

Week 2

02 December 2012
18:12

Research ethics

< 1940's : No international legal code

Nazi experiments caused the **Nuremberg code** to be formed (1947):

- Informed consent - subject knows risks of participating in a study
- Benefits must outweigh the risk
- Freedom from coercion - subjects cannot be bribed or threatened to take the study
- Physical and mental pain must be avoided (including injury or death)
- Human research must be based on work on animals (e.g. drug trials)
- Deception may only be used when it is justified
- Debriefing - subjects must reveal the true nature of the study afterwards
- Confidentiality - personal information must not be released

Declaration of Helsinki 1964 : Funding was only given to researchers who complied with the code

Belmont report 1979: Respect for persons, benefits > risks, benefits of research must be shared

Ethics violation cases:

Tuskegee Syphilis study - Available medication was withheld from suffering patients. Violates: deception, physical and mental pain, benefits>risks

Witchita Jury case - Jury was recorded without knowing. Violates: consent, confidentiality

Milgram's Obedience study - Shock therapy - people continue to inflict pain because they were told to. Violates: Physical and mental pain

Zimbardo's Prison study - students took on roles of prisoners or guards. Violates: Physical and mental pain, benefits>risks

Bronchoscopy - accidental drug overdose death. Violates: benefits>risks, physical and mental pain, informed consent

Restaurant letter study - employees lost jobs. Violates: physical and mental pain, informed consent, deception

Animal research

Animal care committee must clear all research

Acceptable if: Discomfort and stress are minimized

Benefits to humans and animals

Benefits could not be obtained via other methods (computers, cell cultures)

3 R's: **Reduction** (use less animals), **Refinement** (improve conditions, reducing pain), **Replacement** (alternative methods)

Week 3

02 December 2012

18:38

Statistics

Descriptive statistics: measure sample data - do not apply to the greater population

measures of central tendency - mean, median, mode, outliers (odd characteristics)

measures of variability - range, standard deviation (average difference between the measurements in a frequency distribution and the mean of that distribution)

Variable relationships - scatter plots - correlation - range from -1 to 1. The closer the correlation coefficient (r) is to 1 or -1, the stronger the correlation between two variables

Positive correlation: +1 e.g. Ice cream sales and temperature

Negative correlation: -1 e.g. temperature and heating bills

Inferential statistics: How sample data reflects greater population

Depends on: Number of people in the sample - bigger the sample, more likely it will reflect the general population

Between group differences - the bigger the difference between the manipulation and control group, the stronger the effect of the independent variable

Variability within each group - High variability within each group reduces potential differences between groups

Genetic basis of variability

Variability - Nature (genetic inheritance)

Nurture (environmental influence) - usually nature and nurture interact to effect us

Evolutionary theory - Natural selection - reproductive success, adaptive traits vs deleterious traits, biological evolution, variation and competition

Alleles - variation of genes, genotypes and phenotypes (expressed genes) - dominant and recessive traits

Genetic influence on aging and death:

Hayflick number: limited number of cell divisions that can occur

Telomeres: end of gene sequence - falls off each replication - do not regenerate therefore cell dies when they are used up. May be heritable. Cancer can replace telomeres using enzymes.

Genetic influences with intelligence - identical twins - high correlation

Genetics disorders:

Down syndrome: linked to trisomy 21 - extra chromosome

physical effects: shorter, facial differences

cognitive abilities impaired - lower IQ

More likely to develop alzheimers

Huntington's disease: Impairment of chromosome 4

attacks brain - degenerative disease - basal ganglia destroyed

hereditary

abnormal movements - chorea - uncontrollable movements, athetosis - rithing limbs

Depression, mood swings

dementia - memory loss, language impairments

Phenylketonuria (PKU): Autosomal recessive disorder

cannot convert phenylalanine to tyrosine

if Phe builds up - can lead to brain impairment - mental retardation, seizures

Environmental effect on development:

Foetal alcohol syndrome: teratogen exposure - facial birth defects and cognition impairments - smaller brain, neurons in wrong place

Genie 'feral child': confined for 13 years because father thought she was mentally disabled - did not learn to speak - missed critical period for language development

eventually learned some speech but it was telegraphic - only a few words. Right side of brain was working more than the left side - wired differently

Malleability of intelligence in children with low ses - the types of resources children are exposed to can increase intelligence

Stress

Internal stress, External stress (environmental), Positive (new house, marriage), Negative (losing job, breaking up)

Locus of control - ability to deal with stress

Responses: Physiological - breaking out, hair loss

Psychological - moody, losing sleep

Physiological response: **HPA axis** - understanding to responding: Hypothalamus --> pituitary gland --> adrenal gland

Short term - help draw on resources, respond to stress

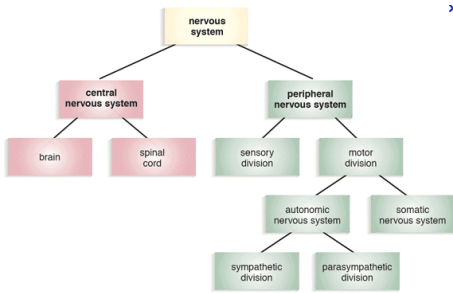
Long term - immune system suffers, cardiovascular health - blood pressure

Psychological response - **Diathesis stress model** - schizophrenia, depression, bipolar, PTSD

genetic disposition needed and sufficient stress to induce condition

Week 4

03 December 2012
05:09



Peripheral Nervous system: autonomic

Sympathetic division: Fight or flight - eyes dilate, increase heart rate

Catecholamines- Help body prepare. Released from adrenal glands - **epinephrine and norepinephrine**
Cortisol

Parasympathetic division: 'Rest and digest' - brings you back down from excited state

Somatic division: Voluntary- Efferent signal (motor) goes from brain --> body

Motor neurons connect to muscle fibers via acetylcholine - black widow venom increases (spasms)

Somatosensory division: Afferent signals (sensory) body --> brain

pressure - mechanoreceptors

Proprioception (proprioceptors) - knowing where your body is

Temperature - thermoreceptors

Pain - nociceptors - a delta fibres - fast to brain - reflex

c fibres - a slower reaction - causes throbbing pain

Screen clipping taken: 03/12/2012 17:48

Spinal cord: Parts of the body correspond to different sections of the spine - dermatomes - **Top**: Cervical --> Thoracic --> Lumbar --> Sacral

Spinal impairments: **Scoliosis** - curvature, **Spina bifida** - incomplete closure of neural tube

Abnormal reflexes: **Babinski Sign** - finger down foot - should press out - if damaged, adults **will curl up** (like babies) - caused by damage to the frontal lobes - motor control

Snouting reflex - touch lip - they snout out if there is frontal lobe damage (reflex usually disappears as a baby)

Glial cells - glue that holds brain together

Astrocytes - Guide development. Support the blood brain barrier. Stop repair of brain injury - prevent re-wiring. Astrocytoma - brain tumour

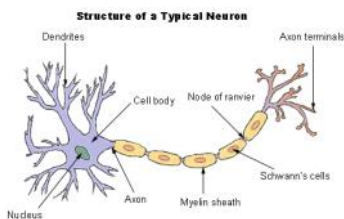
Schwann cells - Speed neurotransmissions - insulate signal in PNS

Oligodendrocytes - Speed neurotransmissions - in CNS

Microglia - Clean up dead cells - minimize damage

Types of neurons

| | Sensory neuron | Interneuron | Motor Neuron |
|------------------|---|---|--|
| Length of Fibers | Long dendrites and short axon | Short dendrites and short or long axon | Short dendrites and long axons |
| Location | Cell body and dendrite are outside of the spinal cord, the cell body is located in a dorsal root ganglion | Entirely within the spinal cord or CNS | Dendrites and the cell body are located in the spinal cord, the axon is outside of the spinal cord |
| Function | Conduct impulse to the spinal cord | Interconnect the sensory neuron with appropriate motor neuron | Conduct impulse to an effector (muscle or gland) |



Cell body - nucleus, DNA

Dendrites - Receive information

Axon hillock - determines if neuron is stimulated enough to send a signal

Axon - travels away from cell body with signal

Myelin Sheath - insulator

Nodes of Ranvier - Space between myelin Sheath

Terminal - signal is sent to another neuron

Electrical transmission

- Negative resting potential inside neurons

- When a signal is received, the neuron becomes temporarily positive

- Must reach **threshold potential** before a signal is sent - all or nothing principle

- Action potential - signal that travels along axis to the synapse - via **saltatory conduction**

- **Depolarization** (sodium ions flood in - peak is always the same) --> **Repolarization** (returns to negative) -->

- **Hyperpolarization** (becomes slightly more negative than usual) --> Resting potential

- **Refractory period** - an action potential cannot be generated

- More signals = stronger sensation e.g. pain, colour

Multiple sclerosis - Progressive damage to the myelin - degrades neuron signals - effects immune system

Chemical transmission

Screen clipping taken: 04/12/2012 18:48

Electronic signal (AP) reaches terminal buttons

Calcium floods the terminal to move **vesicles to membrane**

Vesicles release neurotransmitter into the synaptic cleft

NT moves across the cleft to the post-synaptic neuron

NT binds with receptor - change in membrane potential - EPSP - Excitatory post-synaptic potential - depends on function of the NT

IPSP - Inhibitory post-synaptic potential

NT falls off receptor once it has had an effect

NT is either re-uptaken or deactivated by enzymes

Neurotransmitters

Glutamate - primary excitatory NT - learning and memory

GABA - Primary inhibitory NT - depressants stimulates GABA e.g. alcohol

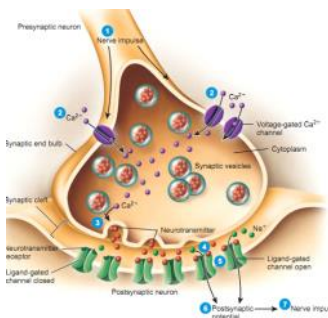
Acetylcholine - voluntary motor control, attention, memory, **Alzheimer's**

Dopamine- regulates motor behaviour (heart rate...), motivation, working memory. High levels - **Schizophrenia**. Low levels - **Parkinson's**

Norepinephrine - mood, arousal.

Serotonin - Mood - regulation of sleep, aggressive behaviour

Agonists - increase effect of NT's, Antagonists - reduce effect of NT's



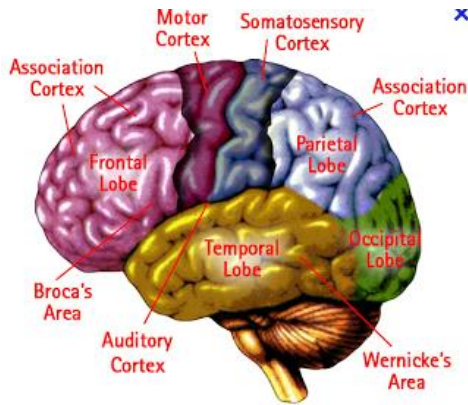
Week 5

04 December 2012
19:01

Brain structure and function

Cortex - outside of brain - Gyrus, 'bulge', Sulcus, 'groove', fissures - deep sulci

Cerebral cortex - 2 hemispheres (control opposite sides of the body, connected by the Corpus callosum), 4 lobes



Frontal lobe: Production of speech, movement, high order functions
Parietal lobe: Attention, touch sensors, processing
Occipital lobe: Vision and processing - being in the back it is less likely to be damaged
Temporal lobe: Hearing, language comprehension (Wernicke's area), memory

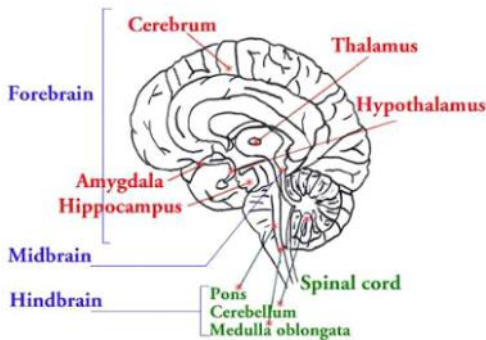
Motor cortex: Dominated by face and hand areas
Somatosensory cortex: Also dominated by face and hands

Brain mapping can change over time

Grey matter - cell bodies - around edge of brain
White matter - axons
Basal ganglia - wrap around thalamus - essential for movement

Screen clipping taken: 04/12/2012 21:20

Brain



Forebrain:

Thalamus - Filters sensory information (except smell) and transmits it to the cerebral cortex
Hypothalamus - Regulates body temperature, and basic needs
Pituitary gland - Controls other glands, releases hormones - stress, reproductive processes, oxytocin
Amygdala - Emotional processing - especially negative emotions
Corpus Callosum

Midbrain:

Tectum-localizing information - orientation
Tegmentum- Production of dopamine to support movement, arousal

Hindbrain: coordinates information coming in and out of the spinal cord

Cerebellum - controls fine motor skills - impaired by alcohol
Brainstem - Pons - relays information from the cerebellum to the rest of the brain
Medulla - coordinates heart rate, circulation, respiration
Reticular formation - neurons in medulla - regulate sleep, arousal

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Brain injury

Stroke: problem with blood supply. Site of stroke effects type of impairment

Ischemic - blocked blood vessel **Thrombotic-** build up of fat

Embolic- sudden blockage

Haemorrhagic - Bleeding occurs inside or around brain tissue - high BP, trauma

Traumatic Brain Injury - caused by falls, car crashes, assault
acceleratiion/deceleration - 2 points of damage

Skull fractures - swelling, infection

Focal injuries - contusions (bruises), bleeding (neurons die)

Diffuse injuries- axonal injuries

Concussion - compression and stress of important axons needed for consciousness

Phineas Gage: Damage to the frontal lobes - changed personality - emotions were heated

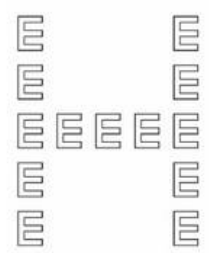
Week 11 Notes

13 November 2012
00:17

Hemispheric specialization

The left hemisphere processes information differently to the right hemisphere

| Process | Right | Left |
|-------------------------------|-------------------------------|-----------------------------|
| Voluntary motor control | Controls left side | Controls right side |
| Visual processing | Left side of space | Right side of space |
| Perceptual processing | Global - bigger picture | Local - details |
| Spatial attention | Right and left sides of space | Right side of space only |
| Lateralization of hippocampus | Visual memory | Learning verbal information |



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Perceptual processing
Right brain sees H
Left brain sees E's

Right hemispheric damage - has an effect on language - someone can listen to a story and follow along, but when asked, for example "major themes" aka, the bigger picture, they are not able to summarize the information or see a larger context

seizures and EEG

- * abnormal excessive or synchronous neuronal activity in the brain (e.g. epilepsy)
- * the brain usually relies on controlled brain patterns
- * Big spikes on an EEG indicate a seizure
- * seizures can travel from one hemisphere to the other

Medication

- * **GABA increase** - depresses brain activity - can be very effective or not at all
- * Temporal lobectomy - By removing the part of the brain where the seizure originates you can prevent further damage - has consequences and cause loss of other cognitive functions

Corpus Callosum

- * The band of white matter (nerve fibres) that connects the right and left hemisphere - how seizures switch sides of the brain
- * Cutting the corpus callosum can limit the seizure to one side of the brain **SPLIT BRAIN PROCEDURE**
- * Cutting the whole corpus callosum leaves a person with essentially two brains as the left and right hemisphere cannot exchange information
- * Cutting the front of the corpus callosum can stop a seizure - cutting the part that transfers motor information - fits limited to one side of the body - minimize damage
- * **Agenesis** - Being born without the corpus callosum - leads to impaired intelligence and other complications - cutting does not have this effect

Alien hand syndrome: Hand has a mind of its own - usually the left - hand acts violently and inappropriately

Depression - The left side of the brain is underactive while the right side is overactive

Week 12

***Tachistoscopic presentation:** flashing split brain patients with an image in the right and left visual space very quickly. This results in each side of the brain only knowing one piece of information.

*The left side of the brain (language specialized) will allow the person to verbally describe the image in the right visual space. The right side of the brain can imagine the image in the left visual space and identify the object by touch, but cannot verbally describe it.

*Left brain interpreter: The left hemisphere will try to rationalize the actions of the right brain. It can also do this by using the environment - if the left hand draws what the right brain is visualizing, the left brain can work out what it saw.

*Post callosotomy spatial performance: Right brain is more spatially orientated and therefore the left hand can perform tasks better than the right hand

***Ideomotor apraxia:** When the parietal lobe is damaged, a person can lose the ability to use tools. When asked to mime the use of a tool, patients will essentially become the tool as opposed to having the tool as a separate entity.

* Patients usually lose the ability to use a tool with their left hand because tool knowledge is stored in the left side of the brain and when the corpus callosum is cut, information cannot transfer to the right hemisphere, which controls the left hand

Basis of sleep- Everybody needs sleep - lack of sleep can affect emotions and cause hallucinations - interesting, sleep deprived people can often still function i.e. play games

Circadian rhythm: Naturally occurring 24 hour cycle - sleep is one section

Brainwaves and 5 stages of sleep

| Stage | Brain wave type | Characteristics |
|-------------------------------|--|---|
| Awake | Beta waves | High frequency |
| Drowsy/Relaxed | Alpha waves | Lower frequency |
| Stage 1 Sleep | Theta waves | Head jerks Don't realise you are falling asleep |
| Stage 2 Sleep | Sleep spindles K complexes - short bursts of activity | Help keep you asleep and suppress consciousness on awakening - tend to be slightly disorientated but not moody more likely to roll around |
| Stage 3/4 Sleep Deep sleep | Delta waves | Big waves: s3 < 50% , s4 > 50% on awakening - tend to be very disorientated and moody |
| REM sleep | Sawtooth waves | Resembles awake pattern fast + random (rapid) eye movement increase heart and breathing rate |

In an average night, a person will go through each stage of sleep several times. The amount of time spent in REM sleep increases during the night whereas the amount of time spent in deep sleep decreases. REM sleep has been linked to **memory consolidation** and deep sleep is important for promoting body repair and regulation - **growth hormone** is released during deep sleep.

Sleep deprivation

Effects: Attention, learning, memory (cramming for tests is not useful). Performance decrease in frontal, parietal and temporal lobes

Emotional regulation - People are usually emotionally more negative when sleep deprived - the **amygdala** is very active meaning emotions are heightened and the regions that usually control emotions shut down, therefore people are more likely to snap and be moody.

Sleep disorders

Insomnia - difficulty in falling or staying asleep - can be induced by stress or anxiety, the desire to fall asleep (sensitivities heightened)

Sleep apnea - temporary halt of breathing whilst sleeping - cause by obstruction - obese people at greater risk - sufferers usually snore

Narcolepsy - waves of sleep that hit whilst being awake - uncontrollable - fainting goats - when they become excited or scared the switch in their brain that controls motor control shuts off, causing a frozen state, or like sleeping. Can be treated with medication

Kleine - Levin (Sleeping Beauty) Syndrome : Rare disease which causes sufferers to sleep for long periods of time. Could be an autoimmune disease.

Somnambulism: Sleepwalking - common in children - usually occurs at the beginning of the sleep cycle in slow wave sleep (delta).

Sleep paralysis: waking up unable to move - occurs in hypnagogic (towards sleep) or hypnopompic (from sleep) sleep
Night terrors: abrupt awakenings with panic and intense emotion - most common in boys 3-7. Dreams cannot be recalled.

Dreaming

Characteristics:

Vividness: senses and emotions are heightened

Illogical: sense of time, place and people are warped

Uncritical acceptance: when dreaming, all events seem logical and we don't recognise them as being weird

Difficulty remembering: Dreams fade very quickly

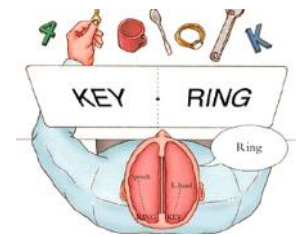
Day residue - real life events bleed into dreams

Freud and the unconscious: the manifest content (surface meaning) hides latent meaning (underlying meaning). Believed dreams are an 'outlet for 'taboo' or dark thoughts. Problematic because there are infinite interpretations.

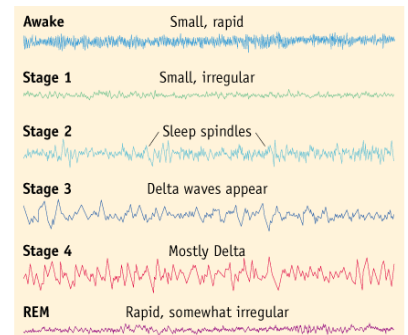
Dreams around the world: People across the world tend to believe that dreams have deeper meaning over other theories

Activation-Synthesis model: when the brain tries to interpret random neural activity - images can appear in dreams when neurons representing certain concepts and ideas are activated

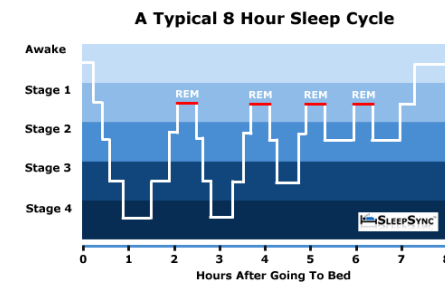
Memory Consolidation: Dreams can replay certain information and could help with the transfer to long term memory



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Screen clipping taken: 22/11/2012 07:54



Screen clipping taken: 22/11/2012 08:06

Week 13 notes

Language and communication

wada test: put half the brain to sleep - if left side of brain is asleep the patient can still talk, meaning the right side of the brain is important for language

Eloquent cortex - regions that control movement or language

Left hemisphere - different lobes work together to understand language

Left frontal lobes - producing language - vocalising or signing

Left temporal lobes - understanding and interpreting language

| Condition | Damaged area | Symptoms | Effects | Treatment |
|--------------------|---|--|---|--|
| Broca's Aphasia | Left frontal lobe Broca's region Insula | Mild - stutter Severe- can't produce speech, functionally mute, agrammatism (content words) flat prosody (monotone) Use content morphemes | Ability to learn, pay attention Mood - frustrated Can still understand language | Intonation therapy - singing the words - uses undamaged right broca's area |
| Wernicke's Aphasia | Left temporal lobe | Talking gibberish Prosody and ability to talk is in tact | Cannot comprehend language - makes sense in their head | If it doesn't clear up, not much you can do |
| Paraphasias | | Producing words that don't exist Phonemic - sound mistake Semantic - meaning mistake | Ability to communicate | - |
| Conduction Aphasia | Arcuate Fasciculus (White matter) connects broca's with wernicke's region | Cannot parrot speech - understands speech but cannot translate into sound | Patients can still function relatively normally | - |
| Global Aphasia | Left hemisphere | Cannot speak or understand language Major artery that supplies left side is blocked/damaged | Major language problems | |

Right hemisphere damage : Patients can still understand and produce speech, but have problems with more complex aspects : cannot recognise sarcasm, can't understand underlying meanings (pragmatics), discourse processing - cannot summarize information

Aspects of language:

Displacement: We can talk about things that aren't currently present

Arbitrariness: Words or gestures can take on any meaning that a population agrees on

Productivity: We have a word bank we can draw from to create infinite sentences - don't have to learn each sentence

Learnability: Any baby can learn any language they are exposed to.

Non humans can learn the meaning of basic words and sentences, but lack the ability to generate new sentences and thoughts e.g. kanzi the ape

Core components of language:

Phonemes: The smallest unit of recognisable speech - follow phonological rules

Morphemes: Smallest meaning units of language.

Content morphemes: nouns - cat,dog

Functional morphemes: grammatical - and, but

bound morphemes: must be attached to other morphemes - 'un' in unbreakable

free morphemes: Can stand alone - 'break' in un breakable

Semantics - the meaning of sentences - whether something is meant to be taken literally or the true meaning is implied. Context is important

Surface structure: How a sentence is worded

Deep structure: The meaning of a sentence - a sentence can have different surface structures but the same deep structure

Pragmatics - indirect speech - speaking to someone when the speech is meant for someone else 'SOME people'

metaphors

Sarcasm

Language processing:

Auditory: Filtering, linking sound to meaning, predicting speech

Visual: sounding words out, 'grabbing' whole words, linking percept to meaning, garden path sentence

Logical and moral decision making:

Rational choice theory - making decisions based on expected value - likelihood of something happening x the value of the event

How to make good decisions - having complete information, using an algorithm

Irrational reality: 'mental shortcuts' , **heuristics**

Using frequency is easier to make a decision with than using probability- more accurate

Availability bias - items more readily available in the memory are judged to occur more frequently - easier to call to mind e.g plane crashes over car crashes

Conjunction fallacy: thinking two events are more likely to occur together than separately $p(x \text{ AND } y) < p(x \text{ OR } y)$

Representative heuristics: making a probability judgment by comparing an object or event to a prototype of the object or event e.g. 70 engineers and 30 lawyers

Gambler fallacy: Thinking events are linked when they are in fact independent

Framing effects: Phrasing of statements can cause people to react in different ways e.g. positive and negative when asking patients to take a drug trial

Sunk-cost fallacy: Deciding what to do in the future based on past investment - relationships, business

Psyc tutorial - exam prep

28 November 2012
00:01

Re-visit midterms

notice the kind of material you struggled with on the midterm
separating which is important vs. what is not
knowing the implications of the studies presented in class

compare and contrast - brain regions ...

e.g. wernicke's aphasia and broca's aphasia

highlight weaknesses

3 processes/stages of memory - encoding, storage, retrieval

vestibular system - gives you information about your direction of movement in the absence of vision

GABA and Glutamate - primary excitatory and inhibitory transmitters

John D Watson

binocular disparity

all or none principle

akinetopsia

mirror neurons theory - biological basis of observational learning

inferential statistics

Nuremburg code

extinction

huntingtons

spontaneous recovery - reappearance of an extinguished response in classical conditioning

Sodium channels - open when neuron is depolarized

4 types of glial cells

astrocytes - developing nervous system

Swann cells

Questions for Souza

50 questions/ 100 mins

Chapter 5 and 9 - all, even bits not covered in lecture

- neglect - inability to attend to the left side of space due to damage to the right hemisphere's attention system (not peripheral, not just sight) - several lobes responsible

damage to eye - sensory

damage to occipital nerve - perception

damage to right hemisphere - attention

phobias - exposure therapy

TBI - 2 most easily damaged areas: frontal and temporal lobe - interior of skull set up like that

fixed vs variable interval- perfectly predictable or the time intervals change slightly

variable ratio - response based (slot machines) - most addictive - hardest extinction

Chomsky - humans have language acquisition factor - non humans do not have this

sleepwalking - 'awake' but not aware

gestalt - we see things as a whole, then segment