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Neuroscience and Biobehavioral Reviews 23 (1999) 743–760

NEUROSCIENCE AND
BIOBEHAVIORAL
REVIEWS

www.elsevier.com/locate/neubiorev

The neuroanatomical and neurochemical basis of conditioned fear

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Received 16 August 1998; received in revised form 1 March 1999; accepted 14 March 1999

Abstract

After a few pairings of a threatening stimulus with a formerly neutral cue, animals and humans will experience a state of conditioned fear when only the cue is present. Conditioned fear provides a critical survival-related function in the face of threat by activating a range of protective behaviors. The present review summarizes and compares the results of different laboratories investigating the neuroanatomical and neurochemical basis of conditioned fear, focusing primarily on the behavioral models of freezing and fear-potentiated startle in rats. On the basis of these studies, we describe the pathways mediating and modulating fear. We identify several key unanswered questions and discuss possible implications for the understanding of human anxiety disorders. © 1999 Elsevier Science Ltd. All rights reserved.

Keywords: Conditioned fear; Fear-potentiated startle; Conditioned stimulus; Unconditioned stimulus; Periaqueductal gray; Amygdala; Freezing

1. Introduction

Acute fear can be one of the most potent emotional experiences of our lifetime. The strength of this subjective experience may be because fear serves a function that is critical to the survival of higher vertebrates. It can be thought of as activation of a defensive behavioral system [1] that protects animals or humans against potentially dangerous environmental threats. For a small vertebrate such as a rat, an example of such an environmental threat would be predation. These threats may be innately recognized or learned [2,3]. For example, in the presence of a cat or a stimulus that predicts potential injury, a rat will become completely motionless and freeze, no movements except those associated with respiration are observable [4–6]. Furthermore, the rat shows a fear-potentiated startle response [7–9], analgesia [10], a host of autonomic changes [11,12] and increased release of several hormones [13]. In humans, these responses are correlated with a subjective state of fear [14–17]. The brain and body are dedicated to fast and effective defense to increase the chances of survival. Therefore, we use the term “fear” to refer to the activation of the defensive behavioral system that gives rise to this constellation of reactions to threatening stimuli.

There are three major reasons why scientists investigate

the neuronal basis of fear. First, they use fear-modulated behaviors as models to understand how emotions influence behavior. Second, the investigation of the neuroanatomical and neurochemical basis of fear and anxiety is a prerequisite to develop strategies to treat and cure anxiety disorders. Anxiety disorders, such as specific phobias (agoraphobia, social phobia, etc.), panic disorder, post-traumatic stress disorder and generalized anxiety disorder are among the most common psychopathologies in the industrial states. Third, fearful experiences are rapidly learned about and long remembered. Hence, fear-conditioning has become an excellent model for trying to unravel the processes and mechanisms underlying learning and memory.

The development of several reliable behavioral tasks for investigating fear has led to major developments in our understanding of the neuronal basis of fear and anxiety in just the last decade. These behavioral tasks fall into two general classes: learned and unlearned. Tests of unlearned fear rely on stimuli that naturally provoke fear even when the animal has had no prior experience with the stimulus. The most frequently used stimuli in these tasks are natural predators (e.g. [18]) and exposure to a novel place (especially one that is brightly lighted [19] or elevated [20]). Approaches using learned fear examine conditioned behaviors provoked by stimuli that have become associated with something aversive, usually an electric footshock. These Pavlovian fear stimuli provoke many of the same behaviors that innate fear stimuli do. For example, rats freeze to both cats and conditioned stimuli associated with shock. To

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measure the conditioned fear, a number of specific responses can be easily quantified such as fear-potentiated startle [7,8], freezing [3,21], tachycardia [22], conditioned defensive burying [23] and ultrasonic vocalization [24–26]. Alternatively, conditioned fear can be measured as a disruption of ongoing behaviors (e.g. conditioned suppression [27,28] and conflict tests [29,30]).

Validity for this approach to fear is obtained when a variety of stimuli that present clear threats to the subject generate a consistent set of behaviors that are tailored to protect against the threat. Additionally, these perceptual-motor organizations should have a common neuronal basis that overlaps considerably with the neural systems that mediate human fear and anxiety. Furthermore, the potency of drugs that modulate human fear and anxiety should correlate with their effectiveness in altering the behavior in these animal models.

The present review will primarily compare two specific responses to learned fear, freezing and fear-potentiated startle because these are most clearly identified with specific neural mechanisms that mediate between environmental stimulus and behavioral response. We go on to describe a hypothetical neuronal circuit which characterizes conditioned fear and helps organize existing knowledge about several conditioned defensive behaviors. Finally, we indicate what we feel to be some of the most critical open questions remaining for the analysis of fear.

2. The fear-conditioning procedure

Fear-conditioning is a form of Pavlovian conditioning where a subject is trained to associate a neutral stimulus (e.g. a 10 s presentation of light) with an aversive, unconditioned stimulus (US), such as an electric footshock. After such pairings, the light alone predicts the occurrence of the shock and acts as a conditioned stimulus (CS), eliciting a state of fear. Tones, lights, odors and tactile stimuli have been used as CS in fear-conditioning experiments. These stimuli range from a few seconds to a few minutes in duration and because of this brevity are called discrete CS. However, the subject also has fear responses conditioned to the setting in which the discrete CS and shock US was presented. Such stimuli, which are less temporally restricted and are made up of many separate features, are referred to as contextual stimuli. The fear of contextual and discrete CS can be acquired as rapidly as a single trial.

When examining the neural circuitry mediating fear learning, there are three different time-points at which experimental manipulations can be made. Manipulations during the training procedure affect the acquisition of conditioned fear, while manipulations during the testing procedure affect the expression of conditioned fear. If consolidation of a fear memory is to be targeted, the manipulation is made after acquisition, but before testing. If a brain structure were lesioned, the time-point when the lesion

was carried out can help us to make a statement about the influence of this lesion on the acquisition or on the expression of conditioned fear. If this brain structure were only involved in the acquisition of conditioned fear, only pre-training, and not post-training lesions would affect the measure of fear. On the contrary, if this brain structure was only involved in the expression of conditioned fear, both the pre- and post-training lesions should affect conditioned fear. Manipulations that affect consolidation are usually temporally graded such that the greatest effect occurs when the manipulation is carried out immediately after training. Obviously, reversible treatments provide the most powerful tools for separating acquisition, consolidation and expression processes.

2.1. Fear-potentiated startle

A startle response is elicited by a sudden acoustic, visual or tactile stimuli and is found in every mammal studied so far [31]. A typical startle response is composed of a fast, sequential muscle contraction, with the most prominent reaction around the face, neck and shoulders [15,31]. Possible functions of the startle response are to reduce the latency of a flight reaction [32] and/or a protection from a predator's attacks from behind by contraction of the dorsal muscles [33]. The electromyographically measured latency of the startle response in rats is only 5–10 ms [34,35], indicating a relatively short neuronal startle pathway with only a few central synapses. The elementary startle pathway was initially described by Davis and co-workers [36], and further detailed by Lingenhöhl and Friauf [37,38] and Lee and co-workers [39]. It includes the cochlear root neurons, the giant neurons of the caudal pontine nucleus of the reticular formation (PnC) and spinal motoneurons. Yeomans and Frankland [33] suggested a further parallel pathway additionally including the ventrolateral pons and spinal interneurons. In the last decade, the startle response became a valuable model for investigating behavioral modulations such as habituation [40,41], sensitization [42,43], prepulse inhibition [44,45] and Pavlovian conditioning [7,8]. Furthermore, appetitive emotions weaken the startle response [17,46,47], while aversive emotions such as fear or anxiety enhance the startle response [7,8,13,17,41].

The fear-potentiated startle paradigm was initially described by Brown, Kalish and Farber [7]. Rats are given several pairings of a light CS and footshock. After this procedure, the mean amplitude of the acoustic startle response to a loud noise is usually 50–100% higher in the presence of the light CS than to the noise alone [8,48]. The difference between these two trial types (light-noise and noise alone) represents the fear-potentiation of the startle response and acts as a measure of fear. Fear-potentiated startle is very sensitive to drugs that are known to modulate the state of fear: norepinephrine antagonists [49], benzodiazepine agonists [50], dopamine antagonists [8], opioid agonists [51], 5-HT_{1A} agonists [52], 5-HT₃ antagonists

[53], corticotropin-releasing factor antagonists [54], cholecystokinin antagonists [55], neuropeptide Y agonists [56], NMDA-associated glycine receptor antagonists [57], NMDA antagonists [57] and ethanol [58,59] block or reduce the fear-potentiation of the startle response after systemic injections (reviewed in Refs. [8,60]). Most of these drugs were also tested in humans and had an anxiolytic effect [61–65].

Sensitization of the acoustic startle response is another approach used to investigate the effects of aversive stimuli on reflexes. Sensitization of the startle response is the immediate enhancement of startle amplitude after shock [42]. Initially this excitatory effect of footshock on startle was thought to be an unconditioned response to footshock [42]. Recent work indicates that sensitization reflects a rapid conditioning to the test environment [66,67]. Therefore, it is suggested that the mechanisms underlying the sensitization of the startle are largely identical to those that mediate fear-potentiated startle [68].

2.2. Freezing

Over a century ago, Darwin recognized that fear produces a profound suppression of activity in several species (see [69, p. 260]). Small [21] reported freezing as a characteristic fear response of rats and Griffith [5] reported that rats would show pronounced freezing in the presence of a cat. While freezing was reported to occur in aversive conditioning experiments using shock, it was initially considered a nuisance variable (e.g. [70]). Earlier studies of Pavlovian conditioned fear used measures such as bar press suppression that relied on what the rat was not doing (i.e. it had stopped eating [71,72]). Investigation of direct observational measures of freezing (e.g. [4,73]) and crouching [74] to shock associated cues began in earnest in the early 1970s, but these typically looked at reactions to contextual cues. Direct measures of freezing to discrete CS such as tones and lights began in Robert Bolles' laboratory in the late 1970s (e.g. [75,76]). Bouton and Bolles [77] showed that direct visual observation of freezing to tones paired with shock provided a measure that correlated highly with, but tended to be more sensitive than, other measures such as conditioned suppression. There tends to be no baseline freezing in control rats that have not received shock. There is reliable freezing with even a single brief (0.75 s) mild (0.5 mA) shock conditioning trial, and more robust training parameters can easily result in freezing levels near 100% (e.g. [78]). For rats, freezing is a highly selected response because movement makes the rat more detectable to predators and because predators are much more likely to attack moving than still prey. In other words, movement acts as a releasing stimulus for predatory attacks. This is probably why freezing is observed even in situations that afford the opportunity for other behaviors such as escape (see [79] for a review).

2.3. Other behavioral indices

There are certainly other behavioral manifestations of fear in aversive Pavlovian conditioning situations. Obviously, there are profound changes in autonomic function. Defecation covaries with other measures of fear [80] and blood pressure shows a reliable increase (e.g. [81–84]). While fear CS influence heart rate as well, these changes are much less consistent than the hypertensive effects of fear stimuli [84]. Both tachycardia (e.g. [22]) and bradycardia (e.g. [85,86]) have been reported. What determines the direction of the heart rate change is not clear at this time, but whether or not the rat is restrained [86,87], the type of conditioning control one uses [88] and the baseline heart rate (e.g. [85]) appear to contribute and possibly interact.

There are, of course, other responses that characterize the fear response. For example, rats show ultrasonic vocalizations (e.g. [24–26]) and a loss in pain sensitivity [89,90]. Such responses add to the validity that the fear state is related to a species typical survival function (e.g. [10,91,92]).

3. The role of the amygdala

It is now well established that the amygdala plays a pivotal role in fear. The initial hints of this were provided by Brown and Schaffer [93] who reported that large lesions of the temporal lobe tamed previously ferocious monkeys. Kluver and Bucy [94] characterized the rather widespread emotional disturbance caused by such brain damage and this psychopathology became known as the Kluver–Bucy syndrome. Weiskrantz [95] reported that many aspects of the Kluver–Bucy syndrome could be produced by damage restricted to the amygdala. Fuster and Uyeda [96] were the first to show that there were cells within the amygdala that selectively respond to a CS paired with shock. Subsequently, it has been confirmed that cells in both the central [97] and lateral nuclei [98] of the amygdala show short latency CS specific activity. The fact that these neurons in the amygdala will show increased responsiveness to stimuli after they were paired with shock indicates that the structure is sensitive to the convergence of the CS and US information. The dorsal subdivision of the lateral amygdala may be important for the processing of this convergence as it has cells that respond to both tones and footshock [99].

Stimulation of afferent pathways to the amygdala can lead to an enhanced responsiveness of cells in the amygdala; in other words, the amygdala shows long-term potentiation (LTP [100–103]). Using lateral amygdala slices, Huang and Kandel [102] showed that LTP depends on post-synaptic depolarization and calcium influx into the post-synaptic cell. As this LTP includes paired-pulse facilitation, Maren and Fanselow suggested that the potentiation was expressed through a pre-synaptic mechanism [103]. Huang and Kandel [102] have subsequently confirmed this observation.

Glutamate receptors, particularly NMDA receptors, play a critical role in these responses [102–104]. Indeed, fear-conditioning itself can potentiate amygdala responses [105,106]. Together these electrophysiological data indicate that the amygdala has the potential to be a point where the CS and US converge to produce fear-conditioning. Therefore, in the next sections we examine the amygdala's contribution to two specific behavioral indices of conditioned fear, freezing and fear-potentiated startle.

3.1. *The amygdala and fear-potentiated startle*

The first studies investigating the neuroanatomical basis of fear-potentiated startle were carried out in the mid 1980s. A series of studies by Davis and colleagues showed that the pathway from the amygdala to the PnC is essential for the potentiation of the startle response by conditioned fear. First, they showed that fear-conditioning potentiates the startle response at the level of the PnC [107,108]. Second, lesions of the amygdala blocked fear-potentiated startle using a visual CS [109] or an auditory CS [110], while lesions of other nuclei (e.g. the cerebellum or the red nucleus, which are both known to be involved in Pavlovian conditioning of reflexive responses [111,112]) had no effect. Third, destruction of the direct pathway from the central nucleus of the amygdala to the PnC—the ventral amygdalofugal pathway [113]—blocked fear-potentiation of the startle response [114]. Thus, the amygdala is necessary to observe fear-potentiation of startle.

Activity in the amygdala is sufficient for potentiation of startle as electrical stimulation there increases the amplitude of the startle response [115–117]. Koch and colleagues showed a strong short-latency potentiation of the startle amplitude after injections of glutamate into the central nucleus of the amygdala [118], confirming that it was the activity of neurons intrinsic to the amygdala that potentiated the response. A longer latency increase of startle amplitude could be produced when selective metabotropic glutamate receptor agonists were applied to the amygdala [119].

3.1.1. *Acquisition of fear-potentiated startle*

To test the hypothesis that NMDA receptor-dependent LTP in the amygdala mediates fear-conditioning, Davis and colleagues microinjected NMDA receptor antagonists (AP-5 and AP-7) and pertussis toxin into the basolateral nucleus of the amygdala. These LTP-impairing treatments blocked acquisition, consistent with the suggestion that NMDA receptors in the basolateral nucleus of the amygdala are involved in the plasticity underlying fear-conditioning [120–122]. Interestingly, the elimination of fear-potentiated startle during extinction is an NMDA-dependent process, as well. Injections of AP-5, but not of the non-NMDA receptor antagonist CNQX into the basolateral amygdala blocked extinction of fear-potentiated startle [123].

Gewirtz and Davis [124] extended these results to second-order conditioning. This occurs when a previously

conditioned CS (first-order CS) is paired with another CS (second-order CS). The first-order CS functions like a US, giving the second-order CS the ability to produce a conditioned response. Injections of AP-5 into the basolateral nucleus of the amygdala during the acquisition of second-order fear-conditioning blocks the acquisition of fear-potentiation to the second-order CS. Interestingly, the expression of fear-potentiation by the first-order CS was slightly increased during testing. One explanation of this finding is that AP-5 blocked the extinction of the first-order CS that normally occurs during second-order training.

A lesion study by Tischler and Davis [125] led to the initial hypothesis that the amygdala receives information about a visual CS via a pathway from the retina to the dorsal lateral geniculate nucleus to the visual cortex to the deep layers of the superior colliculus and down to the elementary startle pathway. Further extensive lesion studies by the Davis group [126–129] suggested that the basolateral and/or the lateral nucleus of the amygdala receives CS information from the perirhinal cortex. Auditory CS are mediated from the cochlea via different subnuclei of the auditory thalamus to the perirhinal cortex, while visual CS are mediated from the retina via the lateral geniculate body to the perirhinal cortex.

There are several routes by which information about shock can reach the amygdala, but it seems unlikely that any single one of these pathways is necessary and sufficient as a US pathway for conditioning. Fendt and colleagues [130] suggested that US information for fear-potentiated startle is carried from the spinal cord, through the nucleus paragigantocellularis and the locus coeruleus to the amygdala. This was based on the finding that the locus coeruleus is activated by footshock via the nucleus paragigantocellularis [131–133], which in turn projects to the amygdala. The locus coeruleus-amygdala pathway uses noradrenaline as a transmitter [134] and a reduction of noradrenaline release in the amygdala blocks the enhanced startle seen immediately after footshock [130]. However, the hypothesis that noradrenaline release in the amygdala mediates the reinforcing aspects of the US was contradicted by the finding that a blockade of amygdaloid β -adrenergic receptors has no effect on the acquisition of fear-potentiated startle [122].

The central nucleus of the amygdala also receives nociceptive information via a projection from the nucleus parabrachialis [135,136]. The transmitters of this projection are mainly neuropeptides but also noradrenaline [137]. While this pathway may make a contribution to conditioning the fact that, at least in rat, there do not appear to be projections from the central nucleus to the lateral nucleus suggests that this pathway cannot support the CS–US convergence found in the lateral nucleus [138].

Based on anatomical tracing and electrolytic lesions experiments, Shi and Davis [139,140] recently suggested that two parallel pathways can provide the amygdala with nociceptive input. Footshocks information is conveyed from the spinal cord to the basolateral nucleus of the amygdala

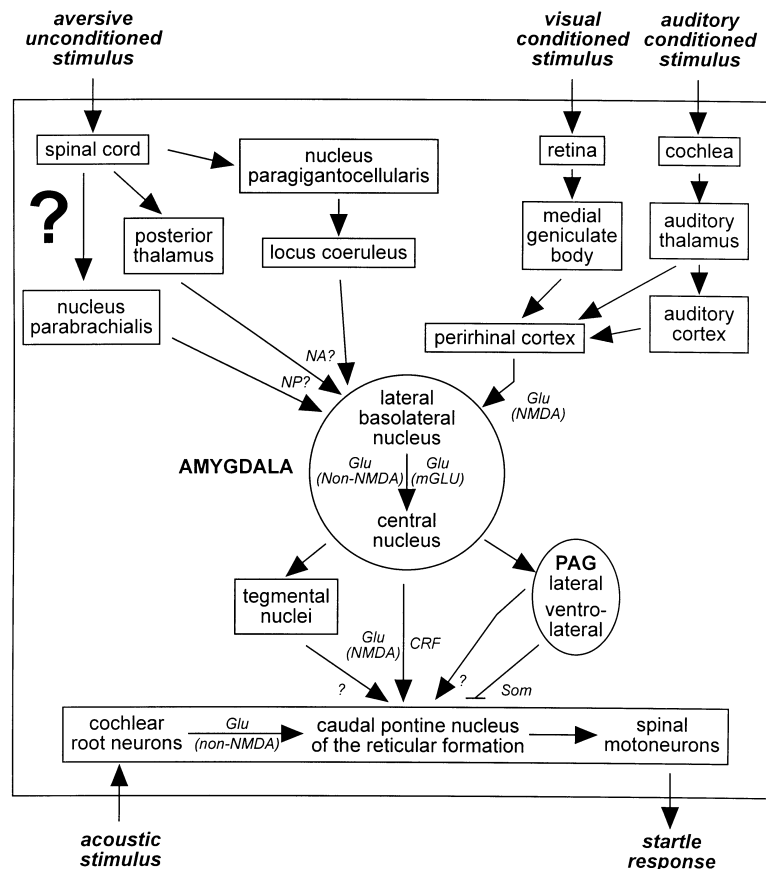


Fig. 1. Hypothetical circuit mediating fear-potentiated startle. Abbreviations: CRF, corticotropin-releasing factor; Glu, glutamate; NA, noradrenaline; NP, neuropeptides; Som, somatostatin.

via a direct pathway that synapses in the posterior intralaminar nucleus. An additional indirect pathway includes synapses in the ventral posterolateral thalamic nucleus, the posterior thalamic nucleus, the posterior intralaminar nucleus, the areas S1 and S2 and the caudal insular cortex. Acquisition of fear-potentiated startle was only blocked when both the direct and indirect pathways were lesioned, thus either one is sufficient to support conditioning. As combined lesions in these pathways affected acquisition but not expression of fear-potentiated startle they may indeed function as parallel US pathways. However, the pattern of data also leaves open the possibility that these pathways modulate memory storage within the amygdala.

3.1.2. Expression of fear-potentiated startle

Injections of the non-NMDA receptor antagonist CNQX [141] or NBQX [142] but not of the NMDA receptor antagonist AP-5 [120] into the central or the basolateral nucleus of the amygdala blocked the expression of fear-potentiated startle. This suggests that fear-potentiation is mediated by a projection from the lateral and/or basolateral nucleus of the amygdala to the central nucleus of the amygdala activating non-NMDA receptors. As intra-amygdaloid injections of the CCK_B receptor agonist pentagastrin [143,144] increased the baseline startle amplitude and

systemic injections of CCK_B antagonists blocked the fear-potentiated startle [55], amygdaloid CCK_B receptors seem to be involved in the expression of fear-potentiated startle, as well.

The central nucleus of the amygdala is the origin of a direct pathway to the elementary startle pathway [113,118,145], mediating the expression of fear-potentiated startle [114]. Koch and Ebert [146] showed that the effect of amygdaloid stimulation on the activity of PnC neurons can be blocked by microiontophoretic applications of the NMDA receptor antagonist AP-5 into the PnC. These results and the fact that AP-5 microinjections into the PnC block fear-potentiated startle [147] suggested that the direct pathway from the central nucleus of the amygdala to the PnC mediates fear-potentiated startle, uses glutamate as a transmitter and acts via NMDA receptors. This hypothesis is supported by previous studies, showing that NMDA receptors in the PnC are involved in the up-modulation of the startle response, while the non-NMDA receptors are involved in the direct mediation of the startle response [148–150]. Anatomical experiments showed that the direct pathway from the central nucleus of the amygdala to the PnC uses the neuropeptide corticotropin-releasing factor (CRF) as a transmitter [145]. Microinjections of CRF receptor antagonists into the PnC block the expression of

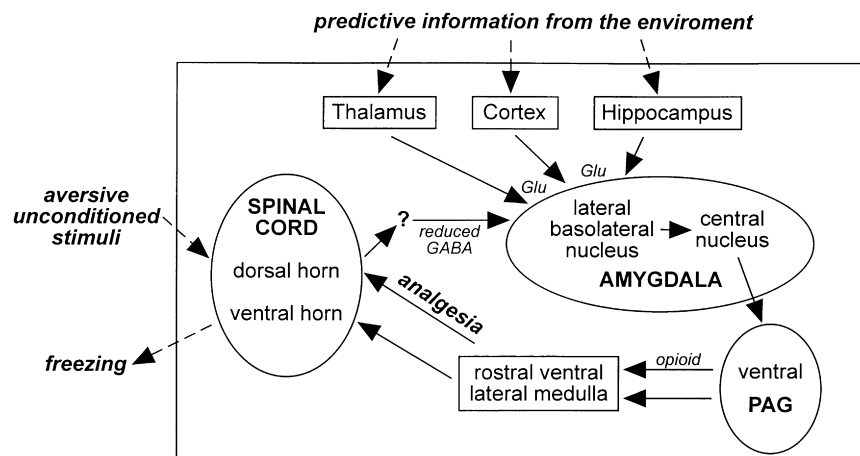


Fig. 2. Hypothetical circuit mediating conditional fear-induced freezing and opioid analgesia. Abbreviations: Glu, glutamate; GABA, γ -amino butyric acid.

fear-potentiated startle [145], while injections of CRF into the PnC increased the baseline startle response [151].

Conditioned inhibition of fear-potential of startle occurs when a second stimulus (e.g. a tone) signals that the CS (e.g. a light) will not be followed by the usual footshock during training [152]. Conditioned inhibition was not blocked by amygdaloid lesions suggesting that conditioned inhibitors acts through another brain structure [153].

3.1.3. Summary

The amygdala is a critical structure for the acquisition of fear-potentiated startle. Information about the CS and the US converge in the lateral, and perhaps basolateral amygdala (Fig. 1). A direct pathway from the central nucleus of the amygdala to the PnC uses CRF and glutamate as a transmitter and modulates the primary startle circuit to produce fear-potential.

3.2. The amygdala and freezing

The involvement of the amygdala in freezing to shock associated cues was first demonstrated by Blanchard and Blanchard [2], who found that large lesions of the amygdala abolished freezing to a context associated with shock. LeDoux and colleagues extended this earlier findings by showing that selective destruction of cells within the lateral amygdala block freezing to auditory CS [154]. This critical role of the amygdala has been confirmed for virtually all CRs to fear stimuli as blood pressure [154], heart rate [155], analgesia [156,157] and ultrasonic vocalizations [158] are blocked by amygdala lesions. Fig. 2 indicates a circuit responsible for the mediation of two of these fear CRs, freezing and opioid analgesia.

3.2.1. Acquisition of freezing

The basolateral complex of the amygdala, particularly the lateral and basolateral nuclei, appears to be critical for acquisition of freezing. Blockade of NMDA receptor activity [159–161] or enhanced GABAergic inhibition

[162–164] within the amygdala during acquisition blocks the expression of freezing in the undrugged state. Consistent with the electrophysiological and fear-potentiated startle data reviewed before, the lateral and/or basolateral nuclei seem to be the important site of CS–US convergence and neural plasticity as AP-5 prevented acquisition when given to the basolateral complex but not when injected into the central nucleus [159]. Extinction of fear-induced freezing to both the discrete and contextual CS is also prevented by administering AP-5 to the basolateral complex [160].

Although fear-potentiated startle studies have typically used a light as a discrete CS, freezing experiments have typically used tone. Information about the discrete CS, provoking freezing, appears to arrive at the amygdala via direct thalamo-amygdala and also thalamo-cortico-amygdala projections [154]; either pathway appears to be sufficient for mediating a conditioned freezing response to tone. The primary pathway mediating freezing to a discrete CS appears to be the direct thalamo-amygdala pathway. The cortico-amygdala pathway may serve more complex fear-related information-processing, and also provide a redundant pathway capable of supporting simple conditioning as well [165–167]. The properties of freezing make it ideal for analyzing fear of more static, or contextual cues [78,168]. The hippocampal formation appears to play a critical role in providing the amygdala with information about contextual CS [86,103,169].

As with fear-potentiated startle, the nature of the pathway carrying US information is not clear, even though footshock is known to evoke responses in the lateral amygdala [99]. Currently, the best candidate is the spinothalamic tract, which carries somatosensory information about the shock US to the posterior intralaminar nucleus (PIN) of the thalamus. The PIN is immediately ventromedial to the areas of the medial geniculate that carry auditory CS information [170,171]. Tone footshock pairings result in altered tuning curves of cells in the medial geniculate [172] and electrical stimulation of the PIN can serve as an US for conditioned bradycardia in rabbits to auditory stimuli [170]. It is not

known if this specific pathway or some analogue supports conditioning in other CS modalities. Additionally, because lesions that damaged the PIN did not prevent acquisition of freezing to a tone paired with footshock, other US pathways must be sufficient. As was shown with fear-potentiated startle, the insular cortex may be the redundant pathway [140], but that has yet to be tested for freezing.

In a more general sense, GABA antagonism has been found to function as an US for Pavlovian fear-conditioning [173] and as mentioned before, GABAergic agonists block acquisition of conditioned fear. Transgenic mice with the B₃ subunit of the GABA_A receptor deleted show an impairment in the acquisition of conditioned freezing [174]. Therefore, it seems possible that a reduction in tonic GABAergic inhibition at the amygdala acts as the ultimate effect of the US to promote conditioning.

There is a serious conceptual problem with any potential US pathway for fear-conditioning if fear-conditioning is to be linked to a mechanism of cellular plasticity like LTP. The LTP analogy suggests that a CS cannot initially activate cells that can produce fear, but it acquires the ability to do so because it is paired with a US that can effectively depolarize these cells. This would suggest that the US should be capable of generating the constellation of fear responses that the LTP is presumed to support. However, while CS paired with shock readily produce freezing as a conditioned response, the shock US itself has no ability to provoke freezing [80,168]. Future research will need to reconcile this discrepancy between behavior and cellular mechanism, but the neural basis of how the US fosters learning currently stands as the most open question in the acquisition of Pavlovian fear.

3.2.2. *Expression of freezing*

As with fear-potentiated startle, the amygdala is important for expression of conditioned fear-induced freezing. If a rat is trained with an intact amygdala, excitotoxic lesions of the structure abolish expression of freezing to both tone and contextual CS even when a substantial consolidation period is given between training and testing [175]. Amygdala application of lidocaine, muscimol and diazepam all block expression of freezing [156,162,163]. AP-5 blocks expression of freezing to both discrete [160] contextual stimuli [161], and this contrasts with the lack of effect of AP-5 on the expression of fear-potentiated startle to a fear-inducing tone [120] or light [122]. However, these effects of AP-5 are consistent with the finding that AP-5 also blocks evoked potentials in the lateral and basolateral nuclei in response to electrical stimulation of the pathways carrying information about contextual [103] and discrete CS to the amygdala [104].

As with fear-potentiated startle, the central nucleus acts as an output pathway to brain structures that generate freezing. However, for freezing these projections from the central nucleus terminate in the midbrain rather than the brain stem.

3.3. *Other models*

The involvement of the amygdala in several other indices of Pavlovian fear appears to be consistent with the data from freezing and fear-potentiated startle. Kapp and colleagues [155] were the first to show that amygdala lesions blocked autonomic responses to Pavlovian fear stimuli—in this case it was conditioned bradycardia in rabbits. Iwata et al. extended this finding to arterial hypertension in the rat [154]. Conditioned fear-induced analgesia is also blocked by amygdala lesions [176].

In humans, damage to the amygdala precludes fear-conditioning as assessed by changes in skin conductance [177,178]. While the emotional component fear of conditioning was blocked in these patients, as long as the hippocampus was intact they remembered the events that happened during training. This indicates that the amygdala is specifically involved in learning the emotional aspects of the fear-conditioning experience. Other, non-emotional information is encoded in parallel by other brain systems.

The data reviewed above indicate four important points: (1) a large number of very different indices of conditioned fear are abolished by amygdala lesions; (2) this structure receives convergence of CS and US information; (3) pharmacological manipulations targeted at neural plasticity in this structure also abolish learning; and (4) evoked activity in this structure shows changes following Pavlovian fear-conditioning. When these are taken together, the inescapable conclusion is that the amygdala is a crucial structure for the learning of fear.

The central nucleus may be the end of the common pathway mediating fear as “fear state” and it appears that different efferents from the central nucleus mediate different fear responses. Central nucleus projections to the PnC mediate the fear-potentiation of startle. However, efferents to the lateral hypothalamus [179] and medulla, e.g. [180], mediate autonomic responses. Finally, projections to the periaqueductal gray (PAG) are critical for freezing and analgesia [81,179,181], but may be important for the expression of fear-potentiated startle, as well [48,181–183]. Indeed, second to the amygdala, the PAG may be the most critical area in the brain for fear and defensive behaviors [184,185].

4. *The role of the periaqueductal gray*

4.1. *The periaqueductal gray and fear-potentiated startle*

Cassella and Davis [186] first showed that the PAG is involved in the modulation of startle responding. They reported that electrolytic lesions of the dorsal PAG enhanced baseline amplitude, habituation and sensitization of the startle response. Although these lesions increased the sensitization of the startle response, no influences on the potentiation of startle by conditioned fear could be observed [186]. Some of Cassella’s and Davis’ data were supported

later by Borszcz et al. [187], showing that electrolytic lesions of the ventrolateral PAG enhance both short-term and long-term habituation. Chemical PAG lesions by Fendt and co-workers [184] totally blocked the sensitization of the startle response without affecting the baseline startle amplitude. Furthermore, anatomical data of this study showed a possible indirect pathway from the central nucleus of the amygdala via the lateral PAG to the PnC mediating the effects of aversive stimuli on the startle response. A follow-up study showed that PAG lesions prevent fear-potentiated startle [48], suggesting that the PAG is involved in the mediation of fear-potentiated startle too. In both lesion studies, mainly the lateral and the dorsal part of the PAG was lesioned.

Walker and Davis [188] chemically lesioned the dorsolateral PAG more rostrally than the lesions of Fendt and colleagues, and found that these lesions did not block fear-potentiated startle if the rats were trained with moderate footshock (0.6 mA). If strong footshocks (1.6 mA) were used, fear-potentiated startle was reliable only in lesioned rats but not in control rats. Furthermore, chemical stimulation of the dorsolateral PAG reduced fear-potentiated startle without affecting baseline startle amplitudes. The authors suggested that the dorsolateral PAG is activated by particularly aversive events and this activation may interfere with the expression of fear-potentiated startle.

These data suggest that different regions of the PAG differentially influence fear-potentiated startle. For example, weak chemical stimulation of the lateral PAG enhances fear-potentiated startle [182] and electrical stimulation of the same area increases the startle baseline amplitude [189], while chemical stimulation of the ventrolateral PAG attenuates the expression of fear-potentiated startle [182].

4.1.1. Expression of fear-potentiated startle

Fendt and colleagues [48] lesioned the PAG before and after the fear-conditioning training procedure. Both the pre- and post-training lesions prevented fear-potentiated startle, indicating that the PAG is certainly involved in the expression of fear-potentiated startle. However, these experiments do not rule out a potential role of the PAG in the acquisition of fear-potentiated startle. Further experiments are necessary to resolve this question.

4.1.2. Inhibition of fear-potentiated startle

Anatomical and electrophysiological experiments revealed a somatostatinergic projection from the ventrolateral PAG to the PnC, which may act to reduce the excitatory effects of glutamate on tone-evoked activity of the PnC [190]. Weak chemical stimulation of the ventrolateral PAG led to a decrease of fear-potentiated startle [181,182] and injections of somatostatin into the PnC dose-dependently reduced fear-potentiation of the startle response [190]. These results suggested that this somatostatinergic

projection from the ventrolateral PAG to the PnC is involved in the inhibition of fear-potentiated startle.

Recent results suggest that inhibition of fear-potentiated startle by the ventrolateral PAG is not involved in conditioned inhibition of fear-potentiation of startle as chemical stimulation of the ventrolateral PAG decreased the fear-potentiated startle, but did not affect the conditioned inhibition of fear-potentiated startle [182]. In contrast, there are indications that the dorsal PAG is involved in the mediation of conditioned inhibition, as chemical stimulation of the dorsal PAG reduces conditioned inhibition of fear-potentiated startle [182].

4.1.3. Summary

A pathway from the central nucleus of the amygdala to the PnC via the lateral PAG is involved in the mediation of the effects of conditioned fear on the elementary startle circuit. Additionally, the ventrolateral PAG has a somatostatinergic projection to the elementary startle circuit, which is involved in the inhibition of fear-potentiated startle.

4.2. The periaqueductal gray and freezing

As stated earlier, the PAG is absolutely critical for freezing. Liebmman et al. [191] discovered the PAG's involvement in this response when they found that rats with large lesions of the PAG did not freeze following an extended series of strong shocks. Lesions of the PAG eliminate freezing of rats not only to conditioned fear stimuli but to cats as well [92]. These lesions attenuate conditioned freezing when made either before or after training [192]. The ventrolateral PAG seems to be the region critical for freezing. First, lesions of the PAG that completely spare the tissue ventral and ventrolateral to the aqueduct do not reduce freezing [193]. Furthermore, lesions of the dorsal raphe that spare the surrounding ventral PAG also fail to reduce freezing [194]. Carrive and colleagues [185] examined Fos immunoreactivity in rats following exposure to a context previously paired with shock. They found that these rats both froze and showed the greatest number of Fos stained nuclei in the ventrolateral column of the PAG compared to the control.

As with fear-potentiated startle, dorsolateral PAG lesions have a modulatory effect on freezing. Dorsolateral PAG lesions made before, but not after training, will enhance the level of freezing observed on testing [192,193]. However, this enhancing effect is confined to training parameters that show paradoxically reduced freezing because of very dense shock schedules.

Within the PAG, expression of the unconditioned response and the conditioned response to shock can be doubly dissociated [181]. Lesions of the dorsolateral PAG reduce the unconditioned burst of activity produced by the shock, but do not reduce the conditioned freezing. Ventrolateral regions have the opposite effect; they reduce conditioned freezing but do not affect the unconditioned activity

burst. This dissociation further illustrates the profound separation of the CR and the UR in Pavlovian fear-conditioning.

4.3. Other models

While direct stimulation of the PAG can have pronounced autonomic effects [195], it has been repeatedly demonstrated that the autonomic reactions to conditioned fear stimuli do not depend on the PAG [81,179]. However, like freezing, fear-induced analgesia depends on the PAG as lesions of this structure block the reduction in pain sensitivity produced by conditional fear [81]. Within the PAG, freezing and analgesia are dissociable as injections of the opioid antagonist naltrexone into the ventral PAG block analgesia but not freezing [196]. This conditioned fear-induced analgesia is realized from projections from the PAG to the rostral ventromedial medulla [81]. Fig. 2 summarizes this information.

5. Other brain regions

Although the amygdala and PAG play a central role in the acquisition and expression of fear-related behavior, certainly several other brain regions play an important role as well. In the ensuing paragraphs, we will discuss the two brain regions that have been shown to play a role in fear-potentiated startle and freezing, the tegmental area and the hippocampal formation, respectively.

5.1. Tegmental nuclei

The tegmental nuclei play a role in fear-potentiated startle, but this area is yet to be examined for freezing response. Sensitization of the startle response after application of foot-shock is blocked by microinjections of substance P antagonists into the PnC [197]. This indicates that the laterodorsal tegmental nucleus is involved in the potentiation of the startle response by fear, as the laterodorsal tegmental nucleus is the only brain structure providing substance P-ergic input to the PnC [198]. Electrolytic lesions of the midbrain tegmental area (including the lateral tegmental nucleus) blocked fear-potentiation of the startle response [114].

Frankland and Yeomans [199] made chemical lesion of the rostromedial midbrain, a brain area including the lateral tegmental nucleus, and showed that these lesions also block fear-potentiated startle. They suggested that a further parallel pathway from the amygdala via the rostromedial midbrain (the lateral tegmental nucleus?) to the brainstem is involved in the mediation of fear-potentiated startle. Anatomical tracing studies showed that the amygdalofugal pathway (including the direct pathway from the amygdala to the PnC) cross the midbrain tegmental nuclei but there is also a projection from the central nucleus of the amygdala terminating in this area [113,183].

The ventral tegmental area (VTA) plays a role in fear-potentiated startle [189]. Chemical lesions of the VTA blocked the expression of fear-potentiated startle. Electrical stimulation of the VTA enhanced the baseline startle amplitude and increased the fear-potentiation of the startle response, while microinjections of the $D_{2/3}$ receptor antagonist quinpirole into the VTA totally blocked the fear-potentiated startle [190].

Injections of CCK-8S, a CCK receptor agonist, into the PnC increase the baseline startle amplitude [200], suggesting that an excitatory CCK-ergic projection to the PnC is involved in the expression of fear-potentiated startle. The VTA, the central nucleus of the amygdala and the PAG show a high density of CCK containing neurons [201] and project to the PnC, so any or all of these projections may use CCK as a transmitter.

5.2. Hippocampus

As might be expected from its role in spatial [202] and/or configural [203] learning, the hippocampus plays a disproportionate role in the fear acquired in the situation where fear-conditioning occurred. When tones were paired with shock, lesions of the hippocampus blocked freezing to the contextual cues associated with shock, but the same rats froze normally to the tone [204,205]. Lesions of the hippocampus made shortly after training produce a severe retrograde amnesia for contextual fear [169,206]. If the lesions are made prior to conditioning, anterograde amnesia is also observed, although it seems to be less pronounced than retrograde amnesia [206–208]. Retrograde amnesia for conditioned freezing to contextual cues is time-limited, as the interval between training and lesion increases the retrograde amnesia decreases [169,206,208]. The effects of hippocampal lesions on freezing to contextual cues are remarkably selective, in a way that accords well with the human amnesic syndrome [209]. Some forms of memory are drastically impaired (context conditioning), while the others are spared (conditioned freezing to auditory cues) and the type of memory that is lost shows a temporal gradient for retrograde amnesia [210].

McNish et al. [211] reported that while lesions of the hippocampus disrupt freezing to contextual cues, they do not affect the fear-potentiated startle to the same contextual cues. Unfortunately, a flaw in this study makes it premature to conclude that the hippocampus plays a different role in these two measures of contextual fear. McNish et al. did not include an assessment of the effects of hippocampal lesions on baseline startle magnitude. As the hippocampal lesions have been reported to increase the baseline startle response [212], the effects of hippocampal lesions on fear-potentiated startle would be masked by any increases in baseline startle response. It should be noted that the specificity of the deficit in the contextual freezing described before, indicates that hippocampal lesions do not affect the rat's ability to freeze [207,209]. Given the very selective effects of hippocampal

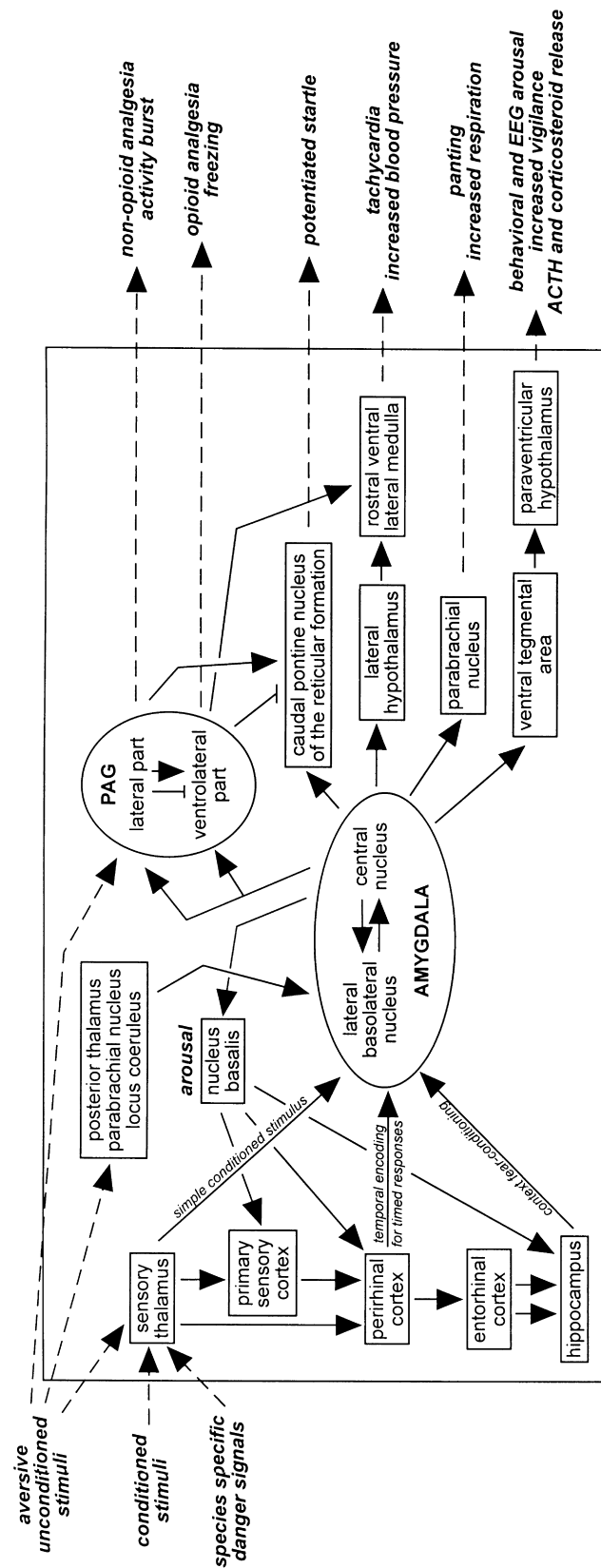


Fig. 3. Hypothetical circuit mediating the different aspects of conditioned fear. Abbreviations: ACTH, adrenocorticotrophic hormone; EEG, electro-encephalogram; PAG, periaqueductal gray.

lesions on fear and its more general role in memory, it seems likely that its function is to convey a configural or spatial memory of context to the amygdala, where it can be associated with shock [103]. This places the hippocampus on the input side of fear-conditioning.

6. Summary, a neural circuitry and open questions

The studies reviewed here suggest a certain neural circuitry and this is shown in Fig. 3. This circuit goes a long way in integrating and summarizing the extensive data on Pavlovian fear-conditioning.

As shown in the figure, the amygdala plays the central role in the acquisition and expression of fear to the conditioned stimulus [136,213–216]. The amygdala is the interface between the sensory system that carry information about the CS and US, and the different motor and autonomic systems that control the conditioned reactions. If any one structure is to be associated with the acquisition of conditioned fear, it is the lateral and/or basolateral amygdala. It seems likely that the cellular mechanism underlying this learning is NMDA-receptor dependent long-term potentiation (LTP) [106,217–219].

The amygdala receives information about the US from several sources that act in parallel. How they act to foster association formation is unknown. The problem arises because in fear-conditioning the conditioned and the unconditioned response are different; the US conditions responses it does not normally activate.

The CS pathway to the amygdala seems well characterized. As is shown in Figs. 2 and 3, the lateral and basolateral amygdala receive direct input from the thalamus as well as cortically processed input via the perirhinal cortex and hippocampal formation. What function do each of these pathways serve? As has been described earlier, for the hippocampus the case seems clear; information processed by the hippocampus normally functions to provide contextual information to the amygdala [169,205]. However, the available data does not provide any clear picture for a differential role of cortico- and thalamo-amygdala projections in excitatory fear-conditioning to discrete CS. The pathways seem to function somewhat redundantly as either route seems sufficient to support fear-conditioning on its own [126,167,220]. The sorts of discriminations, such as sound localization, considered to depend on the auditory cortex have yet to be tested with fear-conditioning [221–223]. After sufficient overtraining, fear-potentiated startle seems to peak at the point when the US is normally delivered [224]. Such temporal encoding is likely to require processing in cortical regions such as the perirhinal cortex [225].

There also seem to be pharmacological differences in the pathways that carry CS information to the amygdala. Projections from the hippocampal formation [103] and medial geniculate body [104,226] use both the NMDA and the AMPA receptors for normal synaptic transmission,

as NMDA antagonists reduce evoked potentials in the amygdala produced by stimulation of these structures. On the contrary, AMPA and not NMDA antagonists [104,226] reduce amygdala responses to activity in auditory cortex. Expression of freezing to conditioned tone and contextual stimuli is reduced by NMDA antagonists applied to the amygdala of rats trained in the absence of drug [160,161], but expression of fear-potentiated startle to a tone CS is not affected by NMDA antagonists [120]. The most straightforward explanation of this pattern is that fear-potentiated startle depends on a cortico-amygdala glutamatergic pathway that requires only AMPA activity to drive action potentials. However, thalamo- and hippocampo-amygdala glutamatergic pathways that require both the NMDA and the AMPA currents for the generation of action potentials may drive freezing. Note that the Campeau et al. [120] study used a relatively large number of training trials and examined a response that is well timed [224]. The freezing study used few trials and a response that is not particularly well-timed [161]. Thus, the pattern of data is consistent with the idea that cortico-amygdala projections are particularly important for temporal encoding that is revealed when very discrete fear responses are observed in overtrained animals. Certainly, this hypothesis is in need of further analysis.

Given the schema presented here and the generally devastating effects of amygdala lesions on Pavlovian conditioned fear, one might expect that rats with amygdala lesions might never express fear-related behavior. While this seems to be the case under normal training conditions, recent data suggests that fear may be present when extensive overtraining is given. Kim and Davis [227] found that while rats given extensive overtraining completely lost fear (as measured by fear-potentiated startle) following amygdala lesions, fear could be reacquired by these overtrained rats. Reacquisition of fear-potentiated startle progressed to near normal levels. Using the freezing preparation, Maren [228] found a similar pattern. However, reacquisition was only complete in animals that had partial lesions of the basolateral nucleus. Animals with total basolateral lesions still showed a large, albeit incomplete, deficit despite pre-lesion overtraining. Maren went on to show that this same pattern was obtained when the lesions were made before training. Including the central nucleus in the lesion did not alter the pattern of behavior. Thus, pre-training while intact does not appear to be the critical variable in the survival of fear following amygdala lesions. Rather the two crucial factors are the amount of spared amygdala tissue and the amount of training. With the freezing measure there is significant acquisition in a single trial and freezing is asymptotic at about six trials. In animals with complete basolateral lesions, freezing was abolished even with 25 training trials and was still significantly impaired at 35 trials. Killcross and co-workers [229] gave far more extensive training in a complex discrimination task and found that while some components of the fear response reached near normal levels, others were still dramatically impaired. Thus, without an

amygdala fear responses never appear completely normal, although very extensive overtraining allows some expression of the standard fear measures (fear-potentiated startle and freezing). It remains to be demonstrated what brain structures allow this residual fear-related behavior.

Within the present framework, the amygdala is playing the role of sensory-motor interface for fear. The simplest translation of this theory would suggest that when the amygdala is functional, all the fear responses it is essential for should occur in concert. Data on the ontogeny of fear calls this most parsimonious version into question [85,229,231]. Fear to tones, lights and contexts first develops at different ages with tone appearing first and context appearing last [85,231]. This is true for at least three measures of fear (freezing, fear-potentiated startle and heart rate changes). However, these different measures of fear also appear at different ages; with freezing appearing first and fear-potentiated startle appearing last [85,230]. Thus, a 23-day old rat can freeze and show fear-potentiated startle to a tone associated with a shock, but only freezing and not fear-potentiated startle, is observed to a light associated with shock [85]. This ontological pattern suggests that the sensory-motor organization within the amygdala and its afferent structures is quite complex. Note that this pattern cannot be due simply to maturation of structures afferent to the amygdala (i.e. sensory information) as there is an age at which rats will respond with freezing to a light CS, but not show fear-potentiated startle to the same stimulus. However, the pattern cannot be simply maturation of response pathways either. Rats will show fear-potentiated startle to a tone before they can show it to a light.

Obviously, there are different pathways mediating the expression of conditioned fear. The PAG seems to be involved in the expression of several measures of conditioned fear (e.g. analgesia, freezing and fear-potentiated startle). Whether the different fear responses have common or separated processing in the several regions of the PAG, should be a question of further study. Another important aim of future investigation should be elucidation of neurochemical differences in the different pathways from the amygdala to the other brain structures mediating different fear responses. For example, the parabrachial nucleus mediates changes in respiration, the lateral hypothalamus and parts of the medulla oblongata mediate cardiovascular responses. The bed nucleus of the stria terminalis mediates stress reactions and the ventral tegmental area and the paraventricular hypothalamus seem to be involved in the modulation of arousal and vigilance by conditioned fear (reviewed in Refs. [136,213–216]). Once the amygdala recognizes that the situation predicts danger, it generates the constellation of fear responses through multiple parallel and sometimes redundant channels. These pathways may mediate slightly different aspects of fear, allowing fine-tuning of the ultimate behavioral response to fear-provoking stimuli under a variety of external and internal conditions. This implies that different parallel pathways make the “fear system” more

plastic, and thus more responsive to variable external demands. A ripe area for future research is in the coordination of these various response components of fear into integrated and functional defensive behavior [92,181]. Additionally, the neurochemical separation of these various pathways may allow the development of new drugs capable of differentiating between the several behavioral and autonomic problems that humans with anxiety disorders suffer.

In humans suffering from anxiety disorders, this system is functioning so effectively that fear is disproportionate to the actual threat predicted by the situation. Therefore, the investigation of the neuroanatomy and the neurochemistry of extinction and inhibition of conditioned fear could be a key to new strategies in the treatment of anxiety disorders. As would be expected, analysis of the neural mechanisms that inhibit fear lags far behind that of the mechanisms that produce fear. Specific drugs could enhance the extinction of the associations that produce fear or increase the inhibition of fear-related behavior and autonomic changes of patients at critical moments.

Acknowledgements

This work was supported by the Deutsche Forschungsgemeinschaft (SFB 307/C2 and Fe 483/1-1) to M.F. and National Science Foundation (US) grant # IBN-9723295 to M.S.F. M.F. specially thanks Dr. Michael Koch for helpful discussions during the work on the manuscript.

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