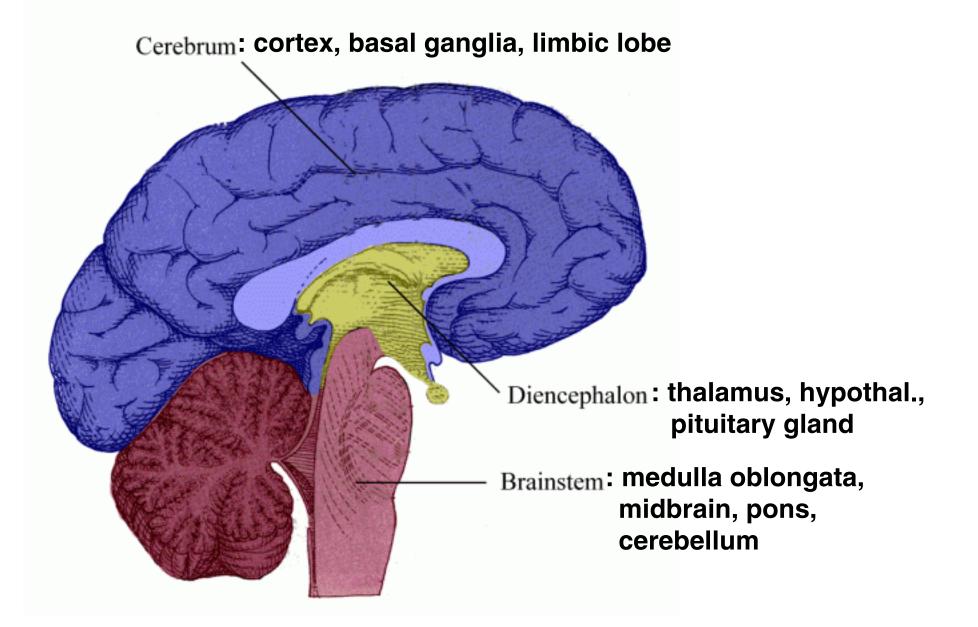
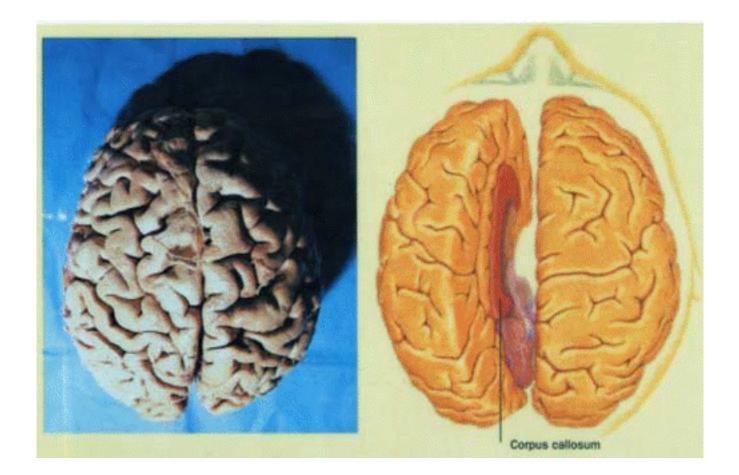
Neuroscience Tutorial



Brain Organization



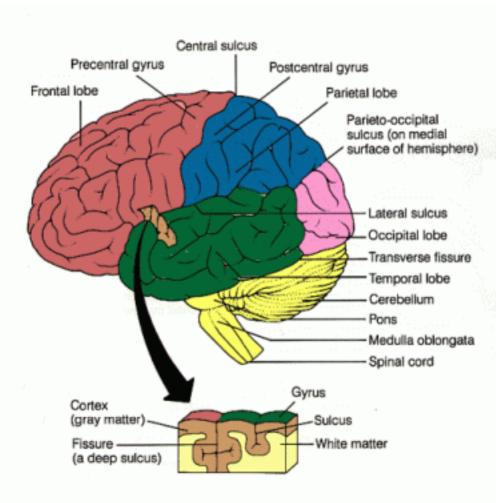
Cortical Organization

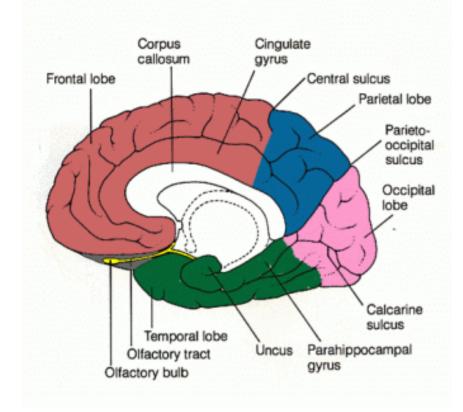


Cortical Organization

lateral view

medial view





Brain Terminology

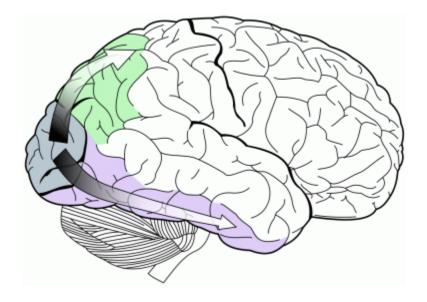
anterior toward the front toward the back posterior medial toward the middle (midline) lateral toward the side dorsal toward the top toward the bottom ventral superior above inferior below

Visual System

~30% of brain devoted to vision

- ~8% touch
- ~3% hearing

Visual System Organization



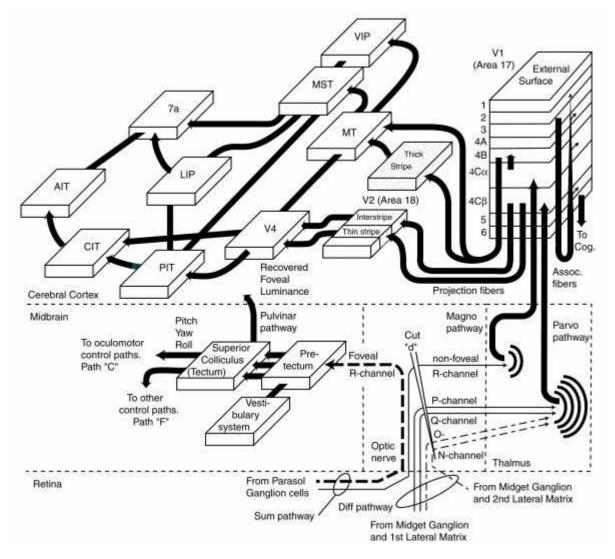
Dorsal stream

- "where" pathway: parietal cortex (V5, MT, LIP)
- location of objects, attention, motion

Ventral stream

- "what" pathway: temporal cortex (V4, IT)
- color and shape perception, object identification

Hierarchical Organization of Visual Cortex

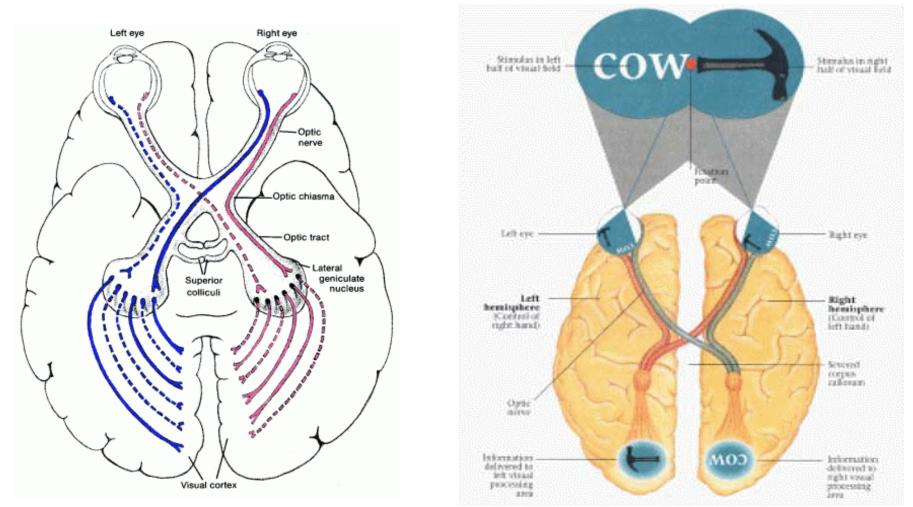


Pathways are reciprocal (feedforward + feedback)

"Bottom up" vs. "Top down"

Stages of Visual Processing

Lateral Geniculate Nucleus

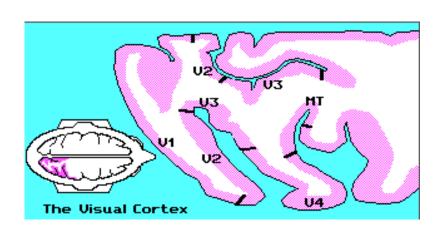


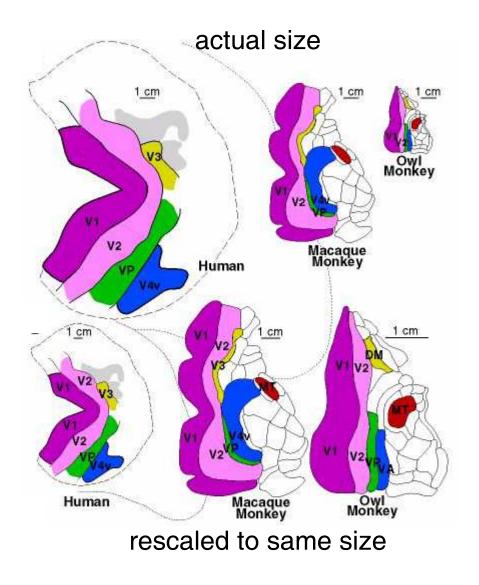
90% of projections to V1, 10% to superior colliculus -> pulvinar -> extrastriate small, center-surround receptive fields

V1 (primary visual cortex, striate cortex, area 17)

receives feedback projections from IT, FEF, MST, MT (not reciprocal)

receptive fields tuned to color, spatial frequency, contrast, orientation, motion direction, eye, binocular disparity





Topographic organization of V1

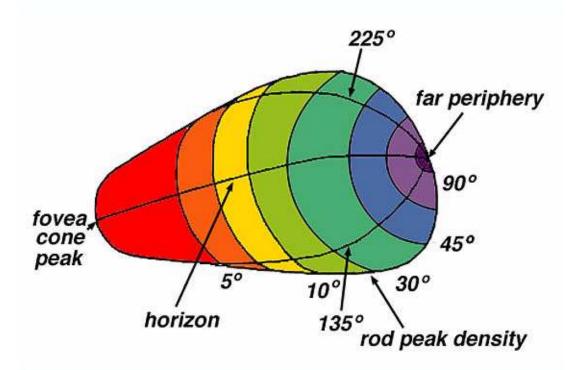


Figure 20. The unfolded striate cortex has a shape like a pear. It would be a quarter sphere if the visual fields were equally represented everywhere, but instead it is greatly distorted by the disproportionate representation of parts near the center of gaze (fovea), a feature termed "cortical magnification". In contrast, the far periphery is greatly underrepresented.

V2, V3, V3A (extrastriate)

V4 (extrastriate)

color perception

IT (inferotemporal)

form perception

broad receptive fields

stages within IT: posterior, central, anterior (PIT, CIT, AIT)

MT, MST

projections from V1

process motion

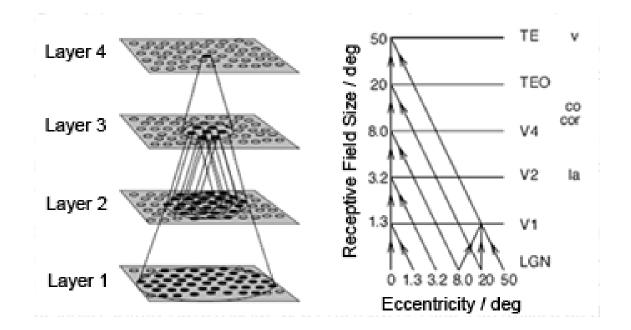
parietal, frontal attentional areas

projections from V4, MT

Hierarchical Architecture

Early stages: simple features, small receptive fields Late stages: complex features, large receptive fields

e.g., Stringer and Rolls (2002)

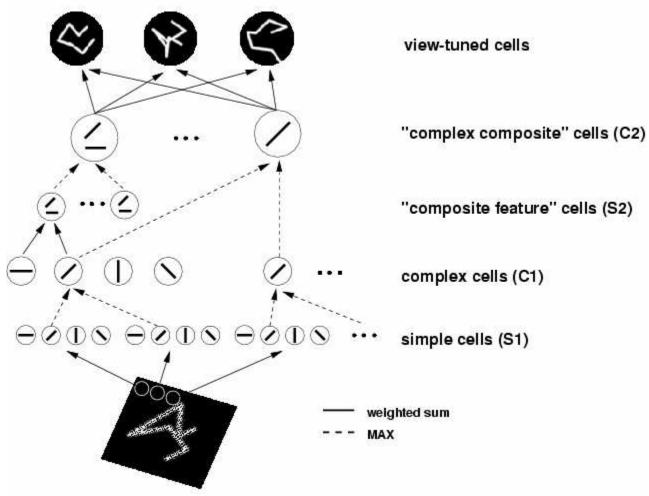


Hierarchical Architecture

Early stages: simple features, small receptive fields

Late stages: complex features, large receptive fields

e.g., Reisenhuber & Poggio model



Two Theories: The Role of V1 in Conscious Vision

Hierarchical theories

Awareness arises at later stages of visual system

Damage to V1 disrupts flow of information to high-level areas

Because V1 lacks direct projections to higher visual areas and frontal cortex (response initiation), it is not essential.

Prediction: awareness more tightly correlated with activity in extrastriate areas than in V1

Prediction: disruption of V1 activity should not impair awareness if extrastriate activity remains the same.

Interactive theories

V1 takes part in dynamic recurrent circuits with extrastriate areas necessary for awareness, possibly as a high-resolution 'master map' for binding

Disruption of V1 activity should always impair awareness even if extrastriate areas remain intact.

Prediction: disruption of V1 activity should always impair awareness

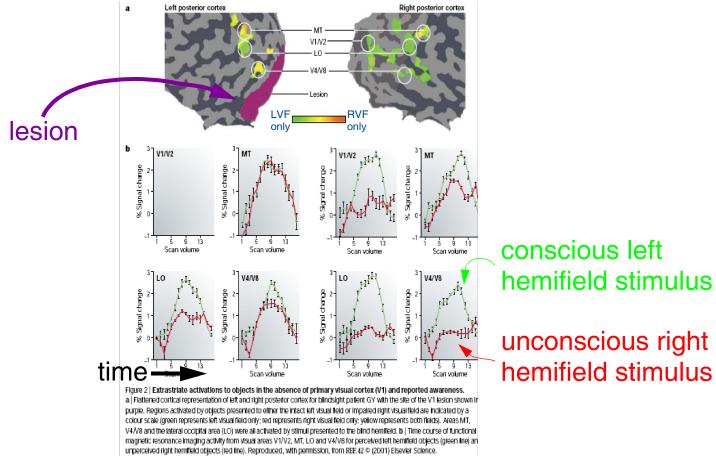
Evidence Consistent With Interactive Theories

Blindsight

V1 lesions -> loss of awareness in region of visual field

residual visual ability, e.g., forced choice discrimination above chance

visual information still reaches extrastriate areas (e.g., V3A, Mt, V4/V8, LOC)



Extrastriate lesions are more restricted, less devastating than V1 lesions

e.g., loss of motion perception with MT lesions

e.g., loss of color vision with V4/V8 lesions

e.g., prosopagnosia

Target detection

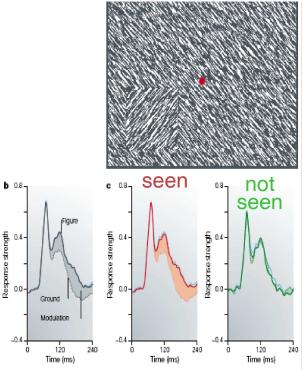
monkey study

fixation at center

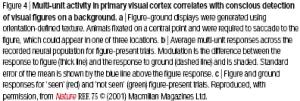
make eye movement to location of figure defined by texture/orientation

multiunit recording from V1 RF that is either figure or ground on a given trial

neural activity in V1 is related to perception/ response but occurs late in processing



Response strength



Transcranial Magnetic Stimulation (TMS) studies

Perception of briefly flashed stimulus disrupted by TMS pulse over V1/V2

TMS produces maximal disruption 70-120 ms after stimulus onset, which might be due to disruption of feedback signals from higher areas.

TMS of higher areas (MT) is most effective at stimulus onset

Eliciting motion phosphenes by applying TMS to MT

Second TMS pulse applied either to V1 or MT at various times before or after phosphene eliciting pulse

Phosphene disrupted by V1 pulse if lag is ~25 msec

TMS to MT fails to elicit motion phosphene to patient with ipsilesional V1 damage.

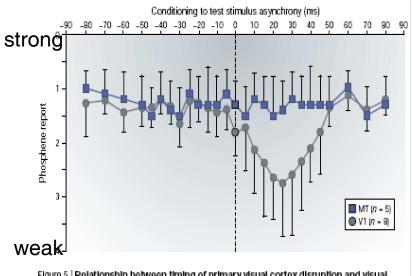
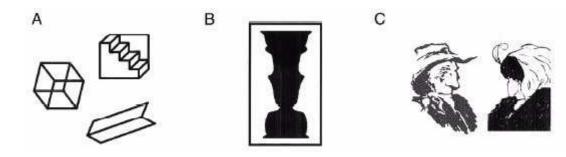


Figure 5 | Relationship between timing of primary visual cortex disruption and visual awareness. Transcranial magnetic stimulation (TMS) was applied to area MT to elcit a motion phosphene while a conditioning pulse was applied to elther primary visual cortex (V1) or MT at different relative times. The conditioning pulse was set to subthreshold levels for evoking a phosphene. Subjects reported whether they perceived: 1, a clearly moving phosphene; 2, a weakly moving phosphene; 3, a stationary phosphene; or 4, no phosphene. TMS applied over V1 between 5 and 45 ms after TMS over MT disrupted the perception of the phosphene, whereas a conditioning pulse applied to MT had no disruptive effect at any time interval. These findings support the proposal that feedback connections from MT to V1 might be necessary for awareness of motion. Reproduced, with permission, from REE 125 © (2001) American Association for the Advancement of Science.

Evidence Consistent with Hierarchical Theories

Bistable perception (reversible figures)



Increased activity of extrastriate, parietal, frontal areas increased at time of reported alternation; decreased activity of striate area

Are higher areas directing lower areas to reorganize?

Internally generated visual experiences (hallucinations, dreams, migraines, synesthesia, imagery)

Produce awareness but V1 activity is greatly reduced relative to real-world input.

Stimulation of temporal lobe can elicit hallucinations of people, scenes, objects.

Evidence Consistent With Both Theories

Binocular rivalry

presentation of incompatible images to the two eyes



comparison of rivalry vs. stimulus alternation with same statistics

Probe monocular region of V1 corresponding to blind spot (all activity in this region is internally generated)

fMRI modulations during rivalry were as large as those evoked by physical alternation -> rivalry might be resolved in V1

more consistent with interactive view

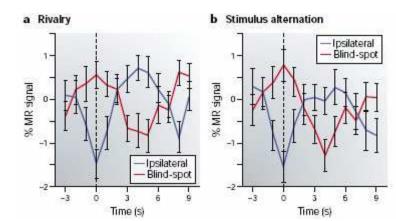
Rivalry with low and high contrast gratings

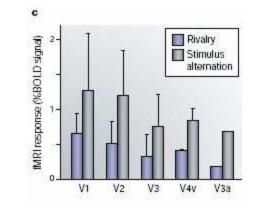
effects of rivalry are no stronger in higher visual areas

also more consistent with interactive view

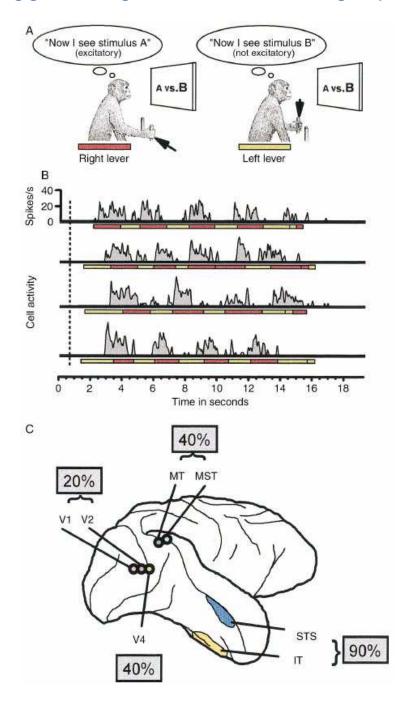
These human studies suggest that neural activity in V1 linked tightly to perception.

But monkey data...





But monkey data suggests higher areas more tightly linked to perception...



Conclusions

V1 is the only single cortical visual area necessary for awareness.

V1 is not sufficient for awareness

e.g., V1 response to gratings whose frequency is too high to be perceived Late component of V1 activity reflects top-down feedback Data are probably more consistent with interactive theory.

Strength of qualia depend on V1

e.g., adaptation effects: adaptation to orientation, color, motion -> decrease in V1 activity

e.g., internally generated visual experiences lead to some V1 activity, but not as much as with real-world input

Defining Consciousness: A Psychological Perspective (Allport, 1977)

Criteria for the presence or absence of awareness of X

e.g., X = black ink on page, letters, words, commands

1. Potential action

X can directly guide or control choice of actions

However, many types of actions: speech, reaching for object, pupil dilation

2. Memory

Individual must be able to overtly recall or recognize X later

3. Self-evaluation

Individual must be able to indicate confidence in awareness of X, as well as lack of confidence on occasion.

Indication can be verbal or nonverbal (betting, willingness to act on)