of cognitive material (Barkley, 1997; Chamberlain et al., 2006a; Clark et al., 2007; Conway and Fthenaki, 2003; D’Esposito et al., 1999; Jonides et al., 1998; Michael et al., 2006; Temel et al., 2005; Thompson-Schill et al., 2002).

In agreement with Skaggs (1929), in the reminder of this review we will consider ‘inhibitions of impulses to act’ at the nexus between the decision of inhibiting an action and the act of inhibition itself, which can be measured for example when an expected or pre-potent action is not performed or takes more time than usual. Of course, *response inhibition* involves motor-related brain areas more extensively than purely cognitive inhibition does and, most of times, is *voluntary* or involving some degree of consciousness. Limiting our discussion to the inhibition of observable *motor* behavior allows the objective measurement of the latency and efficiency of underlying cognitive and physiological processes in the intact organism. Moreover, by measuring observable indices of inhibitory processes we can study the behavioral and functional consequences of their failure in the healthy and pathological brain. In this way, response inhibition serves as an endophenotype, or ‘proxy’, for the study of impulsivity and its neurobiological underpinnings with important implications for a range of psychiatric disorders (Almasy and Blangero, 2001; Aron, 2007; Aron and Poldrack, 2005; Hutton and Ettinger, 2006). Another advantage of this approach is that a variety of behavioral tasks used to assess behavioral inhibition in humans can be readily adapted to be used in laboratory animals. Accordingly, motor inhibition is studied in the laboratory most often by means of tasks involving pre-potent responses to certain frequent stimuli and the need to suddenly inhibit those responses upon the unexpected presentation of infrequent stop cues. For example, in the theoretical formulation of Barkley (1997), inhibition can be assessed by tasks requiring the suppression of

a pre-potent response, stopping an ongoing response or interference control. He also defined 'pre-potent response' as "... that response for which immediate reinforcement (positive or negative) is available or has been previously associated with that response." (pp. 67–68). Thus, in the remainder of this review we will mainly deal with the phenomenon of motor (or response) inhibition, which is part of the broader concept of cognitive control; more specifically, its observable behavioral manifestation in situations that involve the inhibition of an overt motor act.

2. Failure of the inhibitory processes: impulsivity

"If the centres of inhibition, and thereby the faculty of attention, are weak, or present impulses unusually strong, volition is impulsive rather than deliberate". (Ferrier, 1876, p. 287).

Impulsivity [or impulsiveness] is generally regarded as a consequence of impaired executive functioning. More specifically, an impulsive action is determined by the co-occurrence of dysfunctional inhibitory processes and strong 'impulsions' (or impulses), plus being triggered and modulated by dispositional and situational variables (Hofmann et al., 2009; Metcalfe and Mischel, 1999). Without a strong desire, urge or habit there would be no need for inhibition, whereas fully functional inhibitory processes would prevent the impulsive act (see Fig. 5 for comparison with compulsivity). Impulsive traits characterize many psychiatric conditions such as attention deficit/hyperactivity disorder (ADHD; Nigg, 2001), drug addiction (Jentsch and Taylor, 1999) and schizophrenia (Gut-Fayand et al., 2001).

In ADHD children impulsivity is often manifested as the inability to wait in a variety of situations and as the tendency to interrupt others' conversations, or to respond before the end of the question (American Psychiatric Association, 1994). Also the attentional deficits shown by ADHD patients may potentially be the consequence of the inability to inhibit irrelevant thoughts and/or the manifestation of inappropriate emotions, which interfere with focused cognitive processing. Impulsivity is so pervasive in the behavior of ADHD children that the father of British pediatrics Sir George Frederick Still (1868–1941) described them as having little inhibitory volition (Still, 1902). Similarly, contemporary theorists recognize the centrality of poor behavioral inhibition in this disorder (Barkley, 1990, 1997; Nigg, 2001; Quay, 1988; Schachar et al., 1995). Childhood impulsivity is also a central aspect of theories of delinquency (John et al., 1994), antisocial behavior (Luengo et al., 1994; Moffitt, 1993) and predicts early-onset

criminal conduct (Tremblay et al., 1994). Impulsivity is often described also as the main behavioral characteristic of drug abusers (Jentsch and Taylor, 1999; Olmstead, 2006; Perry and Carroll, 2008; Verdejo-Garcia et al., 2008; Volkow et al., 2002) and, in schizophrenics, is generally associated with worse clinical outcomes and constitutes a risk factor for the development of violence, drug addiction and suicidal behavior (Dumais et al., 2011; Gut-Fayand et al., 2001). Finally, OCD patients display profound inability to inhibit intrusive thoughts and compulsive behaviors (Chamberlain et al., 2005).

Deficient inhibitory control may also negatively affect the lives of healthy adult individuals. Fuster (2008; p. 128) wrote that "Defective inhibition is maladaptive, not only because it allows the execution of purposeless or unproductive acts but also because some of those acts may short-circuit the attainment of goals...". This sentence well describes the way inhibitory deficits may negatively affect the career goals and social relationships during adulthood. However, not all impulsive behaviors are disadvantageous and a certain degree of 'loss of control' may have adaptive implications (Block, 2002). Dickman (1990) pointed out the existence of 'functional' impulsivity which may have adaptive value in certain situations, whereas Harnishfeger and Bjorklund (1994) suggested that inefficient inhibition may characterize the creative mind which is able to find novel relations among events or non-obvious solutions to problems. For example, impulsive individuals show superior performance compared to non-impulsive individuals in situations when there is short time available to make a decision or when facing very easy-to-solve problems (Dickman, 1985; Dickman and Meyer, 1988). At the level of social dynamics, impulsive traits in a minority of individuals can prove adaptive to the society which they belong to by increasing the exploration of new behavioral possibilities, while confining the relative risks to a restricted sample of subjects (Williams and Taylor, 2006). In higher mammals, the ability to exert inhibitory control over automatic reflexes and conditioned responses has been suggested to have evolved to allow slower cognitive processes to guide behavior in certain circumstances (Jentsch and Taylor, 1999; Robbins, 1996).

2.1. Subtypes of impulsive behavior

Several researchers have proposed different taxonomies for subdividing the complex behavioral phenotype of impulsivity (e.g., Barkley, 1997; Evenden, 1999; Eysenck and Eysenck, 1977; Gerbing et al., 1987; Nigg, 2001; Patton et al., 1995). Generally,

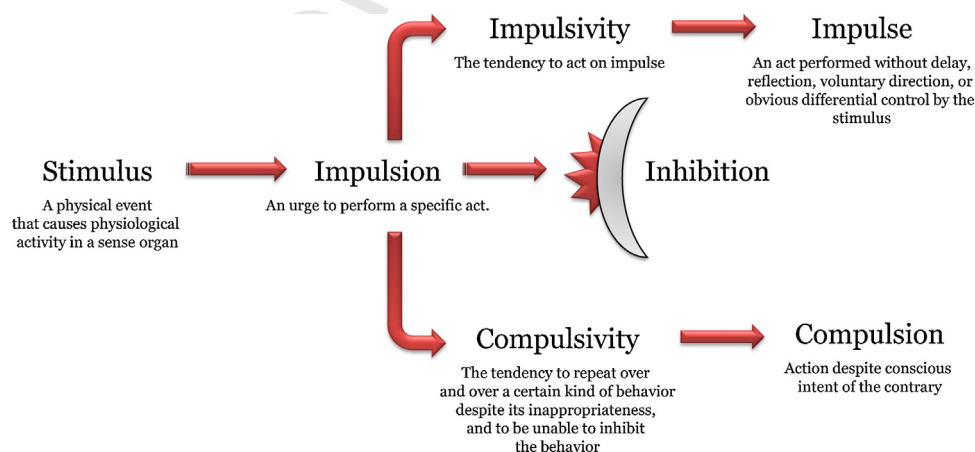


Fig. 5. In susceptible individuals certain stimuli may activate strong urges or desires that are not appropriate in a given environment or for the current state, goals or plans of the organism. Functional inhibitory processes may keep those urges under control whereas strong impulses and deficient inhibition will result in impulsive or compulsive acts or thoughts. Current models of drug addiction sustain that both (or a gradual transition between) impulsivity and compulsivity characterize the pathological behavior in drug abuse (Dalley et al., 2011; Koob and Volkow, 2010; Volkow et al., 2011). Definitions are adapted or directly quoted from English and English (1958).

impulsivity has been defined as the inability to withhold or stop a response or a thought in the face of negative consequences; preference for a small immediate reward versus a larger but delayed one; acting without forethought or before all necessary information is available; novelty/sensation-seeking and an increased propensity to engage in risky behaviors. These definitions are not exhaustive and clearly cover a broad range of behaviors that not always correlate with each other and sometimes are even conceptually incompatible. For instance, it is not clear how the spontaneous and unplanned behavior without consideration of possible negative consequences required by some definitions of impulsivity may result in the planning activity of sensation-seekers pursuing risky behaviors such as parachuting or skydiving. One possibility is that two broad types of impulsive behavior can be described: a slower form involving deliberation and the fulfillment of desires despite considering negative consequences, and a fast one without enough forethought about the possible negative outcomes (De Young, 2010; Strack and Deutsch, 2004; Swann et al., 2002). This distinction can be readily assimilated to the framework of dual mechanisms theories of cognitive control, which generally hold that two distinct 'operating modes' are at play to regulate thoughts and actions: one is a *reactive* mechanism which transiently reactivate task goals and is triggered by contextual cues in a bottom-up fashion; the other mechanism is *proactive* and entails a sustained representation of goal-relevant information in order to bias cognitive processes and behavioral responses (Braver, 2012). Recently this view has been applied to response inhibition paradigms (Aron, 2010) and may explain why assessing both types of inhibitory processes in the same subjects results in more powerful diagnostic capacity (Solanto et al., 2001) and partially dissociable neural networks (see below).

In the cognitive neuroscience literature, these two forms of behavioral inhibition have been described with different names by researchers, such as 'cool' versus 'hot', 'top-down' versus 'bottom-up', 'stopping' versus 'waiting', 'action restraint' versus 'action cancellation' and 'motor' versus 'choice' impulsivity (Castellanos et al., 2006; Eagle et al., 2008a; Lawrence et al., 2008; Metcalfe and Mischel, 1999; Nigg, 2005; Robinson et al., 2009; Roiser et al., 2009; Schachar et al., 2007; Teasdale et al., 1998; Urcelay and Dalley, 2012). Results from dedicated behavioral tasks have shown that these two forms of inhibition are partially dissociable at the behavioral level in healthy subjects (Reynolds et al., 2006), ADHD patients (Solanto et al., 2001) and animal models (Baarendse and Vanderschuren, 2012; Robinson et al., 2009; Torregrossa et al., 2012). However, this distinction between different subtypes of impulsive behaviors is to be considered more quantitative than qualitative, with the different behavioral tasks measuring distinct but interrelated forms of impulsivity, also depending on the involvement of affective processes. Accordingly, the most commonly accepted subdivision of impulsivity in operational terms is between the inhibition of ongoing or pre-potent motor responses (e.g., withholding, stopping or postponing a response) on one hand, and of motivational and affectively charged processes (e.g., deferring gratification) on the other (Ainslie, 2001; Castellanos et al., 2006; Harnishfeger, 1995; Nigg, 2005; Winstanley et al., 2006; Zelazo and Mueller, 2002). Somewhat in between these two families of behavioral tasks, reversal learning paradigms entail unexpected changes in stimulus/reward contingencies and represent a potentially powerful tool for the study of cognitive flexibility and compulsive behavior.

2.2. Assessing impulsivity

Impulsivity conceived as a personality trait can be measured in a number of ways in humans, for example by self-report questionnaires, such as the Barratt impulsivity scale, or by

observing behavior in natural settings (Achenbach and Edelbrock, 1979; Barratt and Patton, 1983; Eysenck, 1993; Eysenck and Eysenck, 1975; Gray, 1972; Kendall and Wilcox, 1979; Patton et al., 1995). Impulsivity has had an important place in the study of human personality since Heymans's three-dimensional model of temperament (Van der Werff and Verster, 1987) and impulsivity-related items are included in the majority, if not all, self-report personality inventories. In Eysenck's work impulsivity gradually became a core feature of the personality trait of extraversion and subsequently was considered central to arousal-based theories of cognitive performance (Barratt, 1985; Revelle, 1997). However, impulsive traits as measured by self-report questionnaires do not often correlate with behavioral measures of impulsivity (e.g., O'Keefe, 1975; Reynolds et al., 2006; Stanford and Barratt, 1996; White et al., 1994), with the exception of delay discounting rates which have been shown to exhibit long term stability (Kirby, 2009). This difference may be due to the very nature of delay discounting tasks in that the choice between the egg today or the chicken tomorrow is based on both past experience and future expectations (Ainslie, 2001), which concur to form a stable representation of the 'self'. However, a recent study which made use of principal component analysis found that impulsive action, impulsive choice and self reported impulsivity loaded on three independent factors, similar to studies in animals where impulsive choice and impulsive action measures were not correlated (Broos et al., 2012).

The relatively low reliability of 'executive' tasks in humans is well known (Denckla, 1996; Rabbitt, 1997) and may depend on the strategies adopted by the subjects to solve the same problem, which are likely to change both between subjects and on different testing occasions. Alternative explanations for the inconsistency between questionnaires and laboratory tasks of impulsive behavior may invoke the multidimensional nature of the impulsivity construct (Evenden, 1999; Gerbing et al., 1987) or that impulsive tendencies are not stable within individuals and may vary depending on the state of the subject, such as the level of anxiety, desire and anger (Wingrove and Bond, 1997). In this respect, the use of both questionnaires and multiple behavioral measures may help discriminating between 'trait impulsivity' (stable personality characteristic) and 'state impulsivity' which is temporally determined by environmental variables. Finally, most cognitive tasks, including those explicitly devised as a measure of behavioral inhibition, suffer from what is called 'impurity problem' (Burgess, 1997), because successful performance requires the contribution of several factors other than impulse control. Conversely, many tasks assessing executive cognitive functions such as shifting and updating may tap as well on inhibitory processes (Miyake et al., 2000). Thus, for example, although impulsivity is conceptually different from compulsivity, behavioral measures used to assess one or the other will involve some form of behavioral/cognitive inhibition (Fineberg et al., 2010; Robbins et al., 2012).

Although less work has been done to define the psychometrics and construct validity of behavioral tests of impulsivity, they present some advantages compared to self-report questionnaires, such as objectivity and less contamination from past life events. Laboratory tests are more objective because the behavior is rated by the experimenter on the basis of observable data and is not defined by lexical categories that may have different meanings for different subjects and in different cultural contexts. They are also less biased by the subject's self-perception and closer to biological models of impulsivity. Moreover, the possibility of using analogous behavioral tasks in humans and laboratory animals greatly expands the range of applications and allows faster and more in-depth genetic, pharmacological and neurological manipulations. Importantly, many of these tasks have demonstrated a good level of correspondence between studies in humans and other

animals in terms of performance, brain areas involved and effects of pharmacological or environmental interventions. Modern neuroscience research makes use of several laboratory tasks that measure distinct and complementary operational definitions of impulsivity in humans and other animals, according to the multifaceted nature of this concept (Eagle et al., 2008a; Evenden, 1999; Logan et al., 1984; Mitchell, 2004; Rachlin and Green, 1972; Robbins, 2007; Winstanley et al., 2006). However, as stated above, our discussion will focus predominantly on tasks measuring motor response inhibition, although they will be compared with other behavioral paradigms such as delay discounting and reversal learning.

2.3. Response inhibition

The go/no-go paradigm and the SST are the prototypical tasks used to measure the ability to inhibit a pre-potent response. The SST can be regarded as an elaboration of the go/no-go paradigm (Newman et al., 1985) and, although these two behavioral measures correlate positively in normal subjects (Reynolds et al., 2006), important differences also exist on both behavioral and neural grounds. The main difference between SST and go/no-go paradigms is represented by the timing of presentation of the stop cue relative to the go stimulus. In go/no-go tasks the signal that triggers the inhibitory processes is presented unexpectedly in place of, or simultaneously to, the go signal, whereas in the SST the go cue always precedes the stop-signal. This means that they measure the inhibition of a planned response ('*action restraint*') or the inhibition of an already started action ('*action cancellation*'), respectively (Eagle et al., 2008a; Schachar et al., 2007). Thus both SST and the go/no-go task involve two different sub-tasks: one requires a fast 'go' response, which has to be inhibited on a subset of trials that require a 'stop' (or 'no-go') response. As we will note below, another important difference between the two tasks is represented by the possibility the SST offers to measure the latency of the inhibitory processes as well as their efficacy.

Dual-task interference has been investigated in a variety of situations ranging from simple reaction time tasks to very complex combination of stimuli (Pashler, 1994). At the turn of the 20th century many investigators were interested in understanding the nature of reaction times and the phenomenon of the 'psychological refractory period' (Craig, 1948; Vince and Welford, 1967; Welford, 1967) which is known to cause an increase in the reaction time to the second of two stimuli presented in rapid succession, as the processing related to the first stimulus would interfere with the response to the second (Helson and Steger, 1962; Vince, 1948). In some cases, the second stimulus was a stop-signal which instructs the subject to modify or stop the response to the primary stimulus on that trial (e.g., Henry and Harrison, 1961). Interestingly, it transpired that responses to stop-signals and stop-change signals (where the subject has to inhibit one response and to switch to another action) were not affected as much as other kind of responses by the 'cognitive bottleneck' of the refractory period, a finding that influenced modern theories of attention (Logan and Cowan, 1984; but see Brebner, 1968; Horstmann, 2003). The task version introduced by Lappin and Eriksen in 1966, was very similar to the response inhibition paradigms used nowadays. The primary task required the subjects to quickly respond to the presentation of one of two lights horizontally aligned. Sometimes, following the first by some delay, the second light was illuminated and the subject had to stop the planned response to the first one (Lappin and Eriksen, 1966). In their experiments, Lappin and Eriksen asked to what extent they could modulate the asynchrony between the two stimuli without impairing the inhibitory response to the second one. They found that the probability of inhibiting the response to the first light decreases as a function of the asynchrony

between the two stimuli. Moreover, they were the first to observe that the probability of inhibition increases with slower reaction times to the first stimulus and, for this reason, subjects tend to delay the go response in order to improve their chances of inhibition given a stop-signal, especially when a delay makes it harder to stop (Lappin and Eriksen, 1966).

The modern version of the SST consists of a primary go task, which is usually a choice reaction time task where subjects have to respond, for example, by pressing a button with the index finger when presented with an arrow pointing left and by pressing a different button with the middle finger when the stimulus is an arrow pointing right. On a subset of trials, the go stimulus is followed shortly by a stop-signal, which could be visual (e.g., arrow pointing upward) or auditory (tone). The task this time is to stop the planned or ongoing response to the go stimulus. Subjects are instructed to try to respond as fast as they can to the go signal without slowing down their response in order to anticipate the occurrence of a stop trial. They are also told to attempt to refrain from responding on all stop trials, although sometimes they will not be able to do so. In fact, typically the probability of inhibition is high when the stop-signal is presented close to the beginning of the go response or shortly after, but becomes lower the longer the delay between the go and the stop-signal. Stop trials are presented randomly in order to make their appearance unpredictable to the subject. Similarly, different stop-signal delays (SSDs) should be presented in random sequence to prevent the subjects from developing a strategy to increase their chances to correctly stop a response (Logan, 1994), which is probably what happened in the study of Lappin and Eriksen (1966) where the same delay was used within a session (although intermixed with no-delay stop trials).

An important advance in the field was the formulation of the 'race' model (see Logan and Cowan, 1984; Logan, 1994; Verbruggen and Logan, 2009), which allows measurement of the latency of the inhibition of virtually every kind of movement. The race model caused an exponential increase in SST studies, principally because of the generality of the model, its relative ease of use and, importantly, because of the possibility it gives to empirically measure the latency of the covert response to a stop-signal (stop-signal reaction time; SSRT) which, otherwise, could not be observed directly (see Band et al., 2003; Verbruggen and Logan, 2008, 2009 for reviews). This model can be readily applied to studies in rodents and results obtained with the rodent version are often similar to that obtained in human subjects (Eagle et al., 2008a; Feola et al., 2000). In our laboratory we have used a version of the stop task for rats with fixed delays, which are based on the average speed of the animal during go trials; however, dynamically tracking the speed of the go response or of the stop accuracy in order to set SSDs according to the subject's performance is also feasible.

Limb movements and key presses are the actions most commonly employed in response inhibition experiments although any action can be used with these procedures. However, different movements may involve distinct neural pathways, which complicates the comparability of the results from different studies (Band and van Boxtel, 1999; Boucher et al., 2007; Hanes and Schall, 1996). A very popular version involves the countermanding of saccadic movements to peripheral stimuli after the presentation of a stop-signal (Lisberger et al., 1975; Schall and Boucher, 2007), and has been successfully used in experiments with non-human primates (Emeric et al., 2007; Hanes and Schall, 1996). Inhibition of hand and eye movements is accomplished by partially overlapping (Heinen et al., 2006; Hodgson et al., 2007; Isoda and Hikosaka, 2007) neural systems probably operating according to the same principles (Logan and Irwin, 2000). In this case, the comparison of response inhibition in different motor modalities has helped the distinction between downstream modality-specific brain areas

and prefrontal areas operating upstream and independently from the motor system engaged (Hodgson et al., 2007; Leung and Cai, 2007). A number of studies in humans have explored the inhibition of continuous actions such as speaking (Ladefoged et al., 1973; Levelt, 1983), typing (Logan, 1982; Long, 1976; Rabbitt, 1978), tracking (Morein-Zamir et al., 2004), squeezing (de Jong et al., 1990), arm movements (Henry and Harrison, 1961), but also making judgments (Logan, 1983), thinking (Morein-Zamir et al., 2010) and solving arithmetic problems (Zbrodoff and Logan, 1986). Each paradigm has its own advantages and drawbacks depending on the main focus of the study. For example, the sudden inhibition of typing for a skilled typist can be harder than it is for a normal person due to the intervention of automatic processes and long practiced behavioral sequences in the primary task.

Both visual and auditory stop-signals have been used in response inhibition experiments. Auditory stop-signals have been found to increase the speed and the efficiency of the stopping process (Ramautar et al., 2006a; van der Schoot et al., 2005), probably because the auditory neural transmission pathway has less synapses compared to the visual one (Elliott, 1968; Goldstone, 1968). A different explanation would be that auditory stop-signals and visual go cues do not compete for shared resources decreasing the amount of interference between stop and go responses (Wickens and Kessel, 1980). However, the opposite findings have been reported in SST experiments employing saccade inhibition rather than manual responses with visual stop-signal eliciting faster SSRTs (Armstrong and Munoz, 2003; Cabel et al., 2000; Morein-Zamir and Kingstone, 2006). This can be due to the fact that the countermanding of saccadic movements concerns visual areas such as the frontal eye fields (FEF) and the superior colliculi (Hanes et al., 1998; Munoz and Wurtz, 1993a,b) which are the same regions that are responsible for visual fixation, thus introducing an automatic 'bottom-up' component in the subjects' performance (Boucher et al., 2007; Cabel et al., 2000; Schall and Thompson, 1999). The salience and the relative probability of the stop-signal can also influence the race between go and stop processes (Armstrong and Munoz, 2003; Morein-Zamir and Kingstone, 2006; Ramautar et al., 2006b; van den Wildenberg and van der Molen, 2004; van der Schoot et al., 2005). Louder stop-signal tones (80 db) have been found to produce shorter SSRTs as compared with quieter tones (60 db) (Morein-Zamir and Kingstone, 2006; van der Schoot et al., 2005), compatible with the hypothesis that loud sounds are able to elicit 'immediate arousal' which causes a direct activation of the motor system (Posner et al., 1976; Sanders, 1998) and/or a stronger orienting response (Lynn, 1966). The probability of the occurrence of stop-signals is also an important parameter because it can bias subject's performance towards the go or the stop response. Infrequent stop-signals produce faster go responses that are more difficult to inhibit leading to slower inhibition (Ramautar et al., 2004, 2006b).

3. Neural substrates of response inhibition

"The centres of inhibition being thus the essential factor of attention, constitute the organic basis of all the higher intellectual faculties. And in proportion to their development we should expect a corresponding intellectual power". (Ferrier, 1876, p. 287)

The investigation of the neural substrates of response inhibition has been pursued using a variety of techniques and approaches. Animal models offer the possibility of testing the effects of drugs and discrete brain lesions on impulsive behavior, but also the genetic basis of diseases characterized by deficient response inhibition. For many psychiatric conditions, inhibitory deficits are likely to derive from more generalized impairments in cognitive control and often are not the most compelling feature

of the disease, while they are considered to be central in drug addiction and ADHD (Pattij and Vanderschuren, 2008; Volkow et al., 2004). Deficits in response inhibition, for example, predict alcohol and drug abuse in humans (Nigg et al., 2006; Rubio et al., 2008) and in animal models of drug addiction (Belin et al., 2008; Dalley et al., 2007), and are expressed also in the close relatives of ADHD individuals (Chamberlain and Sahakian, 2007; Slaats-Willemse et al., 2003). Research on patients diagnosed with ADHD, obsessive-compulsive disorder (OCD), schizophrenia, drug addicted individuals and their unaffected siblings suggests that deficits in response inhibition are potentially inheritable characteristics and therefore promising candidate endophenotypes for genetic investigation (Aron and Poldrack, 2005; Chamberlain et al., 2007b; Ersche et al., 2012; Vink et al., 2006). Consequently, a deeper understanding of the mechanisms behind inhibitory control deficits may open new doors, not only for the diagnosis, treatment and prevention of psychiatric diseases, but also for the improvement of life conditions in the general population.

3.1. Neuropharmacological studies

Response inhibition is facilitated in humans and laboratory animals by drugs commonly used for the treatment of ADHD (see Table 2) (Solanto, 1998; Spencer et al., 2001), although for some drugs – especially psychostimulants – the therapeutic effects are sometime dependent on baseline performance (de Wit et al., 2000; Eagle and Robbins, 2003; Eagle et al., 2007; Feola et al., 2000). These differences in response to psychostimulant administration probably depend on the genetic background of the individuals (e.g., Dlucos et al., 2009; Hamidovic et al., 2010a,b; Mattay et al., 2003). Especially dopamine (DA) D2 receptor availability seems to play an important role in determining the effects of psychostimulants (Dalley et al., 2007; Volkow et al., 1999a,b). On the other hand, the speeding effect of the stimulant drug methylphenidate on stopping is not blocked by the DA D1/D2 receptor antagonist α -flupenthixol in rats (Eagle et al., 2007), suggesting that there are also non-dopaminergic mechanisms determining individual differences in the behavioral effects of this class of drugs. In children with ADHD, increasing dopaminergic neurotransmission by L-dopa administration does not influence stopping an ongoing action, while the tricyclic antidepressant desipramine – which inhibits the reuptake of norepinephrine (NE) and serotonin (5-HT) – increased stopping success rate (Overtoom et al., 2003). The same study found that methylphenidate, but not L-dopa or desipramine, improved the speed and efficacy of the go response. Moreover bupropion, which acts principally by blocking DA reuptake but also as noradrenergic and nicotinic receptor antagonist (Fryer and Lukas, 1999; Slemmer et al., 2000), has no effect on the speed of response inhibition (Acheson and de Wit, 2008). The effects of methylphenidate and amphetamine on impulsivity and response inhibition are not yet fully understood. These drugs, not only increase DA extracellular levels in the brain, but also those of histamine and they preferentially release NE at low, therapeutic doses (Horner et al., 2007; Koob and Bloom, 1988; Kuczenski and Segal, 1997), especially in the PFC.

The relatively selective NE reuptake inhibitor atomoxetine improves response inhibition in both rats and humans (Eagle et al., 2008a). This effect does not appear to depend on baseline performance since it speeds SSRT in normal rats (Robinson et al., 2008) and humans (Chamberlain et al., 2006b; but see also Nandam et al., 2011) as well as in ADHD patients (Chamberlain et al., 2007a). The exact mechanism of atomoxetine's beneficial action is still unclear but it may involve increased NE and DA function in the PFC (Bymaster et al., 2002; Chamberlain et al., 2009; Levy, 2008). Guanfacine, a selective α 2-adrenoceptor agonist, which diminishes ascending noradrenergic activity (Fresquet et al.,

Table 2

Selection of studies in laboratory animals reporting the effects of various drugs of abuse and therapeutic drugs on impulsivity as measured by some of the most widely used behavioral paradigms: reversal learning, delay discounting, go/no-go and stop task. The table does not make distinctions between different species, strains, sexes, baseline levels of impulsivity or version of the task. Studies involving developmental investigations of drug effects (i.e., prenatal or neonatal administration) are not included in the table. The reader is referred to the cited studies for more detailed information. Abbreviations: rep./chr./s.a., repeated administration/chronic administration/self administration; alc. pref., alcohol-preferring; SSRIs, selective serotonin reuptake inhibitors; ↓ decrease in impulsivity; ↑ increase in impulsivity; ↔ no effects on impulsivity; ? unknown; multiple symbols signifies that the effects of the drug may depend on the version of the task used or on differences in subjects background.

Substance of abuse	Reversal learning	Delay discounting	Go/no-go	Stop task
Cocaine acute	↑(Jentsch et al., 2002)	?	↑(Paine and Olmstead, 2004) ↔(Paine et al., 2003)	?
rep./chr./s.a.	↑(Krueger et al., 2009; Porter et al., 2011; Stalnaker et al., 2007)	↑(Anker et al., 2009; Paine et al., 2003; Roesch et al., 2007; Simon et al., 2007)		↑(Liu et al., 2009)
Amphetamine acute	↓(Weiner and Feldon, 1986)	↓(Baarendse and Vanderschuren, 2012; Bizot et al., 2011; Floresco et al., 2008; van Gaalen et al., 2006)	↑(Blackburn and Hevenor, 1996)	↓(Feola et al., 2000)
	↑(Idris et al., 2005; McLean et al., 2010)	↑(Cardinal et al., 2000; Evenden and Ryan, 1996)	↓(Doty and Ferguson-Segall, 1987)	↔(Eagle and Robbins, 2003)
rep./chr./s.a.	↓(Russig et al., 2003) ↔(Featherstone et al., 2008)	↔(Wooters and Bardo, 2011) ↔(Slezak et al., 2012)	↔(Loos et al., 2010) ?	?
Methamphetamine acute	↓(Kulig and Calhoun, 1972) ↔(Kosheleff et al., 2012)	↓(Richards et al., 1999)	↓(Moschak et al., 2012)	?
rep./chr./s.a.	↑(Groman et al., 2012; Izquierdo et al., 2010) ↔(Kosheleff et al., 2012; Parsegian et al., 2011)	↑(Richards et al., 1999)	?	?
Morphine acute	↑(Galizio et al., 2006)	↑(Kieres et al., 2004; Pattij et al., 2009)	↔(Befort et al., 2011)	↔(Pattij et al., 2009)
rep./chr./s.a.	?	↑(Harvey-Lewis et al., 2012; Maguire et al., 2012)	?	?
Heroin acute	?	?	?	?
rep./chr./s.a.	↓(Ranaldi et al., 2009)	↑(Schippers et al., 2012) ↔(Harty et al., 2011)	?	?
Alcohol acute	↑↔(Cain et al., 2002) ↑(Obernier et al., 2002)	↑(Olmstead et al., 2006; Poulos et al., 1998; Tomie et al., 1998)	?	↑(Feola et al., 2000)
rep./chr./s.a.	↑(Badanich et al., 2011; Kuzmin et al., 2012)	?	?	?
alc. pref. animals	?	↑(Oberlin and Grahame, 2009; Wilhelm and Mitchell, 2008)	↑(Wilhelm et al., 2007)	?
Nicotine acute	↔(Allison and Shoaib, 2013)	↑(Dallery and Locoy, 2005; Kolokotroni et al., 2011; Mendez et al., 2012)	↑(Kolokotroni et al., 2012)	↑(Bari and Robbins, unpub.)
rep./chr./s.a.	↓(Besheer and Bevins, 2000) ↔(Allison and Shoaib, 2013)	↑(Dallery and Locoy, 2005) ↔(Counotte et al., 2009)	↑(Kolokotroni et al., 2011)	↑(Kirshenbaum et al., 2011)
Therapeutic drugs	Reversal learning	Delay discounting	Go/no-go	Stop task
Methylphenidate	↓↑(Handley and Calhoun, 1978) ↓(Seu et al., 2009)	↓(Bizot et al., 2011; van Gaalen et al., 2006) ↓↔(Bizot et al., 2007; Perry et al., 2008; Slezak and Anderson, 2011)	?	↑↓(Eagle et al., 2007)
Atomoxetine	↓(Seu et al., 2009)	↓(Bizot et al., 2011; Robinson et al., 2008) ↔(Baarendse and Vanderschuren, 2012)	?	↓(Robinson et al., 2008)
Modafinil	↓(Beracochea et al., 2003)	?	?	↓(Eagle et al., 2007)
SSRIs	↓(Bari et al., 2010; Brigman et al., 2010)	↓(Loiseau et al., 2005; Thiebot et al., 1985) ↔(Baarendse and Vanderschuren, 2012; Evenden and Ryan, 1996)	?	↔(Bari et al., 2009)

Table 2 (Continued)

Substance of abuse	Reversal learning	Delay discounting	Go/no-go	Stop task
Benzodiazepines	↑(Galizio et al., 2006)	↑(Bert et al., 2006; Eppolito et al., 2011; Thiebot et al., 1985) ↓(Evenden and Ryan, 1996) ↔(Maguire et al., 2012)	↑(Cole, 1990; Cole and Michaleski, 1986; Sokolic and McGregor, 2007)	↑(Bari and Robbins, unpub.)

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2007; Jarrott et al., 1982), generally slows SST performance and impairs stop accuracy in the rat at high doses (Bari et al., 2009) and when infused directly in the dorsomedial PFC (Bari et al., 2011a), while it had no effect on healthy volunteers at the dose tested by Muller et al. (2005). Conversely, systemic administration of the selective $\alpha 2$ -adrenoceptor antagonist atipamezole (Bari and Robbins, 2013) or atomoxetine infusion in the rat dorsomedial PFC improve stopping, whereas blocking DA receptors in the same area selectively impairs the go response (Bari et al., 2011a). Taken together, these results strongly suggest that atomoxetine improves response inhibition via noradrenergic modulation of PFC neurons, although the exact mechanism is yet not known. One possibility is that increased NE release in cortical areas facilitates attention to task-related stimuli (Cubillo et al., 2013) and optimizes the redistribution of neural activation between different brain areas in fast-changing contexts, similar to its role in neurovascular coupling (Bekar et al., 2012).

The wake-promoting agent modafinil has been shown to improve response inhibition in healthy volunteers (Turner et al., 2003; Zack and Poulos, 2009), ADHD patients (Turner et al., 2004a) and rats (Eagle et al., 2007), but not in Huntington's disease (Blackwell et al., 2008) or schizophrenic patients (Turner et al., 2004b). Its mechanisms of action on cognition have not yet been fully elucidated, although they seem to be mediated primarily by catecholaminergic neurotransmission in cortical areas (see Ballon and Feifel, 2006; Minzenberg and Carter, 2007; Scoriels et al., 2013 for reviews). Similar to methylphenidate, modafinil-mediated improvements in response inhibition in rats were not altered by DA D1/D2 antagonist co-administration, suggesting that mechanisms other than dopaminergically mediated ones are responsible for such improvements (Eagle et al., 2007). It has been proposed that modafinil modulates the firing properties of the locus coeruleus – the only source of forebrain NE – causing a shift from a tonic to a phasic mode of neuronal firing (Minzenberg et al., 2008), which is regarded as a neurophysiological correlate of focused attention (Aston-Jones et al., 1999).

Although the important role for noradrenergic neurotransmission in response inhibition has been confirmed by several studies, the specific cognitive processes affected by this modulatory neurotransmitter are still a matter of debate. It is possible that elevated noradrenergic tone enhances inhibitory processes through gain modulation of neurons in multiple brain regions (Aston-Jones et al., 2000; Berridge and Waterhouse, 2003) facilitating both stop-signal detection and the transmission of the stop command to output motor regions. On the other hand, the LC phasic response has been shown to be time-locked to the task-appropriate behavioral response rather than to the stimulus itself (Clayton et al., 2004; Rajkowski et al., 2004). LC neurons are phasically activated by unexpected or behaviorally relevant stimuli and thus their activation being more closely related to the behavioral output suggests that the LC is involved in the actuation of decisions based on task rules. Accordingly, LC phasic activation and the resulting increase in forebrain NE release is hypothesized to facilitate the appropriate behavioral response to imperative stimuli (Aston-Jones and Cohen, 2005b; Nieuwenhuis, 2010). Finally, since the noradrenergic system is involved in sustained attention and in the orienting response to stimuli, the attentional demand of the task used should be taken into account when interpreting the effects of noradrenergic manipulation on response inhibition.

Particular attention has been devoted to the scalp-recorded P300 component of ERPs during response inhibition tasks, which is thought to be generated by phasic LC activation (Nieuwenhuis et al., 2005), although it is not clear yet whether this component reflects inhibitory processes, conflict monitoring or the orienting response to salient stimuli (Bekker et al., 2005b; Dimoska and

Johnstone, 2007; Dimoska et al., 2006; Huster et al., 2010; Johnstone et al., 2007; Nieuwenhuis et al., 2010). Moreover, the electrophysiological activity of noradrenergic neurons in the LC is strongly modulated by drugs that improve response inhibition such as methylphenidate (Devilbiss and Berridge, 2006) and atomoxetine (Bari and Aston-Jones, 2013) which have been suggested to improve communication within and between brain areas important for executive control (Arnsten and Dudley, 2005; Bari and Aston-Jones, 2013; Gamo and Arnsten, 2011; Gamo et al., 2010; Robbins and Arnsten, 2009). In sum, the LC-NE system is a good candidate as a key modulator of fast inhibitory processes possibly acting at different levels such as stimulus detection, behavioral orienting, attentional shifting and conflict detection (Aston-Jones and Cohen, 2005a; Aston-Jones et al., 1999; Berridge and Waterhouse, 2003; Bouret and Sara, 2005; Corbetta and Shulman, 2002; Sara, 2009; Yu and Dayan, 2005). Although mediating the enhancement of different cognitive processes and the 'amplification' of relevant stimuli, the specific contribution of the LC-NE system to response inhibition is still unknown. However, converging evidence suggests that it may facilitate not only stimulus detection (Aston-Jones and Bloom, 1981; Robbins and Everitt, 1982), but also the rearrangement of cognitive and neural resources (Corbetta et al., 2008; Hermans et al., 2011; Sara and Bouret, 2012) to allow executive-oriented shifts of attention and behavior.

The serotonergic system seems to have a marginal role, if any, in SST inhibition because 5-HT depletion or administration of the selective serotonin reuptake inhibitors (SSRI) do not alter the SSRT in humans or rats (Bari et al., 2009; Chamberlain et al., 2006b; Clark et al., 2005; Cools et al., 2005; Eagle et al., 2009; Nandam et al., 2011; Overtom et al., 2009), although a possible interaction between 5-HT levels and individuals' history of alcoholism in the ability to stop a response has been reported (Crean et al., 2002). One study described improved response inhibition following MDMA intoxication. The authors suggested a possible link with 5-HT neurotransmission for this effect (Ramaekers and Kuypers, 2006), similar to the case of desipramine effects in ADHD children (Overtom et al., 2003). Methylphenidate administration has no effect on extracellular levels of 5-HT in the rat brain, which suggests that its beneficial effects on impulsivity are independent of 5-HT neurotransmission (Kuczenski and Segal, 1997). The serotonergic system, however, plays an important role in action withholding and deferring gratification (Dalley and Roiser, 2012; Eagle et al., 2008a), probably affecting the motivational significance of the pre-potent action to be inhibited on the basis of future reward or punishment (Homborg, 2012; Miyazaki et al., 2012; Soubrié, 1986). Other aspects of impulsive behavior that are linked to 5-HT and to the genetic polymorphisms affecting 5-HT neurotransmission are aggression and suicidal tendencies (Coccaro et al., 2011; Ferrari et al., 2005; Heinz et al., 2011; Pavlov et al., 2012). However, the effect of genetic or early environmental variables affecting the 5-HT system should be interpreted with caution, given the important neurotrophic role of 5-HT and its strong impact on other neuromodulator systems and brain connectivity during development. Future studies using selective pharmacological agents acting on 5-HT receptors may more effectively define the role of 5-HT neurotransmission in response inhibition.

Recent studies have investigated the role of cholinergic neurotransmission in response inhibition and found baseline-dependent effects. Thus, activation of nicotinic receptors improved SSRT in high-impulsive subjects and ADHD patients, while blockade of the same receptors impaired inhibitory performance in normal volunteers (Potter et al., 2012; Potter and Newhouse, 2008). However, it is known that cholinergic stimulation increases cognitive performance by enhancing attentional levels (Sarter and

Paolone, 2011) and mice lacking nicotinic receptor $\beta 2$ -subunit in dorsal prefrontal areas show impaired attention (Guillem et al., 2011). These and other results (e.g., Bekker et al., 2005a; Harati et al., 2008) suggest that the cholinergic agonists may improve performance during response inhibition tasks by boosting attentional levels, but probably have no direct effect on inhibitory processes. Other drugs such as benzodiazepines (Acheson et al., 2006; Fillmore et al., 2001; but see Reynolds et al., 2004), cannabinoids (McDonald et al., 2003; Pattij et al., 2007; Ramaekers et al., 2009, 2006) and alcohol (de Wit et al., 2000; Feola et al., 2000; Loeber and Duka, 2009; Mulvihill et al., 1997) have been consistently shown to impair SSRT. Caffeine is without effect in healthy individuals, although it may enhance sustained attention (Tieges et al., 2009). Finally, opioids (Pattij et al., 2009; Zacny and de Wit, 2009) and anti-histaminergic drugs (Theunissen et al., 2006) do not alter response inhibition as measured by the SST.

High-impulsive rats, which have difficulty at inhibiting their response while waiting for the appearance of a stimulus in the 5-choice serial reaction time task, display lower levels of the D2/3 subtype of dopamine receptors in the ventral striatum and acquire more readily cocaine self-administration, compared to low impulsive subjects (Dalley et al., 2007). Moreover, recent studies have shown that blocking D2 receptors in the dorsal striatum negatively affects SST performance (Eagle et al., 2011) but normalizes impulsive behavior in the 5-CSRTT when infused into the nucleus accumbens (Pezze et al., 2009). On the other hand, systemic or PFC D2 receptor antagonism does not affect impulsivity in the rodent SST (Bari et al., 2011a; Bari and Robbins, 2013) or in the 5-CSRTT (Granon et al., 2000; van Gaalen et al., 2006a). In humans, Hamidovic et al. (2009) found that in subjects carrying a DRD2 polymorphism associated with a slow SSRT, amphetamine speeded stopping performance, while it had the opposite effect on subjects with a different polymorphism associated with fast SSRTs under placebo conditions. Similarly, in humans and other animals, dopamine D2 receptors located in the striatum are a critically important link between impulsivity and drug addiction (Volkow et al., 2007). Recently the DA D2 receptor agonist cabergoline has been shown to improve SSRT in healthy volunteers (Nandam et al., 2013), although the interpretation of these effects is complicated by the affinity of this drug for other receptors.

Taken together, these results suggest an important role for prefrontal noradrenergic neurotransmission in the inhibition of an already initiated response (Eagle et al., 2008a; Robbins and Arnsten, 2009), whereas DA appears to modulate motor readiness for both inhibition and activation, potentially at the level of the striatum (Bari et al., 2009; Brown and Robbins, 1991; Eagle et al., 2011; Ghahremani et al., 2012; Lange et al., 1992), and both NE and DA influence error monitoring and performance adjustment (Bari and Robbins, 2013; Chevrier and Schachar, 2010; de Bruijn et al., 2004; Nandam et al., 2013; Riba et al., 2005). Finally, 5-HT might contribute to more affective forms of inhibition and/or 'waiting' behavior (Eagle et al., 2008a) when gains have to be weighed against losses. The studies described above represent important advancements towards the definition of the pathological neural substrates of diseases characterized by impulsivity and/or the propensity to develop compulsive behavior and addictions. A challenge for future research will be the dissociation of inhibition from attention and shifting at the behavioral level so to better define the role of different neurotransmitter systems in cognitive control.

3.2. Cortical mechanisms of response inhibition

Luria (1966) proposed that the frontal lobes serve to regulate behavior according to current goals and that patients with damage

in those areas are unable to follow task instructions, although they correctly understand their meaning. Behavioral inhibition is dependent on the integrity of the frontal lobes and is strongly impaired in patients and animals with frontal lesions (Brutkowski and Mempel, 1961; Drewe, 1975a,b; Mishkin, 1964; Stanley and Jaynes, 1949). From the results of his experiments on monkeys, Mishkin concluded that "... frontal lesions produce abnormal difficulty in suppressing whatever response normally prevails in a given situation." (Mishkin et al., 1962), whereas others defined PFC lesion effects in dogs as disinhibition of inhibitory reflexes (Brutkowski et al., 1956; Konorski, 1961). However, impulsive behavior is not the only consequence of frontal damage and it has long been recognized that another preponderant characteristic of animals bearing frontal lesions is a high level of distractibility (e.g., Kluver, 1933; Konorski and Lawicka, 1964) and 'hyperreactivity' (Rosvold and Mishkin, 1961). In this regard Konorski wrote that "The higher level of control [by the frontal cortex] would tend to inhibit the orienting reaction in order to allow attention to be shifted, to be increased or decreased depending on the significance of the stimulus." (Konorski and Lawicka, 1964, p. 293). Current models of inhibitory control acknowledge the critical contribution of prefrontal and pre-motor areas to response inhibition and consider the orienting reaction to be modulated by a brain stem-cortical circuit which is sensitive to environmental variables, as well as to the current goals of the organism (Nieuwenhuis et al., 2010; Sara and Bouret, 2012). This 'flexible' orienting reaction may thus represent the necessary step towards successful control of voluntary or automatic responses.

In general, executive control is thought to operate in a hierarchical manner with the PFC having a leading role over lower-level structures (Brooks, 1986; Fuster, 1989; Norman and Shallice, 1986; Robbins, 1996; Stuss, 1992). Moreover, depending on the specific task, different cortical and subcortical regions are involved in ancillary processes such as sustained attention, conflict detection and online representation of task rules. Cortical areas most often involved in response inhibition tasks according to fMRI and lesion studies include the pre-SMA, SMA (Mostofsky et al., 2003; Simmonds et al., 2008), pre-motor cortex (Picton et al., 2007; Watanabe et al., 2002), parietal cortex (Menon et al., 2001; Rubia et al., 2001) ventrolateral PFC and insula (Boehler et al., 2010; Swick et al., 2008). Activation of the right inferior frontal cortex (IFC) and the adjacent insula has been consistently linked to response inhibition (Aron et al., 2004; Garavan et al., 2006, 1999; Kelly et al., 2004; Konishi et al., 1998), although activation is sometimes observed bilaterally (e.g., Cai and Leung, 2011; Menon et al., 2001; Watanabe et al., 2002). However, the insular cortex may be involved in interference resolution when conflicting responses are activated (Bunge et al., 2002a,b; Wager et al., 2005) or, more generally, in maintaining high levels of motivation and top-down control during behavioral tasks (Dosenbach et al., 2008). On the other hand, parietal activation may be related to the visuospatial attentional demands of the task (Rubia et al., 2001), because of its involvement in sensorimotor integration (Grafton et al., 1992), whereas the pre-motor region is known to control motor excitability of the contralateral limbs independently from motor area 1 (M1; Gerschlagel et al., 2001; Rizzo et al., 2004).

The dorsolateral PFC displays high levels of activity during response inhibition tasks (Fassbender et al., 2004; Garavan et al., 2006; Hester et al., 2004; Menon et al., 2001), but this area is probably more involved in maintaining task rules 'on-line' (Levy and Goldman-Rakic, 2000; Petrides, 2000) as its activation has been related to the increased working memory load in some studies (Mostofsky et al., 2003; Simmonds et al., 2008). In general, the dorsolateral PFC is thought to exert executive control on motivational and emotional behaviors (Delgado et al., 2008), rather than on motor responses. Li et al. (2006) isolated cerebral areas

responsible for response inhibition from those concerned with signal monitoring and post-response processes. In their study, the superior and pre-central gyri, which are part of the SMA, were considered as being specifically involved in stopping a response because they were more active in subjects with fast SSRT and the degree of such activation was correlated with the speed of response inhibition. Moreover, motor inhibition has been produced by direct electrical stimulation of the pre-SMA in monkeys (Isoda and Hikosaka, 2007) and humans (Fried et al., 1991; Luders et al., 1988). Accordingly, deficits in response inhibition have been observed after temporary inactivation of the pre-SMA (Chen et al., 2009) and damage to medial prefrontal portions of the brain overlapping with it (Floden and Stuss, 2006; Nachev et al., 2007). However the SMA is also involved in response initiation (Dinner and Luders, 1995; Kawashima et al., 1996) and selection (Rowe et al., 2010) as well as inhibition (Nachev et al., 2005), whereas more executive forms of stopping may be carried out by other structures (Rubia et al., 2001). Patients with lesions including the SMA, the pre-motor area and the motor subdivision of the anterior cingulate cortex (ACC) show prolonged reaction times and increased number of omissions to the go stimulus (Fellows and Farah, 2005b; Picton et al., 2007; Stuss et al., 2002), which is suggestive of a more general role in motor behavior and response selection for these regions (e.g., Ball et al., 1999; Humberstone et al., 1997; Mostofsky and Simmonds, 2008). Finally FEFs, also belonging to the SMA and critically involved in saccade counter-manding tasks (Stuphorn and Schall, 2006), play an important role in the monitoring of behavior (Stuphorn et al., 2000).

Many reports of impaired performance in go/no-go tasks have identified the medial sector of the PFC as being responsible for such deficits (e.g., Drewe, 1975b; Godefroy and Rousseaux, 1996; Leimkuhler and Mesulam, 1985; Verfaellie and Heilman, 1987). These results are supported by fMRI and PET studies in humans which highlight a possible role of ACC in response inhibition (Casey et al., 1997b; Garavan et al., 1999; Kawashima et al., 1996; Rubia et al., 2001). Among the different functions that have been ascribed to the human ACC are 'attention-for-action' (Posner et al., 1988), response selection (Bench et al., 1992; Corbetta et al., 1991; Paus et al., 1993), error detection (Carter et al., 1998; Gamba et al., 1986) conflict monitoring (Botvinick et al., 2001) anticipation (Murtha et al., 1996) and working memory (Petit et al., 1998). Moreover, the human ACC has been proposed to subserve motor control by facilitating appropriate responses and inhibiting inappropriate ones especially in fast-changing contexts (Paus et al., 1993). Although primate ACC is considered one of the main limbic structures, it has both motor functions and access to autonomic information, which are integrated in order to select the appropriate behavioral output (Devinsky et al., 1995; Vogt et al., 1992). The ACC projects directly to the spinal cord (Biber et al., 1978; Dum and Strick, 1991), to several nuclei of the basal ganglia (Kunishio and Haber, 1994; Muller-Preuss and Jurgens, 1976; Yeterian and Van Hoesen, 1978) and possesses reciprocal connections with motor and supplementary motor areas (Devinsky et al., 1995), which place it in an ideal position for goal-directed response control.

Although lesions of the ACC impair the voluntary suppression of eye and arm movements (Goldberg et al., 1981; Paus et al., 1991), its role in the intact brain has been subsequently demonstrated to be more concerned with conflict monitoring, error detection and the allocation of attentional resources (Botvinick et al., 2001; Braver et al., 2001; Carter et al., 2000; Kiehl et al., 2000; Menon et al., 2001; Paus, 2001; Ridderinkhof et al., 2004; Rubia et al., 2003; Rushworth et al., 2004) rather than with response inhibition *per se* (Fellows and Farah, 2005b). Prominent computational models of cognitive control propose that the ACC signals to other brain areas the presence of conflict and the necessity of increased executive control over behavioral output (Brown and Braver, 2005;

Cohen et al., 2004), whereas others emphasize its role in action selection according to the principles of reinforcement learning theories (Holroyd and Coles, 2002). In rats, dorsomedial prefrontal cortex lesion or its temporary inactivation impair response inhibition in the SST (Bari et al., 2011a), 5-CSRTT (Muir et al., 1996; Paine et al., 2011; Passetti et al., 2002) and in the lever holding task (Narayanan et al., 2006) without affecting sensory, motivational and non-inhibitory motor processes. Interestingly, the rat medial prefrontal cortex may also exhibit a certain degree of right lateralization, similar to humans, when behavioral inhibition has to be exerted (Sullivan and Gratton, 2002).

Another sector of the PFC, the orbitofrontal cortex (OFC), does not seem to play a central role in tasks requiring motor inhibition in humans (Swick et al., 2008), but see (Horn et al., 2003). However, a recent study on a large non-clinical sample of adolescents distinguished two main brain networks differently involved during SST inhibition related to sub-clinical ADHD symptoms or drug use. The authors showed that OFC hypoactivity during response inhibition characterizes the neural phenotype of adolescents who made use of alcohol, nicotine or illicit substances, whereas hypoactivation of a right frontal-basal ganglia network was observed in subjects with ADHD-related symptoms (Whelan et al., 2012). These results suggest that hypofunction of distinct fronto-cortical networks, although having different pathophysiological origins, may converge on similar behavioral manifestations of deficient response inhibition, probably selectively acting on affective ('hot') or executive processes ('cold'). Decreasing serotonergic tone by tryptophan depletion in humans has been found to affect the activity of the OFC during response inhibition (Rubia et al., 2005), although no behavioral effects were observed, which is in keeping with data from experiments in rats (Eagle et al., 2009). Moreover, the OFC has been implicated in the SST performance of rats, with OFC lesions slowing SSRTs (Eagle et al., 2008b) and infusions of atomoxetine in this area improving general SST performance (Bari et al., 2011a). One crucial difference with other prefrontal areas which are more directly implicated in action inhibition may lay in the relatively specific involvement of the OFC in computations regarding affectively relevant stimuli and their value, as opposed to the evaluation of actions and their implementation/inhibition based on internal goals (Rudebeck et al., 2008), which may be preferentially handled by more dorsal areas of the PFC. Impaired action- or stimulus-related inhibitory processes, will both result in impulsivity, but with different, although sometimes partially overlapping, behavioral manifestations.

Important differences have also been observed between brain activation patterns during SST and go/no-go tasks. Although both tasks tap inhibitory processes and impulsive subjects are impaired on both measures, they have been partially dissociated anatomically and pharmacologically (Eagle et al., 2008a; Schachar et al., 2007; Swick et al., 2011). Rubia et al. (2001) contrasted patterns of brain activation elicited by SST and go/no-go task and concluded that performance in the former is more related to right-sided activations, whilst a bilateral activation is seen during no-go inhibition. These authors hypothesized that the main difference between the two tasks is in the degree of response selection involved, which is higher in go/no-go tasks whilst on the other hand, inhibition is more difficult in the SST. Different results were obtained by two other studies that used both SST and go/no-go task on the same subjects. When common activations to both tasks were analyzed, one study found a predominant activation of the right middle frontal gyrus (Zheng et al., 2008), whereas the other found bilateral IFG activation in addition to right middle frontal gyrus and left insula foci of activity (McNab et al., 2008). Finally, a recent meta-analysis obtained contrasting findings to those of Rubia et al. (2001), with right-lateralized foci of activity during go/ no-go and bilateral patterns during SST, although this study found

larger contribution of the insula compared to the IFG to response inhibition (Swick et al., 2011). These discrepant findings highlight the need for further investigation on the different types of response inhibition, a direction that has been recently undertaken by several groups. One notable example is the distinction between the fast interruption of ongoing activity and the tonic withholding of action tendencies (e.g., Aron, 2010; Eagle et al., 2008a), which have been discussed here previously.

In summary, given the number of different processes necessary for successful response inhibition, both in real life and in the laboratory (e.g., stimulus/conflict detection, sustained attention, attentional shifting, error monitoring and so on), it seems reasonable that a complex circuit is involved. It is probably the interaction between IFC and pre-SMA (plus subcortical and brain stem nuclei; see below) that allows the successful inhibition of a pre-potent motor response (Aron, 2010; Sharp et al., 2010), a conclusion that is corroborated by connectivity and causality studies (Fig. 6; Aron et al., 2007; Duann et al., 2009; Pandya et al., 1981; Vogt and Pandya, 1987). More lesion studies are needed to confirm neuroimaging results and to clearly establish the role of specific brain areas in response inhibition tasks, although functional recovery, poor specificity of the lesion and heterogeneity of the experimental sample may limit the power of such studies in humans. Moreover, it is often impossible to exclude the contribution to the deficit observed of damaged fibers of passage in the affected area, which would influence the effective communication within brain networks. These and other limitations can be overcome, with the obvious caveats, by the use of animal models (Bari et al., 2011b; Winstanley et al., 2006). Although comparisons regarding the homology of brain areas between humans and rodents has to be made carefully (Preuss, 1995), strong parallels can sometimes be drawn from what is known about the anatomical and functional homology between brain structures in different species (Robbins, 1998; Uylings et al., 2003).

3.3. Subcortical contribution to response inhibition

De Jong et al. (1995, 1990) proposed the existence of two inhibitory processes. A *selective* one, to stop only some actions but

not others that are active at the same time, and a *non-selective* one to stop all active response processes. They suggested that the first has its locus of action upstream from M1, while the second operates ‘peripherally’ via midbrain regions. They based these conclusions on the analysis of lateralized readiness potentials, which reflect the activation of the motor cortex, and electromyographic activity, which is related to muscle activation. Band and van Boxtel (1999) criticized the conclusions of De Jong et al. (1995) because they were based on assumptions that are difficult to validate and involved psychophysiological measures of dubious interpretation, concluding that there was no evidence for a post-motor cortex locus of inhibition. Instead, they support the hypothesis of a single central inhibitory mechanism in the frontal cortex, although acknowledging the possibility of an important contribution of the basal ganglia and the thalamus, based on theories derived from Skinner and Yingling’s (1977) model of sensory gating. Similarly, in Brunia’s model, the role of the thalamus is to allow motor information – elaborated through the interaction between PFC and basal ganglia – to reach M1 in order to execute the response; the occurrence of a stop cue would close the thalamic ‘gate’ inhibiting the response (Brunia, 1993).

According to prominent views regarding the neural substrates of stopping an ongoing response, cortical areas involved in response inhibition send a stop command to basal ganglia structures which, in turn, ‘intercept’ the go response, thus decreasing the excitability of M1 (Greenhouse et al., 2011b). One important recipient of cortical stopping commands is the subthalamic nucleus (STN) which is directly connected to pre-SMA and IFG (Fig. 6; Aron et al., 2007; Inase et al., 1999). Cortico-basal ganglia projections reaching the STN are part of the so-called *hyperdirect* pathway (Nambu et al., 2002) and allow for fast inhibition of ongoing actions by increasing inhibitory signals from the globus pallidus, to which the STN strongly projects, thus inhibiting the output from the basal ganglia (Alexander and Crutcher, 1990; Parent and Hazrati, 1995). Several lines of investigation have established the involvement of the STN in response inhibition (Aron and Poldrack, 2006; Forstmann et al., 2012; Frank, 2006; Hikosaka and Isoda, 2010; Li et al., 2008; Munakata et al., 2011). These include studies in Parkinson’s disease

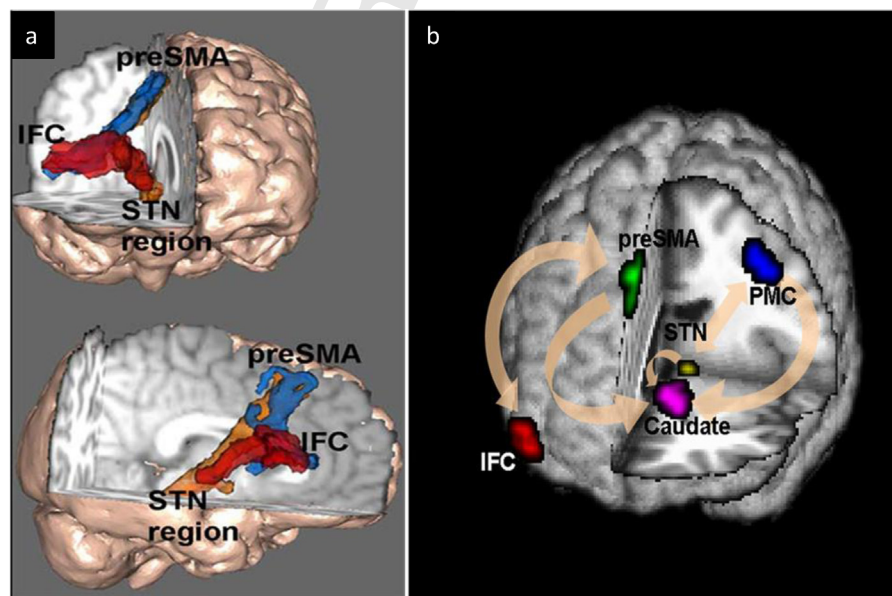


Fig. 6. a) 3-D rendering of a diffusion-weighted tractography analysis of the network involved in SST inhibition showing white matter tracts between structures (Aron et al., 2007). b) Granger causality analysis results showing functional connectivity between cortical and subcortical areas during response inhibition (Duann et al., 2009). But see Poldrack et al. (2011, Chap. 8) for a criticism of the Granger analysis of fMRI data. Reproduced with permission. Abbreviations: preSMA, pre-supplementary motor area; IFC, inferior frontal cortex; STN, subthalamic nucleus; PMC, primary motor cortex. Reproduced with permission.

patients during intra- or post-surgical electrophysiological recordings (Ray et al., 2012) or stimulation of this nucleus (Ballanger et al., 2009; Mirabella et al., 2012; Obeso et al., 2011; van den Wildenberg et al., 2006), but also studies in rats (Eagle et al., 2008b) and monkeys (Isoda and Hikosaka, 2008).

The involvement of the *indirect* cortico-striatal pathway in response inhibition is more controversial. Neuroimaging studies do not allow strong predictions about the role of the striatum in response inhibition and early symptomatic Huntington's disease patients bearing a consistent degeneration of striatal neurons do not display inhibitory deficits (Greenhouse et al., 2011b). Nonetheless the striatum is an important part of the fronto-striatal loop involved in motor control (Alexander and Crutcher, 1990) and is known to participate in response inhibition (Boehler et al., 2010; Ghahremani et al., 2012; Jahfari et al., 2011; Li et al., 2008). One possibility is that striatal neurons are involved in selective suppression mechanisms, thus increasing the likelihood of both canceling and restraining a response, in accordance with neuroimaging evidence (Aron, 2010; Jahfari et al., 2009; Vink et al., 2005) and rodent studies (Eagle and Robbins, 2003; Eagle et al., 2011). Recent research has been able to differentiate between global and selective inhibitory mechanisms (Aron, 2010) by using more sophisticated techniques (e.g., Badry et al., 2009; Greenhouse et al., 2011a; Majid et al., 2012). It has been hypothesized that a *reactive* mechanism would stop all ongoing responses through the hyperdirect pathway, whereas *proactive* inhibition would act more selectively with the involvement of the striatum (Aron, 2010) via dopaminergic modulation in this area (Boehler et al., 2011; Eagle et al., 2011).

3.4. The controversy concerning IFG and cognitive control

The IFC lays anterior to the pre-central sulcus and inferior to the inferior frontal sulcus. It includes BA 44 (posterior, pars opercularis), 45 (medial, pars triangularis), and 47/12 (anterior, pars orbitalis) of the human brain and encompasses the inferior frontal gyrus (IFG; Petrides and Pandya, 2002), which is found to be activated by a broad range of tasks (Aron et al., 2004; Duncan and Owen, 2000). Many neuroimaging studies point to the *right* IFG as the main locus of inhibitory control in both go/no-go and SST paradigms (e.g., Aron et al., 2004; Buchsbaum et al., 2005; Menon et al., 2001; Nakata et al., 2008; Rubia et al., 2003). In keeping with these data, patients with cortical damage including the area of the right IFG show prolonged SSRT proportional to the extent of the lesion (Aron et al., 2003) and atomoxetine modulates this same area during response inhibition in normal subjects (Chamberlain et al., 2009). Moreover, disruption of neural activity in the area of the IFG by transcranial magnetic stimulation (TMS) prolongs SSRT (Chambers et al., 2006) and the magnitude of IFG activation correlates with individual differences in response inhibition (Aron et al., 2007). Another set of evidence regarding the role of the IFG in inhibitory control derives from studies in ADHD patients, who are notoriously impulsive and impaired in response inhibition tasks such as stop-signal (Schachar and Logan, 1990), stop-change (Schachar et al., 1995) and go/no-go (Trommer et al., 1988) paradigms. This patient population shows cortical activation patterns compatible with abnormal right IFG functioning (Bunge et al., 2002a; Casey et al., 1997a; Castellanos et al., 1996; Cubillo et al., 2010; Dickstein et al., 2006; Durston et al., 2004; Overtom et al., 2002; Rubia et al., 2010; Sowell et al., 2003).

However, not all the evidence converges on the primary role of the right IFG in response inhibition. For example, some lesion studies failed to find response inhibition impairments in patients with brain damage including the right IFG (Dimitrov et al., 2003; Floden and Stuss, 2006; Picton et al., 2007), whereas patients with damage in the *left* IFG are impaired in the go/no-go task (Swick et al., 2008). Consequently, despite the extensive evidence on the

involvement of the IFG in response inhibition tasks, there is no consensus yet around the specific process regulated by this area and the degree of lateralization of its hypothesized function. The IFG has been hypothesized to serve disparate functions including attentional orienting (Chao et al., 2009; Corbetta and Shulman, 2002), resolution of stimulus conflict (Wendelken et al., 2009) or the monitoring of behavior (Kringelbach and Rolls, 2004; Walton et al., 2004). Similarly, other authors linked activation in the IFG during the SST to signal monitoring and post-response processing (Li et al., 2006) according to its putative role in affective processing (Fulbright et al., 2001; Nomura et al., 2003). The attentional account for the role of the IFG (Corbetta et al., 2008; Corbetta and Shulman, 2002) is supported by studies that compared brain activation in response to unexpected stimuli and stopping *per se* (Sharp et al., 2010).

More general roles have been subsequently proposed for the IFG, namely the fast adaptation of response (Dodds et al., 2010) and/or attentional control (Hampshire et al., 2010) in a changing environment, allowing the response to salient stimuli that are relevant to the task at hand (Corbetta and Shulman, 2002; Yamasaki et al., 2002). These two hypotheses are supported by a number of studies in which activation of the IFG increased as additional control had to be exerted over one's actions (Chikazoe et al., 2009; Dodds et al., 2010; Hampshire et al., 2010), and in studies where attending to task-relevant stimuli did not require any kind of response inhibition and, sometimes, not even a response (Bor et al., 2003; Duncan and Owen, 2000; Hampshire et al., 2008, 2009; Hon et al., 2006; Linden et al., 1999; Nakamura et al., 1999; Passingham et al., 2000), respectively. Thus, it has been proposed that the IFC integrates attentional and response control via its connections with sensory- and motor-related brain networks (Dodds et al., 2010) representing a nexus between stimulus-driven and goal-oriented behavior (Hampshire et al., 2010). Finally, the recent attribution of 'limbic' functions to the STN (Baunez and Lardeux, 2011) and its strong connections with the IFG, fits the hypothesis of a limbic-executive hub in the IFC. An even more general view hypothesizes the involvement of the right IFG in the updating or reprogramming of action plans (Mars et al., 2007) in response to behaviorally relevant stimuli, but not for the detection of such stimuli, thus ruling out the attentional explanation (Verbruggen et al., 2010, 2008).

It is possible that distinct subregions of the right IFC are differentially involved in attention (dorsal part; the inferior frontal junction; IFJ) and response inhibition (ventral/posterior part) (Chikazoe et al., 2009; Levy and Wagner, 2011; Verbruggen et al., 2010), thus conciliating the two main streams of hypothesis regarding the function of this brain area. Verbruggen and colleagues observed dissociable effects by reversibly disrupting neural activity in different parts of the IFC. Thus, interfering with right IFG activity disrupted response inhibition but also response updating, whereas the impairment seen after inactivation of the inferior frontal junction was related to the detection of stimulus change (Verbruggen et al., 2010) consistently with previous studies (Downar et al., 2001; Vossel et al., 2009). Accordingly, a recent meta-analysis compared fMRI results between studies that used response inhibition tasks (SST and go/no-go) or reflexive reorienting of attention and found dissociable patterns of activation in the right IFC (Levy and Wagner, 2011). Thus, the IFJ may serve the orienting to unexpected or behaviorally relevant stimuli, the pars opercularis seems to contribute to the update of action plans and the pars triangularis may aid selection between alternative plans when there is high uncertainty. These important results may help clarifying the reason why incongruent evidence have been obtained by neuroimaging studies, which are characterized by limited spatial and temporal resolution and by the merely correlative nature of the data obtained.

A role for the left IFG (Broca's area) has also been investigated during response inhibition tasks and found to be involved by some (Botvinick et al., 2001; Durston et al., 2002; Fassbender et al., 2004; Novick et al., 2005; Picton et al., 2007; Swick et al., 2008; Watanabe et al., 2002), but not other studies (e.g., Aron et al., 2003; Chambers et al., 2007; Clark et al., 2007). Some authors have attributed an important role in rule maintenance and retrieval to the left portion of the IFG (e.g., Bunge et al., 2003) suggesting that this region may help enforcing the semantic information associated with the inhibitory cue (Poldrack et al., 1999; Thompson-Schill et al., 1997), which can be encoded differently in different subjects. For instance, subjects may rely on verbal instructions as received by the experimenter or on more abstract rules when a stop-signal is detected. This possibility, together with subtle differences in task instructions, types of stimuli and the frequency of stop/no-go trials, may explain the competing findings regarding the lateralization of IFG activation during response inhibition.

4. Comparison with choice impulsivity and reversal learning

"Whenever choice appears in any form – as rivalry between appetites which cannot be simultaneously satisfied, as a perceived meaning attached to an ambiguous stimulus, as a planned decision between two courses of action, as a symbolic fulfillment of an unsuspected wish – it always involves an element of inhibition". (Diamond et al., 1963; p. 145)

As previously discussed, two other families of behavioral tasks have been used to measure behavioral inhibition in clinical and preclinical settings: (1) extinction and reversal learning paradigms, where inhibition is operationally defined as the ability to inhibit a response previously rewarded but now punished (or no longer rewarded); (2) delay, effort or probability discounting tasks (broadly defined as decision-making paradigms) where the subject has to choose between actions that are more rewarding in the long run – thus postponing gratification – and actions that result in immediate, smaller reward. Whilst implicating behavioral inhibition, the first class of tests actually measures an aspect of behavior more akin to compulsivity and perseveration rather than impulsivity *per se*. Decision-making paradigms have been often exploited for the study of impulsive behavior, drug addiction and psychopathology, especially with regards to animal models (Bari, 2010; Bari and Robbins, 2011; Bari et al., 2011b; Belin et al., 2009; Olmstead, 2006). Other behavioral tasks largely used in animals that measure response inhibition in forms sometimes referred to as 'waiting' impulsivity include the 5-CSRTT, the lever holding task and the differential reinforcement of low rate of responding procedure, which have been described elsewhere (Bari et al., 2008; Bari and Robbins, 2011; Robbins, 2002).

4.1. Delay discounting

In everyday life impulsive individuals momentarily value the positive consequences of their actions more than the objective advantage of avoiding the punishment deriving from those actions. In turn, the anticipation of the reward may cause an impulsive 'state' where the immediate gratification is preferred over delayed advantages in terms of better outcomes or punishment avoidance. This kind of poor decision-making is well described by the state that Bechara and colleagues called 'myopia for the future' and is usually seen in patients with ventromedial frontal lobe damage (Bechara et al., 1994, 2000). Impulsive decision-making can be assessed by delay discounting tasks where impulsive behavior is defined as the tendency to choose immediate smaller rewards over larger but postponed ones (Ainslie, 1975, 2001; Madden and Bickel, 2009; Rachlin, 2000) and this family of tasks is usually said to measure '(intertemporal) choice impulsivity'. Thus, for example,

a subject may prefer to receive \$100 immediately instead of choosing to receive \$300 in 1 year time. Related behavioral tests include probability and effort-based decision-making tasks, which have been discussed elsewhere (Floresco and Magyar, 2006; Green and Myerson, 2010; Salamone et al., 2012).

The function best describing delay discounting behavior is most often hyperbolic rather than exponential (Ainslie, 1975; Strotz, 1956) and presents similarity across different species (Green and Myerson, 2004; Mazur, 1987; McKerchar et al., 2009; Reynolds and Schiffbauer, 2004). Since the rate of discounting is not linear and varies among subjects, delay discounting tasks have adopted an adjusting-delay procedure to find the delay at which the large and the smaller amount of reward would be valued equally, namely the 'indifference point' (Mazur, 1987). A similar method for finding the indifference point – the adjusting-amount procedure (Richards et al., 1997) – has yielded the same discounting rates as the adjusting-delay one (Green et al., 2007). As noted before, delay discounting rates are very stable over time in the same individuals and strongly related to the genetic background (Anokhin et al., 2011; Kirby, 2009; Ohmura et al., 2006) in both humans (Eisenberg et al., 2007) and rodents (Anderson and Woolverton, 2005; Isles et al., 2004; Madden et al., 2008; Wilhelm and Mitchell, 2009). Similar to other paradigms, individual differences in reward sensitivity and feedback evaluation may contribute to the discounting rate observed in intertemporal choice decision-making. Thus, although one of the prominent views is to consider steep discounting rates as a failure to inhibit immediate desires which lead to suboptimal long term consequences, some authors give more importance to the lack of forethought that characterizes this kind of impulsive behavior.

In normal subjects, the value of rewards is usually a function of the delay to their delivery. However, the impact of delay is stronger in impulsive individuals and in several psychiatric disorders (Peters and Buchel, 2011). In general, addictions are characterized by the immediate fulfillment of pre-potent desires without consideration for the negative consequences of one's behavior. Thus, is not surprising that in pathologies such as drug addiction (Bickel and Marsch, 2001; Bickel et al., 2008; Coffey et al., 2003; Kirby et al., 1999; Monterosso et al., 2007; Petry, 2001a), obesity (Epstein et al., 2008; Fields et al., 2011; Weller et al., 2008) and compulsive gambling (Ledgerwood et al., 2009; Petry, 2001b; Reynolds, 2006) patients display higher rates of delay discounting, because although drugs, food and the prospect of winning money are highly rewarding in the immediate situation, they all can have serious negative consequences on the long run (see Bickel et al., 2012 for review). Another phenomenon predicted by delay discounting models and observed especially in addicted individuals is 'preference reversal', which causes these patient populations to relapse (or 'lose control') to the unwanted behavior as a function of its proximity, despite the previous commitment to abstaining from it (Ainslie, 2001; Kirby and Herrnstein, 1995; O'Brien et al., 2006). Impulsive choice in delay discounting tasks has been found to be increased in opiate (Madden et al., 1997), alcohol (Petry, 2001a), methamphetamine (Monterosso et al., 2007) and tobacco (Baker et al., 2003) dependent individuals. These results suggest that poor decision-making may predate drug use in these subjects, but direct evidence in humans is still scarce. Experiments in laboratory animals have shown that rats that discount more delayed, but bigger rewards, display higher rates of cocaine intake (Anker et al., 2009; Perry et al., 2005) and reinstatement of cocaine (Perry et al., 2008) or nicotine-seeking (Diergaarde et al., 2008). Finally, similarly to human drug addicted individuals, chronic administration of most drugs of abuse in animal models causes an increase in impulsive choice as measured by delay discounting tasks (see Table 2) (see Setlow et al., 2009 for review).

The type of behavioral inhibition required in delay discounting tasks has probably little to do with response inhibition paradigms

that involve the fast withdrawal of a motor response. It is likely that more affectively charged cognitive processes are at play when deciding whether to delay gratification or not, compared to standard response inhibition paradigms. Although impulsivity measures from response inhibition and delay discounting tasks do not seem to correlate in the majority of studies, they represent complementary measures that cover a broader area of the impulsivity construct (Broos et al., 2012; Rogers et al., 2010; Solanto et al., 2001) and are similarly modulated by 'anti-impulsivity' drugs such as atomoxetine, methylphenidate and amphetamine in both humans and rats (de Wit et al., 2002; Robinson et al., 2008; Winstanley et al., 2006). Animal studies have shown that lesions of the ventral portion of the striatum (Cardinal et al., 2001) or specific regions within the OFC (Mar et al., 2011; Mobini et al., 2002) increase impulsivity in the delay discounting procedure, thus confirming the involvement of a more 'limbic' circuitry in this 'hot' type of behavioral inhibition (Cardinal et al., 2004; Metcalfe and Mischel, 1999). Moreover, neurons in the monkey OFC show a pattern of activity negatively correlated to delay and positively correlated to reward magnitude, thus encoding for variations in subjective values (Roesch and Olson, 2005). On the contrary, lesion of the subthalamic nucleus decreases impulsive choice (Uslaner and Robinson, 2006; Winstanley et al., 2005). Finally, selective dopaminergic (Koffarnus et al., 2011; van Gaalen et al., 2006b) and serotonergic (Bizot et al., 1999; Evenden and Ryan, 1999) compounds have been shown to modulate discounting rates when administered acutely.

In humans, at least three brain networks have been associated with delay discounting. These are (1) a ventral cortico-striatal network including medial OFC and ventral striatum determining individual differences in reward value, (2) a lateral prefrontal-cingulate network comprising lateral OFC, cingulate cortex, dorsolateral and ventrolateral PFC implicated in conflict detection and behavioral inhibition, and (3) a medial temporal-hippocampus network for prospective evaluation of future outcomes (McClure et al., 2004; Monterosso et al., 2007; Peters and Buchel, 2011). Related views have linked brain activity in ventral striatum, OFC, and cingulate cortex to the subjective value of immediate and delayed outcomes (Kable and Glimcher, 2007). Thus, in general, the mesocorticolimbic dopaminergic pathway including medial prefrontal, OFC and ventral striatal projections, which subserve motivational and emotional processes, seems to play a major role in choice impulsivity. Accordingly, several reports have shown abnormal activation and dopaminergic regulation of this circuit in ADHD individuals (Plichta et al., 2009; Rubia et al., 2009; Volkow et al., 2009), which display steeper discounting rates compared to healthy subjects (Bitsakou et al., 2009; Paloyelis et al., 2010; Solanto et al., 2001). These results are consistent with theories that emphasize motivational deficits and delay aversion in patients with ADHD (Nigg and Casey, 2005; Sagvolden et al., 2005; Sonuga-Barke, 2002).

In contrast to response inhibition studies reviewed above, 5-HT neurotransmission seems more related to the *waiting* component of inhibitory control (Miyazaki et al., 2012), where motivational and affective processes have larger impact on behavior. Thus, 5-HT depletion increases impulsive choice (Bizot et al., 1999; Denk et al., 2005; Mobini et al., 2000; Schweighofer et al., 2008; Wogar et al., 1993a,b), and 5-HT extracellular content in the dorsal raphe has been found to increase when animals have to wait for a reward to be delivered (Miyazaki et al., 2011a,b). Overall, these and the neuroanatomical studies reviewed above suggest that 5-HT may signal the proximity and/or likelihood of the reward (Doya, 2002; Tanaka et al., 2004) especially in OFC, where the final computation regarding the subjective value of different options is executed (Padoa-Schioppa and Cai, 2011; Schoenbaum et al., 2011; Wallis, 2012). Finally, as we will see better below, another role for the

5-HT system, probably in conjunction with different subregions within the OFC (Mar et al., 2011; Rudebeck and Murray, 2011; Wallis, 2007), is to signal negative feedback (Cools et al., 2008; Daw et al., 2002; Deakin and Graeff, 1991).

4.2. Reversal learning

Many different variants of reversal learning paradigms have been extensively used in humans and other animals for the study of cognitive constructs such as flexibility, impulsivity and compulsivity (Izquierdo and Jentsch, 2012). Although heavily relying on learning and cognitive flexibility, and potentially assessing compulsive behavior, deficient performance on reversal learning paradigms has been shown to be tightly related to impulsivity (e.g., Franken et al., 2008; Romer et al., 2009). In a standard reversal learning procedure the subject is usually faced with the possibility of choosing between two distinct stimuli/responses, only one of which is deemed 'correct', thus leading to reward. Once the subject has learned the stimulus-reward association, the experimenter reverses the contingencies without notice and the subject has to amend the behavior accordingly by trial and error. Analysis of reversal learning performance may reveal two aspects of impulsive behavior that are not readily displayed by subjects during response inhibition or delay discounting tasks. The first is the ability to inhibit responding to previously rewarded (but now punished) stimuli, a tendency to which is seen immediately after contingency reversals and that requires disengaging from an established behavioral/attentional set in order to adapt to the new stimulus-reward association (see Izquierdo and Jentsch, 2012; Kehagia et al., 2010 for reviews). The second pertains to reward/punishment sensitivity.

Deficits in reversal learning performance in normal subjects are often masked by the relatively simplicity of the task, which is bound to cause ceiling effects in the behavioral data. A more sensitive measure of reversal learning deficits can be obtained by 'degrading' stimulus-reward contingencies and introducing spurious feedback as in probabilistic reversal learning (PRL) paradigms. These are more difficult tasks because of the need to integrate reinforcement history over several trials and to regulate responding to local reinforcement. Thus, PRL performance may reveal another aspect of impulsive behavior, namely the sensitivity to negative feedback (e.g., punishment or lack of reward) which is obtained by assessing the probability of switching to the alternative stimulus after receiving punishment on preceding trials (i.e., lose-shift). Conversely, reward sensitivity can be measured in the PRL task by taking into account the propensity of the subjects to choose again the stimulus that have been rewarded on preceding trials (i.e., win-stay). These 'affective' components of reversal learning performance have been shown to depend on DA and 5-HT transmission (Bari et al., 2010; Chamberlain et al., 2006b; Evers et al., 2005; Swainson et al., 2000) and hypothesized to involve prediction error processing in fronto-striatal circuitries (Clarke et al., 2008; Cools et al., 2002).

Sensitivity to punishment is, of course, very relevant for the study of impulsivity and relates to those pathological aspects of behavior which are conserved despite negative consequences, such as drug abuse or criminal conduct. Accordingly, the negligible impact that prospective negative outcomes have on impulsive decision-making is an important aspect of behavioral inhibition as exemplified by the definition of impulsivity given by Moeller et al. (2001): "... a predisposition towards rapid, unplanned reactions to internal or external stimuli without regard to the negative consequences of these reactions to themselves or others". Conversely, exaggerated reaction to punishment is observed in depressed patients, leading to inadequate responses to negative feedback and helpless behavior that are typical of this clinical condition (Beats

et al., 1996; Elliott et al., 1996; Murphy et al., 2003; Steffens et al., 2001). On the other hand, high reward sensitivity is a critical aspect of those impulsive behaviors characterized by risk/sensation-seeking and addictions. The opposite is true for depressed patients who display blunted reaction to positively charged stimuli (Der-Avakian and Markou, 2012; Nestler and Carlezon, 2006). Thus, in the PRL, rodents bearing near-total depletion of brain 5-HT display a transient increase in negative feedback sensitivity, whereas pharmacological or genetic manipulation that increase extracellular 5-HT availability, have been shown to increase win-stay behavior and decrease negative feedback sensitivity (Bari et al., 2010; Ineichen et al., 2012), mirroring results obtained in healthy volunteers after SSRI administration (Norbury et al., 2009).

OFC lesion impairs reversal learning causing perseverative behavior, across species. Mice (Bissonette et al., 2008), rats (Chudasama and Robbins, 2003), monkeys (Dias et al., 1996; Jones and Mishkin, 1972; Rudebeck and Murray, 2008) and humans (Fellows and Farah, 2005a; Hornak et al., 2004; Rolls et al., 1994) display intact initial discrimination but impaired reversal learning after damage to the OFC, but not to dorsomedial or lateral cortices. Reversal performance engages bilateral OFC activation as revealed by imaging studies (O'Doherty et al., 2001) and is impaired in clinical subjects with OCD (Remijnse et al., 2006) or ADHD (Itami and Uno, 2002) diagnoses, revealing the possible involvement of OFC malfunction in these disorders. Moreover, exposure to drugs of abuse causes reversal deficits and perseverative tendencies in both humans (Ersche et al., 2008) and rats (Izquierdo et al., 2010; Jentsch et al., 2002; Schoenbaum et al., 2004), which can be ameliorated by DA D2/3 agonist administration in chronic stimulant abusers (Ersche et al., 2011).

In monkeys, successful reversal learning performance depends on intact serotonergic, but not dopaminergic, transmission in the OFC (Clarke et al., 2007). The opposite is true in the monkey caudate nucleus (Clarke et al., 2011) where DA D2 receptor levels correlate with performance during reversal learning and sensitivity to positive, but not negative feedback within the task (Groman et al., 2011). Rodents with cortical forebrain 5-HT depletion display impaired performance on a variety of reversal learning paradigms (Lapiz-Bluhm et al., 2009; Masaki et al., 2006), whereas increased 5-HT extracellular content improves performance (Brigman et al., 2010; Lapiz-Bluhm et al., 2009). Although 5-HT and DA seem to have an important role in reversal performance, probably acting at different levels in the brain, manipulation of the noradrenergic system have been also effective on reversal tasks (Seu et al., 2009), possibly affecting the 'shifting of attention' component of the task (Lapiz et al., 2007; Lapiz and Morilak, 2006; McGaughy et al., 2008). For example, blocking NE reuptake (thus increasing its extracellular levels) improves performance of adolescent rats and reverses the negative effects of noradrenergic deafferentation in adult rats on attentional set shifting, but the same treatment had no effect on simple reversal learning (Cain et al., 2011; Newman et al., 2008).

It is worth noting that also successful performance on shifting tasks is dependent on inhibitory processes, according to prominent views (Allport et al., 1994) but see also Wylie and Allport (2000). In summary, reversal learning tasks can reveal important aspects regarding the wider construct of impulsivity. Reward and negative feedback sensitivity, together with the capacity of shifting the focus of attention to more profitable options are central to many definitions of impulsive behavior. However, impairments in reversal learning are often perseverative in nature with the subject choosing to respond according to the old rule despite negative outcomes. While these can be considered inhibitory deficits in the short term, the recurring nature of the maladaptive response is better described as compulsive, rather than impulsive.

5. Summary, conclusions and future perspectives

"I have nothing to say on the nature of the inhibitory process. I would urge, however, that here, as in all other cases, we should distinguish between the psychological and the physical; we cannot legitimately speak of any mental states as inhibitory of any physical processes, any more than we can speak of them as producing movements. I have long urged that controlling as well as directive action is displayed throughout the nervous system." (Jackson, 1931b, p. 481)

The aim of the first part of the present review was to offer an historical perspective of the major concepts of inhibition, emphasizing their importance for the development of different areas of scientific investigation spanning from neural inhibition to self-control. In the second part we focused much of our discussion on a specific act of control, namely response inhibition and the way it can be used as a measure of impulsive behavior. Response inhibition paradigms such as the go/no-go task and the SST do not measure pure forms of inhibition, but they require a series of ancillary cognitive processes which have in common the final operation of successful response inhibition. This lack of specificity is not necessarily detrimental to the heuristic and scientific value of these behavioral tasks. In everyday life, adaptive inhibition requires a multitude of interrelated processes such as the monitoring of behavior, sustained attention, conflict detection and others, before the inhibition of the planned (or ongoing) course of action is put in place and the behavior adjusted according to the new goal-oriented plans. Accordingly, we have discussed the place of inhibition among other 'executive functions'. As it transpired, more research is needed to better define their functional interrelation. Finally we gave a general overview of the neurobiological underpinnings of response inhibition and discussed the comparison with other forms of behavioral inhibition as measured by delay discounting and reversal learning tasks. Efforts aimed at dissociating different forms of inhibition, and of executive functions in general, at the behavioral and neural levels will improve significantly our understanding of brain mechanisms in health and pathology.

The historical introduction offers an overview of the different concepts of inhibition that in part mirror modern distinctions described later in the paper. We discussed many of the different uses and meanings of the concept of inhibition with a special emphasis on response control. This will hopefully help future theoretical conceptualization and experiment planning, and will facilitate communication among researchers. Similarly, we hope that the work of many scientists cited in this review will stimulate the reader to explore diversified fields of knowledge so to acquire a multidisciplinary point of view, which can give unexpected insights and guide future experiments. In fact, the use of different terminology in related disciplines to describe the same phenomenon may hinder the exchange of ideas among scientists or students. For example, the concept of inhibition is often broadly referred to as 'self-control' in psychology and pertains to manifest behavior as well as to thoughts and emotions (e.g., Cohen and Lieberman, 2010; Hare et al., 2009; Hofmann et al., 2012; Muraven et al., 2006). A broad field of investigation such the study of inhibitory processes would benefit from the use of shared terminology, but this can only be possible after a better definition of their behavioral and neural correlates. Many of the theoretical constructions of impulsivity and disinhibitory syndromes date back to the pre-neuroimaging era or are stated in purely cognitive or behavioral terms. It is timely to combine psychological theorizing, multivariate statistical analysis and modern neuroscientific investigation techniques in order to understand the fundamental basis of inhibitory control.

Our discussion on behavioral measures of impulsivity progressively focused on those regarding the ‘cold’ end of the behavioral inhibition continuum, mostly because fast response cancellation (as required by stop-signal paradigms) is closer to biological models and presumably involves relatively less intervening cognitive and affective mechanisms. These forms of response inhibition are put in place by the organism in response to external countermanding signals. At the other end of the continuum, behavioral inhibition in delay discounting tasks is enforced by internal commands, which are based on subjective goals and values, thus entailing more affective (‘hot’) processes and limbic brain structures. Finally, different from imperative stop-signals and subjective evaluation of long term consequences, impulsive/compulsive behavior in reversal learning paradigms depends on the subject’s sensitivity to – and interpretation of – external (positive or negative) cues. These subtypes of behavioral inhibition also differ regarding the process that need to be inhibited, namely a motor response in the SST and go/no-go task, the immediate fulfillment of a strong desire in impulsive choice paradigms, or an habitual stimulus–response association in reversal learning tasks.

An old advertisement on TV used to claim that “power is nothing without control”. Among the many ways in which our brain controls its own activity and overt behavior, inhibitory processes are among the most important both in everyday life and during emergency situations. This is because, as Ursin wrote, “*We have to stop whatever we are doing in order to start any new action*” and “*Inhibition is indeed a most important faculty for our abilities to make choices, and for our freedom of choice*” (Ursin, 2005, pp. 1059, 1064).

Research on the behavioral and neural basis of impulsivity and inhibition may profoundly change the way we understand and treat many psychiatric disorders. Enormous advances have been made in the theoretical and clinical definition of addiction and ADHD with the result of more focused investigation of the neuroanatomical basis of impulsive behavior in these pathologies. In general, results obtained testing animal models usually concord with results obtained in human subjects. This is very important for biomedical research, given the obvious limitations of human testing and the possibility of exerting tighter experimental control in studies involving animal models. Future studies will have to focus not only on the neurobiological basis of impulsive behavior, but also strive to better characterize inhibitory processes, including their relationship with other executive functions and general intelligence (g).

The present review, although extensive, is not meant to be exhaustive. Several other aspects of behavioral inhibition and impulsivity have been purposely left out from the present discussion, but for each of them dedicated excellent reviews can be found elsewhere. We have also briefly mentioned some types of inhibition that have been variously defined as automatic or unconscious such as inhibition of return (Posner and Cohen, 1984), negative priming (Neill, 1977; Tipper, 2001), interference inhibition (Dempster and Corkill, 1999; Dyer and Severance, 1973; Stroop, 1935) and the interesting relationship between inhibitory processes and memory (Anderson and Spellman, 1995; Chiu et al., 2012; Zacks and Hasher, 1994) or the developmental aspects of inhibitory processes (Blakemore and Robbins, 2012; Harnishfeger and Bjorklund, 1944; Michel and Anderson, 2009). Moreover, our discussion repeatedly touched upon various aspects of the tight relation between inhibition and attentional control (Kok, 1999; Moran and Desimone, 1985), although this was not the focus of the present review; this argument is vast and not yet well explored, but definitely very important for the understanding of cognitive processes and the way they work together. Other topics that have been discussed only briefly include computational models, saccade inhibition tasks and electrophysiological correlates (including ERPs) of behavioral inhibition.

Many unanswered questions about the nature of impulsive behavior remain and warrant further investigation. Moreover, the brain circuitry implicated in response inhibition is still lacking clear definition, as well as the specification of its different modes of function in various environmental situations and in pathologies characterized by impulsive behavior. For example, do the pre-SMA and the IFG facilitate the inhibition of pre-potent responses or they simply favor the representation of alternative courses of action? When pathological impulsivity is the consequence of emotional dysregulation or of aberrant cognitive operations? Can lapses in inhibitory control (e.g., relapse to drug use, violent aggression) be successfully treated by behavioral or pharmacological therapies? Much has to be done for us to be able to answer these questions and improvements in animal models and imaging techniques will be very helpful. An important step would be to devise behavioral task that are less affected by the ‘impurity’ problem and in which performance is dependent mainly on the cognitive construct under examination, but this may be illusory.

Uncited Reference

Sharp et al. (2013).

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