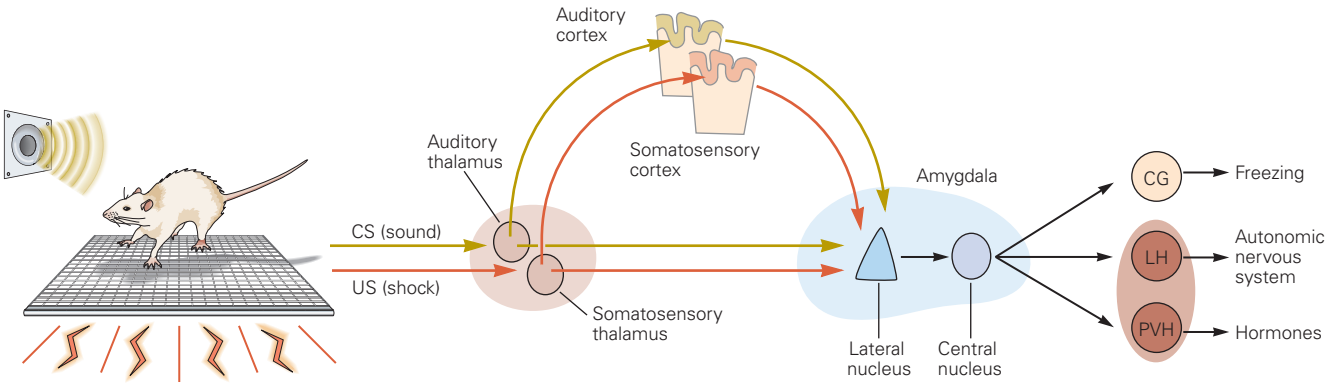

Figure 42–5 Neural circuits engaged during fear conditioning. The conditioned stimulus (**CS**) and unconditioned stimulus (**US**) are relayed to the lateral nucleus of the amygdala from the auditory and somatosensory regions of the thalamus and cerebral cortex. Convergence of the CS and US pathways in the lateral nucleus is believed to underlie the synaptic changes that mediate learning. The lateral nucleus communicates with the central nucleus both directly and through intra-amygdala pathways (not shown) involving the basal and intercalated nuclei. The central nucleus relays these signals to regions that control various motor responses, including the central gray region (**CG**), which controls freezing behavior; the lateral hypothalamus (**LH**), which controls autonomic responses; and the paraventricular hypothalamus (**PVH**), which controls stress hormone secretion by the pituitary–adrenal axis. (Adapted from Medina et al. 2002.)

predicted by the Cannon-Bard hypothesis, sensory signals from thalamic relay nuclei are conveyed to sensory areas of cerebral cortex. As a result, the amygdala and cortex are activated simultaneously. However, the amygdala is able to respond to an auditory danger cue before the cortex can fully process the stimulus information. This scheme is well worked out only for auditory fear conditioning in rodents, and it remains unclear how it applies to other cases, such as visually evoked fear in humans.

The lateral nucleus is thought to be a site of synaptic change during fear conditioning. The CS and US signals converge on neurons in the lateral nucleus; when the CS and US are paired, the effectiveness of the CS in eliciting action potentials is enhanced. This basic mechanism for a form of associative learning is similar to cellular mechanisms that underlie declarative memory in the hippocampus as well (Chapter 54). In particular, the synaptic plasticity found in the hippocampus has also been demonstrated in specific central amygdala circuits. The central amygdala thus does not simply drive motor outputs but is also part of the circuitry through which fear associations are formed and stored, very likely by transmitting information about the CS and US from the lateral nucleus. Neural plasticity likely also occurs in the basal and accessory basal nuclei during fear learning. As with the hypothalamus, recent work in rodents using tools such as optogenetics to manipulate specific subpopulations of amygdala neurons has begun to dissect this circuitry in further detail.

The emotional charge of a stimulus is evaluated by the amygdala together with other brain structures, such as the prefrontal cortex. If this system detects danger, it orchestrates the expression of behavioral and physiological responses by way of connections from the central amygdala and parts of prefrontal cortex to the hypothalamus and brain stem. For example, freezing behavior is mediated by connections from the central nucleus to the ventral periaqueductal gray region. In addition, the basal and accessory basal nuclei of the amygdala send projections to many parts of the cerebral cortex, including the prefrontal, rhinal, and sensory cortices; these pathways provide a means for neural representations in the amygdala to influence cognitive functions. For example, through its widespread projections to cortical areas, the amygdala can modulate attention, perception, memory, and decision making. Its connections with the modulatory dopaminergic, noradrenergic, serotonergic, and cholinergic nuclei that project to cortical areas also influence cognitive processing (Chapter 40). Given these very widespread connections and functional effects, the amygdala is well situated to implement one of the key features of an emotion: its coordinated and multicomponent responses.

The Amygdala Has Been Implicated in Innate Fear in Animals

Although the majority of stimuli acquire their emotional significance through learning, especially in

humans, many animals also rely on innate (unconditioned) signals in the detection of threats, mates, food, and so forth. For example, rodents exhibit freezing and other defensive behaviors when fox urine is detected. Recent studies have made considerable progress in uncovering the circuits underlying this innate fear.

In mammals, sensory signals of unconditioned threats involving predator or conspecific odors are transmitted from the vomeronasal component of the olfactory system (Chapter 29) to the medial amygdala. This stands in contrast to auditory and visual threats, which as noted above are processed via the lateral amygdala. Outputs of the medial amygdala reach the ventromedial hypothalamus, which connects with the premammillary hypothalamic nucleus. In contrast to learned fear, which depends on the ventral periaqueductal gray region, unconditioned fear responses depend on inputs from the hypothalamus to the dorsal periaqueductal gray region. There are other subcortical systems specialized for processing specific innate threats; for instance, the mouse superior colliculus is involved in detecting aerial predators, such as a hawk flying overhead.

It is difficult to study unconditioned emotional responses in humans because the possibility of learning begins right at birth and cannot be experimentally controlled, and because there appear to be large individual differences. For instance, it is thought that threat-related stimuli such as snakes and spiders may be innately fear-inducing stimuli for those people with phobias toward these animals but not for people who keep them as pets. These large individual differences, and the relative roles of innate and learned fear, are important topics for understanding psychiatric illnesses such as anxiety disorders.

The Amygdala Is Important for Fear in Humans

The basic findings from animal studies regarding the role of the amygdala in emotion have been confirmed in studies of humans. Patients with damage to the amygdala fail to show fear conditioning when presented with a neutral CS paired with a US (electric shock or loud noise). In normal human subjects, activity in the amygdala increases during CS–US pairing, as measured with fMRI.

Studies of rare human patients with bilateral amygdala lesions have led to the surprising finding of a dissociation in fear reactions to exteroceptive and interoceptive stimuli (Figure 42–6). Not only do such patients fail to show any autonomic fear reactions to exteroceptive stimuli, to either the CS or the US, but they also appear to lack any conscious experience of fear, as evidenced either from behavioral observation or through subjective verbal report on a questionnaire. In one study, such a patient was confronted with snakes and spiders in an exotic pet store, with monsters in a haunted house, and with autobiographical recollections of highly traumatic personal events (eg, being threatened with death by another person). In none of these instances was there any evidence of fear, and the patient reported feeling no fear at all (even though the patient was able to feel other emotions). These findings argue that the amygdala is necessary for the induction and experience of fear in humans.

By striking contrast, the very same patients with amygdala lesions report intense panic when they are made to feel as though they are suffocating (an interoceptive fear cue, achieved by inhaling carbon dioxide, which lowers blood pH). The dissociation of fear reactions to exteroceptive and interoceptive stimuli supports the idea that there are multiple fear systems in the human brain and that the amygdala cannot be the only structure essential for all forms of fear. Ongoing work is providing more insight, such as mapping out the specific amygdala nuclei that are damaged in these patients and which nuclei are responsible for what types of deficits. This level of resolution is standard in animal studies of the amygdala but has been difficult to achieve in humans, since the amygdala lesions cannot be made experimentally but instead must rely on rare patients that reflect accidents of nature. Equally important, there are theoretical frameworks for how to subdivide the different types of fear. For example, fear can be mapped onto a dimension of threat imminence, which may cover a range from threats that are very far away (perhaps evoking mild anxiety, and engaging monitoring and attention), to threats that are more proximal (evoking fear, and engaging responses such as freezing), to threats that are about to cause death (evoking panic, and engaging defensive behaviors). Eventually, we will need to have a more fine-grained mapping between brain systems and varieties of emotion that incorporates all of these details.

Certain forms of fear learning are relatively unique to humans. For example, simply telling a human subject that the CS may be followed by a shock is enough to allow the CS to elicit fear responses. The CS elicits characteristic autonomic responses even though it was never associated with the delivery of the shock. Humans can also be conditioned by allowing them to observe someone else being conditioned—the observer learns to fear the CS even though the CS or US was never directly presented to the observing subject. Some other animals also are able to learn fear through such observational learning, although this seems to be more rare than is the case in humans. One form of learning that is ubiquitous in humans appears to be unique to our species: active pedagogy, whereby another person teaches somebody that a stimulus is dangerous. While learning what to avoid

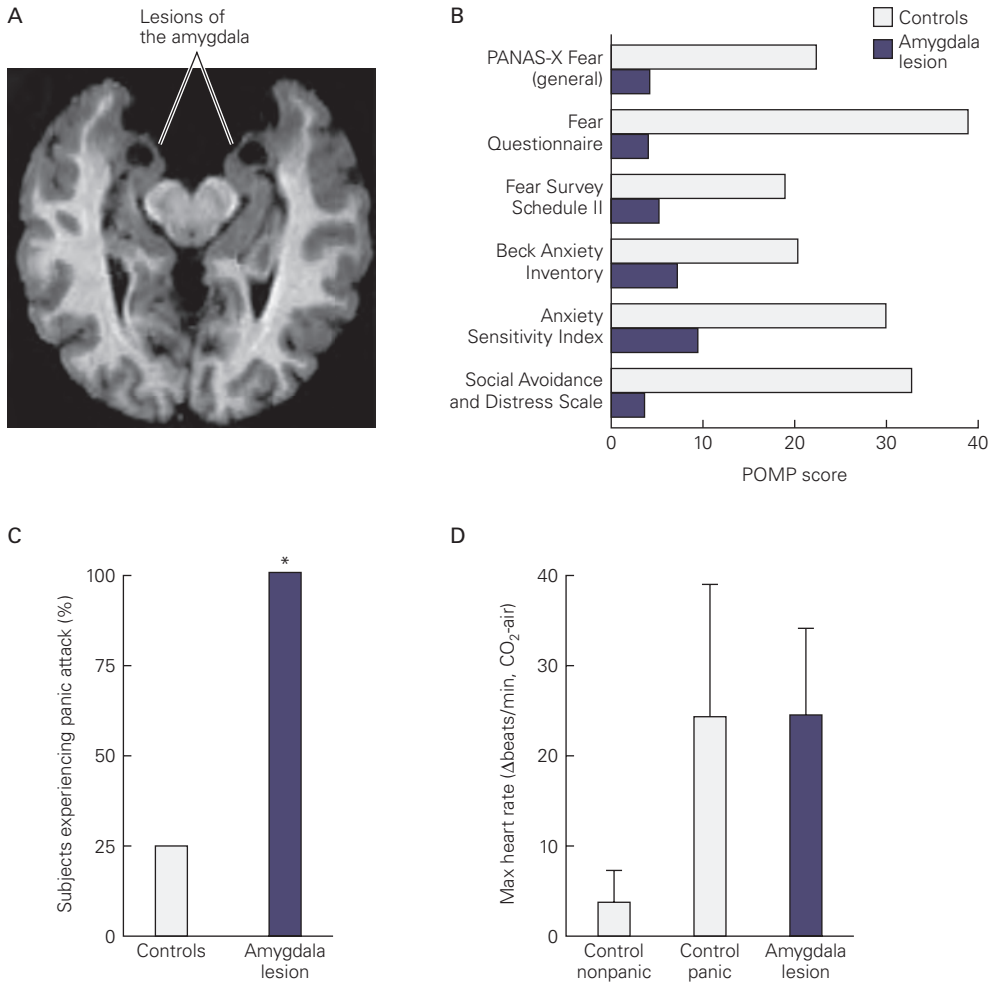

Figure 42–6 In humans, the amygdala is necessary for fear responses to external, but not internal, stimuli.

A. Magnetic resonance imaging scan of a subject's brain with bilateral amygdala lesions. Lesions were relatively restricted to the entire amygdala, a very rare lesion in humans.

B. The subject with bilateral amygdala lesions, S.M., did not report feeling fear for any of the questionnaire-based measures normally used to assess fear and anxiety (percentage of maximum score possible [POMP]). This was consistent with other findings: She did not exhibit fear when watching horror movies, when confronted with large spiders and snakes, or when visiting a haunted house during Halloween. These findings show that the human amygdala is necessary for inducing fear in response to these external stimuli. (Abbreviation: PANAS, Positive and Negative Affect Schedule.)

C. By contrast, a study of S.M. and two other subjects with bilateral amygdala lesions found that they exhibited strong panic when given an internal stimulus. They were asked to inhale carbon dioxide (CO_2), which produces a feeling of suffocation. This caused all three patients with amygdala lesions and 3 out of 12 of the control subjects with intact amygdalae to experience panic attacks.

D. Change from baseline in maximum heart rate during CO_2 inhalation relative to air trials. Both the amygdala lesion patients (n = 2) and the control subjects who panicked (n = 3) had higher increases in heart rate than the control subjects who did not panic (n = 9). (Mean ± standard error of the mean.) (Adapted, with permission from Feinstein et al 2011, 2013.)

and what to approach in the world is a large part of development in the young of all species, active teaching about the significance of stimuli has not been found in any species other than humans so far (learning through passive observation is more common).

The emotional learning and memory capacities of the human amygdala fall into the category of *implicit learning* and memory, which includes forms of memory such as the unconscious recall of perceptual and motor skills (Chapter 53). In situations of danger, however, the hippocampus and other components of the medial temporal lobe system that participate in *explicit learning* and memory (the conscious recall of people, places, and things) will be recruited as well and will encode aspects

of the learning episode. As a result, the learned indicators of danger can also be recalled consciously, at least in humans and probably in some other species as well.

Studies of patients with bilateral damage to the amygdala or hippocampus illustrate the separate contributions of these structures to implicit and explicit memory for emotional events, respectively. Patients with damage to the amygdala show no conditioned skin-conductance responses to a CS (suggesting no implicit emotional learning) but have normal declarative memory of the conditioning experience (indicating intact explicit learning). By contrast, patients with hippocampal damage show normal conditioned skin-conductance responses to the CS (suggesting intact implicit emotional learning) but have no conscious memory of the conditioning experience (indicating impaired explicit learning).

Amygdala function is altered in a number of psychiatric disorders in humans, especially disorders of fear and anxiety (Chapter 61). In addition, the amygdala plays an important role in processing cues related to addictive drugs (Chapter 43). In all of these cases, the amygdala is but one component of a distributed neural network that includes other cortical and subcortical regions. For instance, declarative memory for highly emotional events involves interactions between the amygdala and hippocampus; motivational consequences of Pavlovian conditioning involve interactions between the amygdala and the ventral striatum; and learning that a previously dangerous stimulus is now safe involves interactions between the amygdala and the prefrontal cortex. An important future direction will be to go beyond examining each component in isolation in order to better understand how emotions are processed by complex multicomponent networks of brain regions. This level of analysis is common in studies of human emotion using fMRI (see below).

The Amygdala's Role Extends to Positive Emotions

Although most work on the neural basis of emotion during the past half century has focused on aversive responses, especially fear, other studies have shown that the amygdala is also involved in positive emotions, in particular the processing of rewards. In monkeys and rodents, the amygdala participates in associating neutral stimuli with rewards (appetitive Pavlovian conditioning), just as it participates in associating neutral stimuli with punishments, and there appear to be distinct populations of neurons that encode rewards and punishments in the amygdala. This is broadly similar to findings from the rodent hypothalamus, where neurons involved in defense and in mating are also close together and only modern molecular techniques can test their independent roles.

Studies in nonhuman primates and rodents have investigated a suggestion first made by Larry Weiskrantz that the amygdala represents stimulus reward as well as punishment. For example, in a recent study, monkeys were trained to associate abstract visual images with rewarding or aversive USs. The meaning was then reversed (eg, by pairing an aversive outcome with a visual image that had previously been associated with a reward). In this way, it was possible to distinguish the role of the amygdala in representing visual information from its role in representing the reinforcement (a rewarding or aversive stimulus) predicted by a visual image. Changes in the type of reinforcement associated with an image modulated neural activity in the amygdala, and the modulation occurred rapidly enough to account for behavioral learning.

Subsequent studies using modern molecular and genetic techniques have demonstrated that distinct circuitry within the amygdala mediates a neural representation of rewarding USs, as well as rewarding experiences. The activation of a neural representation of an appetitive US in the amygdala is sufficient to induce innate valenced physiological responses as well as appetitive learning. Moreover, reactivation of neurons activated earlier by an enjoyable experience appears to be sufficient to elicit positive emotions. These findings are consistent with a growing number of functional imaging studies in humans that have shown that the amygdala is involved in emotions quite broadly. For example, the human amygdala is activated when subjects observe pictures of stimuli associated with food, sex, and money or when people make decisions based on the reward value of stimuli.

Emotional Responses Can Be Updated Through Extinction and Regulation

Once conditioned fear has been learned, it can be extinguished by later experiencing that the CS is now safe, for instance, by repeatedly presenting the CS without any US pairing. The circuitry underlying fear extinction has been studied in detail as it is highly relevant to psychiatric illnesses such as post-traumatic stress disorder (PTSD). Projections from the prefrontal cortex to the amygdala are required to override the conditioned fear in the amygdala. While conditioned fear responses decline during extinction, they are never completely erased, as demonstrated by the phenomenon of reinstatement, where fear can suddenly reappear.

Cognitive therapies for changing emotion states have also been studied, primarily in humans. For instance, a focused effort to increase or decrease the intensity of an emotion like fear has some effect on the emotion state. Indeed, neuroimaging studies have found that people can, to some degree, change their amygdala activation to fear-inducing stimuli just by how they think about those stimuli. Emotion regulation is a complex phenomenon, since there are multiple strategies for changing the emotion, ranging from just suppressing the motor behaviors to better control over how we evaluate a situation. These multiple sources of emotion regulation, especially in humans, highlight the fact that emotions must often be adjusted in keeping with complex social norms.

Emotion Can Influence Cognitive Processes

As evidenced in the above examples, emotion interacts with many other aspects of cognition, including memory, decision making, and attention. We discussed above an example of nondeclarative emotional memory, Pavlovian fear conditioning, but emotions can also influence declarative memory. Projections from the amygdala to the hippocampus can influence how learning is encoded and consolidated into long-term declarative memory. This accounts for why we remember best those events in our lives that are the most emotional, such as weddings and funerals.

Emotion has complex effects on decision making, as one might expect, since the subjective evaluation of such variables as risk, effort, and value is modulated by emotion. For instance, different choices with the same objective risk can elicit different behavioral decisions depending on whether they are framed as a win or a loss. For example, subjects typically prefer a sure gain of $5 to a 50% chance of winning $10, but prefer a 50% chance of losing $10 to a sure loss of $5. Interestingly, fMRI studies have revealed that such framing modulates amygdala activation. There is greater amygdala activation in the "win" frame when subjects choose a sure amount over a risky gamble, and greater amygdala activation in the "loss" frame when subjects choose the gamble over the sure amount. Thus, value representations in the amygdala are not rigidly associated with stimuli but are modulated by context-dependent evaluation.

Because emotionally relevant stimuli are highly salient to an organism's self-interest, they typically capture attention. For instance, people tend to orient toward, and look at, emotionally relevant visual stimuli, even when those stimuli are presented under conditions where they cannot be consciously perceived. One intriguing finding is that patients with bilateral amygdala lesions are impaired not only in their experience and expression of fear, as described above, but also in their recognition of fear in other people. One such patient, a woman called S.M., was selectively impaired in recognizing fear from facial expressions. This impairment in turn appears to result from a more basic impairment in allocating visual attention to those regions of the face that normally signal fear. S.M. does not spontaneously fixate on the eye region of the face when she looks at facial expressions and therefore does not process detailed visual information from wide eyes that would normally contribute to the recognition of fear when one is looking at a fearful face (Figure 42–7).

These findings suggest an important role for the amygdala in attention and highlight the possibility that apparently specific deficits for certain emotions (like fear) might arise from more basic attentional or motivational effects. There is ongoing debate about the precise role of the human amygdala in attentional aspects of emotion processing: Some studies argue that it comes into play even for nonconscious threat-related stimuli and in a very automatic fashion; other studies argue that the amygdala requires more elaborated and conscious processing once attention has already been allocated. Single-neuron recordings from the human amygdala support the latter view, whereas some fMRI studies support the former view. All of the findings from human lesion studies will need to be more finely dissected; some recent work on patients who have damage only to specific amygdala subnuclei is yielding further insights.

Many Other Brain Areas Contribute to Emotional Processing

As seen in the case of conditioned and unconditioned fear, the amygdala contributes to emotional processing as part of a larger circuit, or set of circuits, that includes regions of the hypothalamus and brain stem, eg, the periaqueductal gray region in the brain stem. Cortical areas are also important components of this circuit.

A number of human studies have implicated the ventral region of the anterior cingulate cortex, the insular cortex, and the ventromedial prefrontal cortex in various aspects of emotional processing. The medial prefrontal cortex and amygdala are closely connected with one another, and neurons in these brain regions show complex responses that encode information about many emotional and cognitive variables. These findings contribute to an emerging picture of a dynamic neural substrate for emotion states: Individual states are not the outcome of a single structure or specific neurons, but are more

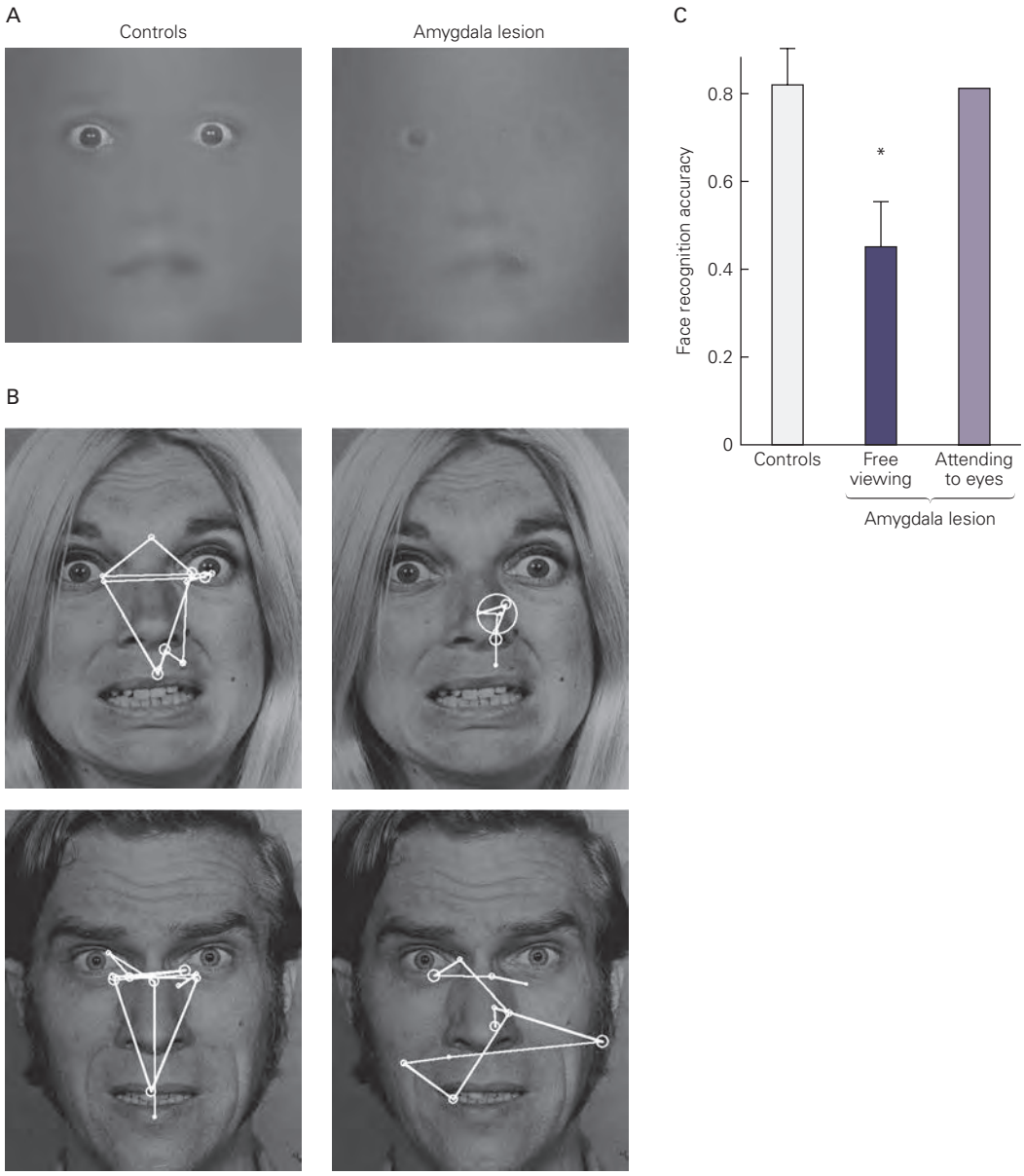

Figure 42–7 Bilateral amygdala lesions impair the recognition of fear in the facial expressions of others. This impairment may be due to abnormal processing of information from the face. (Reproduced, with permission, from Adolphs et al. 2005.)

A. S.M. made significantly less use of information from the eye region of faces when judging emotion. These images show the regions of the face from which control subjects (*left*) or S.M. (*right*) were able to recognize fear. The results were obtained by showing subjects many trials with only small parts of the face revealed. All those trials in which subjects were able to recognize fear could then be summed to produce an image like this, which shows the regions of the face that viewers make use of in order to discriminate fearful from happy faces (these particular parts of the face allow viewers to tell apart fearful from happy faces, whereas other parts do not help with this discrimination).

B. While looking at whole faces, S.M. (*right*) exhibited abnormal face gaze (indicated by **white lines**), making far fewer fixations to the eyes than did controls (*left*). This shows that S.M. failed to attend to and hence process visual information from the eye region. This deficit was observed across all emotions, but was most important for fear recognition because wide eyes normally predict fear.

C. S.M. showed poor ability to recognize fear when freely observing whole faces (**free viewing**), but her performance improved remarkably when instructed to look at the eyes (**attending to eyes**). This result shows that the role of the amygdala in processing fearful expressions involves directing attention onto features that are particularly significant (the eyes), rather than the downstream process of interpreting the sensory input.

flexibly assembled over a distributed population of multifunction neurons.

Some emotions are associated with social interaction and range from empathy and pride to embarrassment and guilt. Like the primary emotions such as fear, pleasure, or sadness, these social emotions produce various bodily changes and behaviors and can be experienced consciously as distinct feelings. This class of emotions may depend especially on cortical regions in the prefrontal cortex.

Studies of patients with neurological disease and focal brain lesions have advanced the understanding of the neural circuitry of emotions (Box 42–2). For example, damage to some sectors of the prefrontal cortex markedly impairs social emotions and related feelings. In addition, these patients show marked changes in social behavior that resemble the behavior of patients with developmental sociopathic personalities. Patients with damage to some sectors of the prefrontal cortex are unable to hold jobs, cannot maintain stable social relationships, are prone to violate social conventions, and cannot maintain financial independence. It is common for family ties and friendships to break after the onset of this condition. Recent studies reveal that, under controlled experimental conditions, the moral judgments of these patients can also be flawed.

Patients with medial and ventral frontal lobe damage, unlike patients with more dorsal or lateral frontal lobe damage, do not have motor defects such as limb paralysis or speech defects and thus may appear at first to be neurologically normal. Their perceptual abilities, attention, learning, recall, language, and motor abilities often show no signs of disturbance. Some patients have IQ scores in the superior range.

Box 42–2 Lesion Studies of Emotion

Examination of patients with focal lesions complements neuroimaging studies of the neural correlates of emotions. In addition to studies of the amygdala, lesion studies have provided insights into the role of several other brain regions in processing emotions.

One of the most famous set of studies harks back to the accident of Phineas Gage, who in 1848 suffered an injury to his ventromedial prefrontal cortex. Gage was working on constructing a railway in Vermont and was tamping gunpowder into a hole with a long metal rod, called a tamping iron. By accident, he struck a spark in the rock and the gunpowder exploded, shooting the tamping iron straight through his head.

Amazingly, Gage lived for many years after this horrible accident, but he was a changed person with notable changes in his social and emotional behavior. This was the first evidence that parts of the prefrontal cortex played a role in emotions. Since Gage, several patients with damage centered on the ventromedial prefrontal cortex have been described. These patients have poor insight and decision-making abilities and tend to have blunted or unusual emotional responses, especially for social emotions.

Unlike normal individuals, patients with these frontal lesions do not exhibit changes in heart rate or degree of palm sweating when shown pictures that have emotional content, although they can describe the pictures flawlessly. Likewise, patients with frontal lesions do not show skin conductance changes, a sign of sympathetic activation, during the period that precedes making risky and disadvantageous decisions, suggesting that their emotional memory is not engaged during that critical period. Also unlike normal subjects, these patients fail in tasks in which they have to make a decision under conditions of uncertainty, and in which reward and punishment are important factors.

Several brain regions are also more specifically involved in feelings. Damage to the right somatosensory cortex (primary and secondary somatosensory cortices and insula) impairs social feelings such as empathy. Consistent with this finding, patients with lesions in the right somatosensory cortex fail to guess accurately the feelings behind the facial expressions of other individuals. This ability to read faces is not impaired in patients with comparable lesions of the *left* somatosensory cortex, indicating that the right cerebral hemisphere is dominant in the processing of at least some feelings. Body sensations such as pain and itch remain intact, as do feelings of basic emotions such as fear, joy, and sadness.

On the other hand, damage to the human insular cortex, especially on the left, can suspend addictive behaviors, such as smoking. This suggests that the insular cortices play a role in associating external cues with internal states such as pleasure and desire. Interestingly, complete bilateral damage to the human insular cortices, as caused by herpes simplex encephalitis, does not eliminate emotional feelings or body sensations, suggesting that the somatosensory cortices and subcortical nuclei in the hypothalamus and brain stem are also involved in generating feeling states.

For these reasons, they sometimes attempt to return to their work and social activities after their initial recovery from brain damage. Only when they start to interact with others are their defects noticed.

In the prefrontal cortex, the ventromedial sector is particularly important for such interactions. In most patients with impaired social emotions, this sector is damaged bilaterally, although damage restricted to the right side can be sufficient to cause impairments. The critical region encompasses Brodmann's areas 12, 11, 10, 25, and 32, which receive extensive projections from the dorsolateral and dorsomedial sectors of the prefrontal cortex. Some of these areas project extensively to subcortical areas related to emotions: the amygdala, the hypothalamus, and the periaqueductal gray region in the brain stem.

Interestingly, when asked about punishment, reward, or responsibility, adult patients with damage to the ventromedial prefrontal cortex often respond as if they still have the basic knowledge of the rules, but their actions indicate that they fail to use them in real-life situations. This dissociation suggests that their behavioral defects are not caused by a loss of factual knowledge but rather by impairment of the brain's assignment of motivational value to factors that normally exert control over behavior. In some respects, this dissociation is similar to the dissociation between explicit and implicit emotional learning vis-à-vis the hippocampus and the amygdala. An interesting hypothesis arising from these dissociations is that one might find greater deficits following lesions to emotion-related structures, like the amygdala or ventromedial prefrontal cortex, in other species, or in children, in whom explicit behavioral control has not yet evolved or developed to the degree that it has in adults. There is some support for this idea: Lesions to these structures early in life can result in more severe deficits in emotional and social behaviors than if the lesions are sustained in adulthood (a pattern opposite to that of most other lesions, which show better recovery of function the earlier the onset). These findings also suggest hypotheses for neural dysfunction that may contribute to the emotional difficulties seen in developmental psychiatric disorders, such as autism.

The above lesion studies have been complemented by controlled experimental studies using fMRI, which provide further insight into mechanisms. Functional imaging of value-based decision making in healthy human subjects shows that the ventromedial prefrontal cortex is activated during the period before making a choice. That same region is activated also just by the administration of punishment and reward, supporting the notion that the emotional significance of anticipated punishments and rewards is computed as part of the mechanism that guides this kind of decision making. Punishment and reward are frequently featured in experiments involving economic and moral decisions, and such decision making prominently involves many of the same structures that are also involved in processing emotions.

The prefrontal cortex, especially areas in the ventromedial sector, operates in parallel with the amygdala. During an emotional response, ventromedial areas govern the attention accorded to certain stimuli, influence the content retrieved from memory, and help shape mental plans for responding to the triggering stimulus. By influencing attention, both the amygdala and the ventromedial prefrontal cortex are also likely to alter cognitive processes, for example, by speeding up or slowing down the flow of sensory representations (Chapter 17).

Functional Neuroimaging Is Contributing to Our Understanding of Emotion in Humans

Neuroimaging studies of emotions typically use fMRI. These studies have contributed to our understanding of emotion in three important ways. First, they have begun to dissociate and experimentally manipulate specific aspects of emotion, such as feelings, value, or concepts of emotions. These studies are beginning to show how all these different aspects can be coordinated by activity in different brain regions.

Second, fMRI studies on emotion have been accumulating at an ever-increasing pace, and much of the data from such studies are now widely available. This provides the opportunity for meta-analyses of many studies, avoiding the limitations that may be inherent in any one study in isolation. For instance, some meta-analyses have confirmed the role of the ventromedial prefrontal cortex in representing value for many different kinds of stimuli, including food and money. Other meta-analyses have suggested that specific basic emotions (eg, fear, anger, or happiness) activate a widely distributed and overlapping set of brain regions, confirming the view that no brain structure is responsible for a single emotion.

Finally, fMRI studies have begun to use novel methods in their analyses. For example, the pattern of activation seen across many voxels in a brain region, rather than the mean level of activation in that region, is used to train powerful machine-learning algorithms to classify emotion states. This approach is demonstrating that it is possible to decode specific emotion states from distributed patterns of brain activation.

Functional Imaging Has Identified Neural Correlates of Feelings

Conscious experiences of an emotion are generally referred to as feelings. Evidence for the neural correlates of feelings comes primarily from functional imaging studies of humans and from neuropsychological testing of patients with specific brain lesions. A main challenge for these studies is in dissociating the conscious experience of the emotion from other aspects of the emotion, such as the elicitation of physiological responses, since these tend to occur contemporaneously. Another challenge is how to connect such studies with studies of emotion in animals, where we have no agreed-upon dependent measures to assay what they consciously experience.

One early functional imaging study used positron emission tomography to test the idea that feelings are correlated with activity in those cortical and subcortical somatosensory regions that specifically receive inputs related to the internal environment—the viscera, endocrine glands, and musculoskeletal system. Healthy subjects were asked to recall personal episodes and to attempt to reexperience as closely as possible the emotions that accompanied those events. Activity changed in many regions known to represent and regulate body states, such as the insular cortex, secondary somatosensory cortex (S-II), cingulate cortex, hypothalamus, and upper brain stem. These results support the idea that at least a part of the neural substrate for feelings involves brain regions that regulate and represent bodily states, a finding that bears some resemblance to the hypothesis of William James mentioned earlier, that feelings are based on an awareness of bodily reactions.

The importance of both cortical and subcortical structures in processing feelings is also borne out by more recent fMRI studies. One such study examined the feeling of fear induced by anticipation of electrical shock (Figure 42–8). In this study, subjects lay in the scanner while they saw a game on a video screen in which a virtual predator (a red dot) gets closer to the subject. Once the predator caught them, they could receive a painful electric shock to the hand. The anxiety produced when the predator was some distance away was associated with activation of the medial prefrontal cortex; as the predator closed in, the periaqueductal gray became activated, and this was correlated with reports by the subjects of a feeling of dread. This finding supports a role for the medial prefrontal cortex in planning and anticipation related to a distant threat and a role for the periaqueductal gray in mounting the defensive responses required for coping with an immediate threat.

Another brain region of interest in relation to feelings is the subgenual sector of the anterior cingulate cortex (Brodmann's area 25), which has been found in neuroimaging studies to be activated when subjects are experiencing sadness. This region is of special interest because it is also differentially activated in patients with bipolar depression, and it appears thinned in structural MRI scans of patients with chronic depression. Direct electrical stimulation of this brain region (deep brain stimulation) can dramatically improve the mood of some patients with severe depression.

Emotion Is Related to Homeostasis

While it seems clear that no brain region is specialized for any specific emotion, it is even doubtful that there are any brain regions specialized for emotions in general. It may be that all brain regions involved in emotions also carry out other functions. In fact, those nonemotional functions may give us clues about how emotions evolved and, indeed, may be the basic building blocks through which emotion states are assembled.

For example, sectors of the human insular cortex that are activated during recall of feelings are also activated during the conscious sensation of pain and temperature. The insular cortex receives homeostatic information (about temperature and pain, changes in blood pH, carbon dioxide, and oxygen) through pathways that originate in peripheral nerve fibers. These afferent fibers include, for example, the C and Aδ fibers that form synapses with neurons in lamina I of the posterior horn of the spinal cord or the pars caudalis of the trigeminal nerve nucleus in the brain stem. The pathways from lamina I and the trigeminal nucleus project to brain stem nuclei (nucleus of the solitary tract and parabrachial nucleus) and from there to the thalamus and on to the insular cortex. The identification of this functional system is further support for the idea that signals in the afferent somatosensory pathways play a role in the processing of feelings.

Moreover, in patients with pure autonomic failure, a disease in which visceral afferent information is severely compromised, functional imaging studies reveal a blunting of emotional processes *and* attenuation of activity in the somatosensory areas that contribute to feelings. Like other feelings, social feelings engage the insular cortices and the primary and secondary somatosensory cortices (S-I and S-II), as has been found in functional neuroimaging experiments evaluating empathy for pain and, separately, admiration and compassion.