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Edited by

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Horizons in Systems Neuroscience 2022

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Editorial: Horizons in Systems Neuroscience 2022

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Editorial on the Research Topic

Horizons in Systems Neuroscience 2022

With its intricate network of billions of neurons, the human brain functions like a conductor, orchestrating thoughts, emotions, and actions. Systems Neuroscience aims to understand this complex symphony. Driven by technological advancement and a surge in interdisciplinary collaborations, this field has undergone a remarkable transformation.

The Research Topic "Horizons in Systems Neuroscience 2022" showcases fascinating new avenues of exploration. The nine articles cover diverse topics, including neural oscillations, perception, anxiety, memory, neuroplasticity, hypothesis, and theory. These works collectively provide insights into the brain's complexity and pave the way for future discoveries. All contributing authors were nominated in recognition of their prominence and influence in their respective fields.

Perception and actions are fundamental processes that characterize our lives and our possibility to modify the world around us. Bosco et al. reviewed the literature on how "The influence of action on perception spans different effectors." The manuscript focuses on the influence of action on perception, specifically on the action planning and the phase following the execution of the action. The authors conclude that action planning and action execution constantly influence perception, which may be used to improve artificial intelligence (AI) systems and increase users' trust in AI.

At the systems level, recent research into neural oscillations spans different brain areas, species, and disciplines, granting us a common ground for the disparate fields of neuroscience. In a minireview, Miles et al. reviewed articles related to "Hippocampal beta rhythms as a bridge between sensory learning and memory-guided decision-making." The authors highlight the role of beta oscillations in mediating coupling between the hippocampus and other regions involved in coordinating memory-guided behavior. This review puts forward hypothesis extending the role of beta oscillations beyond sensory systems toward a general role of hippocampal beta in enabling inter-regional coupling for sensory-driven, cue-reward associations and for enabling memory-guided behavior.

Gao et al. 10.3389/fnsys.2024.1415569

Long-term memory is achieved through a consolidation process where structural and molecular changes integrate information into a stable memory. In a review, Osorio-Gomez et al. discuss "Transforming experiences: Neurobiology of memory updating/editing." It explains how long-term memory is formed and updated through a consolidation process involving structural and molecular changes. The process is dynamic, adapting to environmental changes and integrating new experiences. The article highlights the potential clinical implications of memory updating in conditions like drug addiction, phobias, and post-traumatic stress disorder.

Heck et al. further summarize the "Cerebellar control of thalamocortical circuits for cognitive function: A review of pathways and a proposed mechanism" in a minireview. The article explores the cerebrocerebellar interactions and cerebellothalamic pathways in cognitive and motor functions. It discusses the role of the thalamus in coordinating neuronal oscillations, indicating increased functional connectivity. The authors suggest that cerebellothalamic pathways may be crucial in coordinating neuronal communication.

In a systematic review, Mowery and Garranghty discuss "Adult neuroplasticity employs developmental mechanisms." It summarizes studies showing adult neural plasticity, including primate somatosensory cortex. The article also discusses experiments revealing the physiological, morphological, and neurochemical mechanisms permitting this plasticity. It concludes that adult cells return to critical period-like plastic states under prolonged sensory deprivation.

Historically, spinal cord processes were considered mere mechanical relays for signals. Recent research challenges this view, this review by Grau et al. reveals that spinal cord mechanisms can organize behavior, alter pain processing, and infer stimulus relations. These processes resemble brain-dependent learning pathways. Spinal cord injury can induce plasticity while GABA transmission has a crucial role regulating such plasticity. Understanding spinal cord functions informs brain models and offers new treatments for spinal cord injury.

Anxiety disorders are the most common class of mental illness. A wealth of data has implicated the medial prefrontal cortex in the regulation of anxiety, and norepinephrine is a crucial neuromodulator of arousal and vigilance believed to be responsible for many of the symptoms of anxiety disorders. Bouras et al. reviewed "Prefrontal modulation of anxiety through a lens of noradrenergic signaling." This article details the various potential projections and mechanisms through which the medial prefrontal cortex can exert executive control over subcortical regions involved in anxiety following locus coeruleus activation with the proposed model and fascinating future directions.

In a clinically relevant review, Bonin et al. summarize the "Assessment and management of pain/nociception in patients with disorders of consciousness or locked-in syndrome." The authors discuss the challenges in assessing and managing pain in such patients. It highlights the need for clear guidelines and explores various topics, including the neurophysiology of pain, its impact, and treatment strategies. The review also suggests potential research directions for improving patient management.

Finally, as stated in the thought-provoking search for a theory summed up by Roland, the debate about "How far neuroscientists are from understanding brains" remains. This article highlights the current gaps in neuroscience, particularly in understanding how neurons interact at all scales and how brains function. It points out conceptual obstacles, such as the lack of models explaining neuron interactions, ambiguity in distinguishing different types of brain activities, and the insufficiency of dynamical systems theory to account for central nervous system activities. The author suggests that spatial dynamics could be a solution. The author also emphasizes the need for single-trial designs and statistics, as pooling and averaging data can destroy their underlying dynamics. The hypothesis/theory presented in the article is significant but perhaps also provocative, including the critical challenges identified and potential solutions proposed by the author. Nevertheless, it paves the way for the need for a theory explaining how the brains work.

These articles highlight the challenges in integrating findings across scales, deciphering the brain's code, and understanding its embodiment in the world. Despite these challenges, the diverse perspectives showcased in his Research Topic demonstrate the potential for groundbreaking discoveries in Systems Neuroscience. We eagerly await pioneering research that will sharpen the future of Systems Neuroscience.

Overall, the research and perspectives presented in this Research Topic underscore the complexity and interconnectedness of the brain's systems. By pushing the boundaries of knowledge, Systems Neuroscience has the potential to revolutionize our understanding of the brain and open new avenues for treating neurological and mental disorders.

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Adult neuroplasticity employs developmental mechanisms

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Although neural plasticity is now widely studied, there was a time when the idea of adult plasticity was antithetical to the mainstream. The essential stumbling block arose from the seminal experiments of Hubel and Wiesel who presented convincing evidence that there existed a critical period for plasticity during development after which the brain lost its ability to change in accordance to shifts in sensory input. Despite the zeitgeist that mature brain is relatively immutable to change, there were a number of examples of adult neural plasticity emerging in the scientific literature. Interestingly, some of the earliest of these studies involved visual plasticity in the adult cat. Even earlier, there were reports of what appeared to be functional reorganization in adult rat somatosensory thalamus after dorsal column lesions, a finding that was confirmed and extended with additional experimentation. To demonstrate that these findings reflected more than a response to central injury, and to gain greater control of the extent of the sensory loss, peripheral nerve injuries were used that eliminated ascending sensory information while leaving central pathways intact. Merzenich, Kaas, and colleagues used peripheral nerve transections to reveal unambiguous reorganization in primate somatosensory cortex. Moreover, these same researchers showed that this plasticity proceeded in no less than two stages, one immediate, and one more protracted. These findings were confirmed and extended to more expansive cortical deprivations, and further extended to the thalamus and brainstem. There then began a series of experiments to reveal the physiological, morphological and neurochemical mechanisms that permitted this plasticity. Ultimately, Mowery and colleagues conducted a series of experiments that carefully tracked the levels of expression of several subunits of glutamate (AMPA and NMDA) and GABA (GABAA and GABAB) receptor complexes in primate somatosensory cortex at several time points after peripheral nerve injury. These receptor subunit mapping experiments revealed that membrane expression levels came to reflect those seen in early phases of critical period development. This suggested that under conditions of prolonged sensory deprivation the adult cells were returning to critical period like plastic states, i.e., developmental recapitulation. Here we outline the heuristics that drive this phenomenon.

KEYWORDS

adult neuroplasticity, GABA receptors, glutamate receptors, developmental recapitulation, sensory deprivation

Introduction

Although neural plasticity is now one of the most widely researched phenomena in the field, there was a time when the idea of adult plasticity was antithetical to the mainstream. The essential stumbling block was that the robust structural and functional effects of early disruptions of normal visual experience were not apparent in adult models. For example, Wiesel and Hubel (1963a) reported marked atrophy of cells in the deprived layers of the cat lateral geniculate nucleus (LGN) when monocular visual deprivation began early in life. Adult-onset monocular deprivation, on the other hand, had no effect on LGN cell size. Similarly, early visual deprivation resulted in a profound effect in striate cortex such that nearly all of the recorded cells responded only to inputs conveyed by the non-deprived eye but no such effect was found when the deprivation began in adulthood (Wiesel and Hubel, 1963b). Subsequently, Hubel and Wiesel (1970) extended these findings and identified "the period of susceptibility." These studies provided convincing evidence that there existed a critical period for plasticity during visual system development after which the brain lost its ability to change in accordance to shifts in sensory input.

Despite the prevailing wisdom that mature brain is relatively immutable to change, there were a number of examples of adult neural plasticity emerging in the scientific literature. Interestingly, some of the earliest of these studies involved visual plasticity in the adult cat. A brief paper by Fiorentini and Maffei (1974) reported reduced binocularity in simple cells in adult cat visual cortex after the surgical immobilization of one eye, even with concurrent binocular deprivation (Maffei and Fiorentini, 1976). Other researchers (Brown and Salinger, 1979) reported the loss of X-cells in the layers of the adult cat LGN innervated by the immobilized eye following monocular paralysis, showing that adult neural plasticity could also be demonstrated in subcortical sites. A number of other examples of experience-dependent changes in adult visual system followed (e.g., Creutzfeldt and Heggelund, 1975; Hoffmann and Cynader, 1977; Salinger et al., 1977a,b, 1980a,b; Berlucchi et al., 1978a,b,c, 1979; Hoffmann and Holländer, 1978; Garraghty et al., 1982).

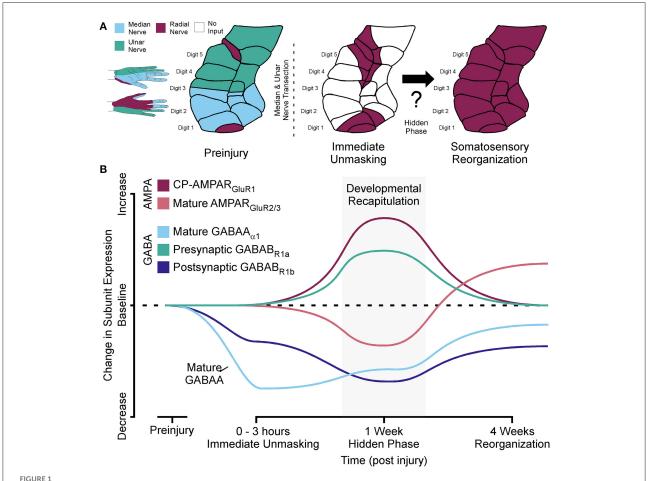
Even earlier, Wall and Egger (1971) reported functional reorganization in adult rat somatosensory thalamus after dorsal column lesions. Other experiments followed that showed plasticity in the dorsal spinal cord (e.g., Bausbaum and Wall, 1976; Wall, 1977), brainstem (e.g., Dostrovsky et al., 1976), and thalamus (e.g., Wall and Egger, 1971; Pollin and Albe-Fessard, 1979) after dorsal rhizotomies or dorsal column lesions. In these studies, cells in deafferented regions displayed abnormal receptive field properties that included responses to stimulation of intact peripheral pathways. Furthermore, it became apparent that this phenomenon was more than a transient response to deafferentation, as investigation of the

temporal nature of these effects suggested that these changes could be both very acute (immediate) as well as chronic (e.g., Dostrovsky et al., 1976; Millar et al., 1976). Surprisingly (in retrospect), resistance to the possibility of adult neural plasticity remained strong.

Plasticity in adult primate somatosensory cortex

In 1983, Merzenich et al. (1983a,b), reported on a series of seminal investigations that provided conclusive evidence that the topographic map of the body in adult primate somatosensory cortex could undergo substantial changes when parts of the map were deprived of their activating inputs via peripheral nerve transection. These experiments had two major advantages over the findings briefly discussed above. First, the transection of a peripheral nerve (the median nerve in these experiments) deprives a precise portion of the topographic map, eliminating any possible ambiguity as to the extent of the deafferentation. Second, these researchers used New World primates, such as the squirrel monkey Saimiri Saimirinae or owl monkey Aotus Aotidae as their subjects. These smaller primates, which descended from old world monkeys and apes about 40 million years ago, have brains that are relatively lissencephalic, and primary somatosensory cortex is exposed on the outer surface of the brain, rather than being buried in the central sulcus as it is in Old World primates and humans. Thus, the recording sites in the deprived portion of the topographic map could be unambiguously sited on photographs of the cortical surface as the primary somatosensory area (see Figure 1; Merzenich et al., 1983b). This latter fact made it possible to monitor the progression of the topographic reorganization over time after the nerve transection within individual subjects. These sequential mappings over time demonstrated that the reorganization proceeded in no less than two phases (see Churchill et al., 1998). Immediately following nerve transection, "new" inputs were recorded in restricted regions of the deprived patch of cortex. Over the following days to weeks, the second phase of reorganization proceeded, as the remaining areas of the deprived cortex became responsive to skin surfaces on the hand with intact innervation.

These ground-breaking discoveries engendered a number of new lines of research. Included among these were experiments that examined use-dependent alterations in cortical topography (e.g., Jenkins et al., 1990; Recanzone et al., 1992), in experiments that behaviorally controlled the tactile experience of the subjects. Allard et al. (1991) used digit syndactyly to show that when receptors adjacent digits were consistently coactivated because the digits were surgically fused, the normally discrete digit representation in primary somatosensory cortex became fused as well. Garraghty and Muja (1995) showed similar fusions in



Developmental recapitulation: a hidden phase of somatosensory reorganization. (A) Left: Cartoon showing the innervation by the median, ulnar, and radial nerve inputs and corresponding receptive fields in area 3b cortex of the non-human primate hand region prior to injury. Right: Cartoon showing how the radial nerve inputs are immediately unmasked prior to complete reorganization of non-human primate area 3b hand representations after median and ulnar nerve transection. (B) Line diagram demonstrating how the shift in AMPA and GABA receptor subunit expressions reveal a previously hidden phase of adult somatosensory reorganization associated with the recapitulation of developmental receptor states.

a monkey with a paralytic condition in one hand such that cortical neuronal receptive fields matched the aberrant pattern of skin surface coactivations that the paralysis produced. By labeling individual thalamocortical axonal arbors, the possible anatomical substrates supporting the plasticity were explored (e.g., Garraghty et al., 1989; Garraghty and Sur, 1990). These experiments showed that individual axonal arbors were larger than the grain of the topographic map, offering a means by which receptive fields could move across the cortex, as happens with nerve injury-induced reorganization. Potential neurochemical mechanisms were examined. Garraghty et al. (1991) used immunostaining for GABA to show reductions in the region of cortex that had undergone reorganization after nerve injury. Avendaño et al. (1995) showed that cholinergic mechanism were involved in the brain's response to sensory loss.

Additional studies evaluated other patterns or extents of sensory loss (e.g., Wall et al., 1983; Merzenich et al., 1984; Garraghty and Kaas, 1991a; Garraghty et al., 1994). Observations of nerve injury-induced plasticity were also extended to subcortical levels (e.g., Garraghty and Kaas, 1991b; Faggin et al., 1997; Churchill et al., 2001).

The earlier work of Wall and colleagues (e.g., Merrill and Wall, 1972; Wall, 1977) characterized the immediate phase of plasticity as the "unmasking" of latent inputs. These were defined as peripheral nerve receptive fields that were normally suppressed by the dominant nerve inputs to these cortical areas (e.g., radial nerve receptive fields in median nerve cortical territory). When the dominant input was removed, these subordinate receptive fields were expressed or "unmasked." Several lines of research subsequently offered confirmation for

this idea. First, there were several reports of increases in the receptive field sizes of cortical neurons when inhibition within the cortex was blocked with bicuculline (e.g., Hicks and Dykes, 1983; Dykes et al., 1984; Alloway et al., 1989), indicating that "latent" inputs were available to cortical neurons. Second, using suprathreshold whole nerve stimulation, Schroeder et al. (1995) showed that latent inputs could be revealed in somatosensory cortex. In these experiments, latent radial, but not ulnar, nerve inputs were recorded in "median nerve cortex," a finding that was consistent with the fact that the expansion of radial nerve-innervated skin surfaces accounted for most of the reorganization found in monkey cortex after median nerve transection (Merzenich et al., 1983a; Schroeder et al., 1997b; Myers et al., 2000). Finally, receptor autoradiographic (Wellman et al., 2002; Garraghty et al., 2006) and immunohistochemical experiments (Mowery et al., 2011) showed changes in GABA receptors that are consistent with a reduction in intracortical inhibition. Thus, the immediate topographic changes in the cortex after peripheral nerve injury appear to depend on the revelation of latent inputs that are normally under tonic inhibitory suppression.

The search for the mechanism(s) responsible for the protracted phase of reorganization was more challenging. At the simplest level, this stage of reorganization had to be due to either the sprouting of new connections, the strengthening of existing connections, or both. Anatomical studies examining the sizes of thalamocortical axonal arbors showed that the existing infrastructure was sufficient to permit the plasticity (Garraghty et al., 1989; Garraghty and Sur, 1990), suggesting that previously ineffective synapses were being strengthened. Motivated by the extensive literature involving glutamatergic NMDA receptordependent plasticity, experiments were conducted to investigate the possible contributions of these receptors to the topographic plasticity following peripheral nerve injury in adult monkeys. Not surprisingly, the immediate phase of reorganization proceeded whether NMDA receptors were blocked or not (Myers et al., 2000). The second stage of reorganization, on the other hand, was prevented if NMDA receptors were blocked (Garraghty and Muja, 1996). Thus, NMDA receptors were shown to be necessary for the "expression" of the second phase of cortical reorganization but not for its "maintenance." Moreover, receptor autoradiography showed increases in AMPA glutamatergic receptors that correlated with the second stage of reorganization (Garraghty et al., 2006). Classic long-term potentiation (LTP) in the hippocampus had been shown previously to be NMDA receptor-dependent for its induction but not for its maintenance (e.g., Collingridge and Bliss, 1987). Furthermore, the maintenance of the LTP has been shown to involve the postsynaptic accumulation of AMPA receptors (e.g., Tocco et al., 1992; Maren et al., 1993; for a recent review, see Díaz-Alonzo and Nicoll, 2021). These obvious parallels between hippocampal LTP and nerve injuryinduced topographic reorganization in primate somatosensory cortex have been previously addressed (Garraghty et al., 1998, 2006).

Evidence for the recapitulation of developmental plasticity in adult somatosensory cortex after peripheral nerve injury

Despite their similarities, fundamental differences remained between hippocampal LTP and somatosensory plasticity in their routes of induction, longevity, and temporal progression. Most importantly was the transient nature of hippocampal LTP vs. the presumed permanence of the nerve injury-induced changes in the somatosensory cortex. These differences led to the consideration of other possibilities. Dykes and Lamour (1988) reported the intriguing finding that the majority of neurons in primary somatosensory cortex (in cats) had no receptive fields. That is, they could not be activated by peripheral stimulation. Subsequently, Warren and Dykes (1992) showed that a subset of these unresponsive neurons became responsive when glutamate was applied to the cortex iontophoretically, but nearly half of the recorded neurons remained unresponsive to peripheral stimulation. These findings raised the possibility that the large subset of neurons with no demonstrable peripheral receptive field became responsive during the second stage of reorganization in monkey cortex. Some support for this possibility was reported by Schroeder et al. (1997a) who showed that the blockade of GABA in the cortex (here, visual cortex) resulted in a marked increase in cortical excitability that could be reversed with the blockade of NMDA receptors. Intracortical measures of GABAA and GABAB receptors are found to be low as the second stage of reorganization proceeds (Garraghty et al., 2006). Moreover, this plasticity is prevented by NMDA receptor blockade (Garraghty and Muja, 1996). Thus, it seemed possible that increased excitability in the cortex mediated by NMDA receptors was a critical contributor in this plasticity.

When network activity drops drastically, as happens with a stroke, amputation, or nerve injury, synaptic excitatory and inhibitory receptor trafficking is dramatically altered in an experience dependent way (Arancibia-Cárcamo et al., 2009; Lussier et al., 2011). Under normal conditions, excitatory synapse maintenance is carried out through postsynaptic receptor trafficking of AMPA receptors containing largely Glur2/3 subunits (Tanaka et al., 2000). *In vitro*, when presynaptic glutamate release falls drastically (e.g., with tetrodotoxin application), cells increase excitability by trafficking calcium permeable forms of AMPA receptor (CP-AMPARs) to the synapse (Wierenga et al., 2005), CP-AMPARs are special types of receptors that gate calcium and drive NMDA-like processes that can induce LTP (e.g., Asrar et al., 2009). These GluR2 lacking calcium permeable AMPA receptors have been shown to play a

major role in promoting circuit lability and metaplasticity (Clem and Huganir, 2010; Herry et al., 2010; Shepherd, 2012), and, thus, can enable potentiation at deprived synapses. This increase in lability occurs through the ability of the CP-AMPARs ability to gate calcium, thus giving them potentiating potential when NMDAR function is limited. This type of synaptic plasticity falls into the category of meta-plasticity, where neural activity can influence synaptic function at adjacent synapses over longer timelines. In fact, CP-AMPARs appear to play a significant role in activating silent synapses (Isaac et al., 1995; Liao et al., 1995). Silent synapses exist in developing systems prior to the onset of feed-forward activation in sensory systems. Here, primary inputs achieve dominance of the network while latent inputs remain muted. With adult-onset sensory deprivations, the latent inputs can be unmasked and the silent synapses activated through the CP-AMPARs.

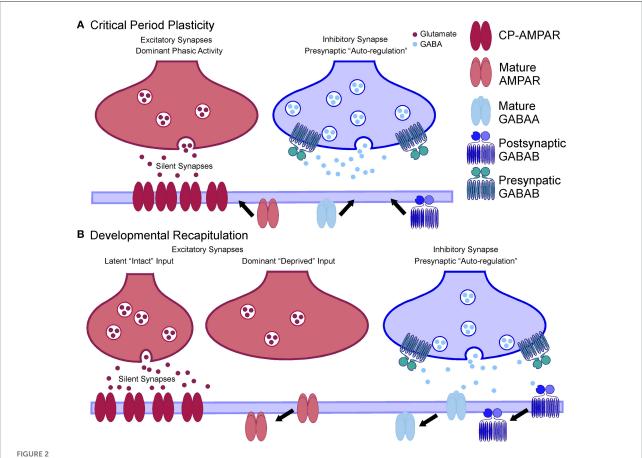
As discussed above, an immediate unmasking of latent inputs occurs after a network wide reduction in dominant afferent drive with nerve injury (Merzenich et al., 1983b; Schroeder et al., 1997b; Myers et al., 2000). This unmasking is enabled by the removal of GABAA and GABAB receptors from synaptic sites of deprived networks (Wellman et al., 2002; Garraghty et al., 2006). In the weeks following this unmasking, these latent inputs come to reliably activate the deprived cortical region (Merzenich et al., 1983a,b; Garraghty and Kaas, 1991a; Schroeder et al., 1997a), and this process is NMDA receptor-dependent (Garraghty and Muja, 1996). NMDA receptor potentiation typically requires strong levels of feed forward activity to drive synaptic strengthening; however, activity levels are greatly diminished in a deprived network. This implied the existence of a previously hidden form of metaplasticity that could facilitate the onset of the NMDA dependent phase of sensory reorganization, which is active by 2 weeks post injury (see Cusick et al., 1990). Selective targeting of AMPA and GABA receptor subunits with immunocytochemical techniques at 1 week post injury in the deprived cortex showed receptor subunit configurations for AMPA (Mowery and Garraghty, 2009) and GABAA/GABAB receptors (Mowery et al., 2011) that were different from those associated with the immediate unmasking phase and the subsequent NMDA receptor-dependent phase of adult somatosensory plasticity. This pattern of receptor expression was more consistent with a recapitulation of "developmental" plasticity (Figure 1).

In developing networks, this pattern is associated with a reduced level of mature GluR2/3 subunit containing AMPAR in the active synapses that instead contain an elevated level of GluR1 subunits (Kumar et al., 2002; Eybalin et al., 2004; Ho et al., 2007; Whitney et al., 2008). In these immature networks, weak sensory afferent inputs (eyes, ears, and skin) can be potentiated through GluR1 containing AMPA receptormediated calcium gating that serves to un-silence the synapse and tag it for GluR2 containing AMPA receptor delivery

and mature forms of NMDAR Hebbian strengthening. In the adult primate somatosensory cortex, similar changes to the expression of GluR1 and GluR2/3 subunits occurred shortly after peripheral nerve injury (Mowery and Garraghty, 2009) suggesting that GluR1 containing calcium permeable AMPARs might govern synaptic excitatory plasticity in cases where dominant excitatory inputs are severely reduced (injury) or lost (amputation). After sensory loss in the adult, a reemergence of this mechanism could facilitate the synaptic strengthening of latent subordinate synaptic connections located in more distal regions of the dendritic trees of cortical neurons (see Churchill et al., 2004).

In an emerging sensory system, excitation and inhibition are skewed toward excitatory processes to allow the onset of peripheral input to engage synaptic strengthening mechanisms. In very immature neural networks, GABAergic synapses form first and are depolarizing until the chloride battery comes online (see Ben-Ari, 2002). The onset of glutamatergic feedforward activity begins the process. As the chloride transporter KCC2 matures, weak inhibitory hyperpolarization gradually emerges as the chloride reversal potential moves toward adult levels. This activity dependent step is vital for the progressive rebalancing of excitatory and inhibitory synapses toward their mature states (Cancedda et al., 2007). During development lowered inhibition serves an important purpose, as the lack of mature hyperpolarizing postsynaptic GABAA receptors increases the probability of postsynaptic depolarization and promotes CP-AMPA mediated potentiation. At the same time, the lack of functional postsynaptic GABAB receptors, which inhibit NMDA receptor activation, promotes NMDA induced strengthening of the synapses (see Otmakhova and Lisman, 2004). Presynaptic GABAB receptors; however, are functionally active during development. These autoreceptors regulate postsynaptic GABAergic signaling in the face of immature postsynaptic GABAergic synapses (McLean et al., 1996) that lack a functionally relevant population of GABAA receptors (Paysan et al., 1994). In network states where inhibitory tone has been reduced, presynaptic GABAB autoreceptors likely regulate GABAergic transmission.

In cases of sensory deprivation in the adult, a recapitulation of this postsynaptic inhibitory configuration as described above would again support the activation of silent latent synapses from the remaining intact peripheral nerves. The reduction in postsynaptic GluR2/3, GABAA, GABAB subunits, as well as the increase in GluR1 and presynaptic GABAB subunits found in adult primate somatosensory cortex 1 week after nerve injury (Mowery and Garraghty, 2009; Mowery et al., 2011) mirrors the conditions seen in developing networks (Figure 2). That is, the excitatory/inhibitory (E/I) tone is imbalanced toward excitation with low levels of active GABAA (Golshani et al., 1997; Paysan and Fritschy, 1998) and postsynaptic GABAB receptors (Fukuda et al., 1993; Fritschy et al., 1999) that are regulated by presynaptic GABAB receptors (McLean et al., 1996). The



Parallels between critical period plasticity at developing synapses and developmental recapitulation at adult synapses. (A) Left: Cartoon showing calcium permeable AMPAR at silent excitatory synapses being activated and recruiting mature GluR2/3 containing AMPAR to the active dominant synapse. Right: Cartoon showing presynaptic GABAB autoregulation of inhibitory synapses prior to delivery of the mature postsynaptic GABAA and GABAB receptors, which are a hallmark of the closure of critical period plasticity. (B) Left: Cartoon showing the activation of calcium-permeable AMPAR at latent silent synapses after sensory deprivation of the normally dominant inputs. GluR2/3 containing AMPAR are removed from the deprived synapses until CP-AMPAR mediated processes can establish new "dominant" inputs. Right: Postsynaptic GABAB receptor autoregulation controls GABAergic inhibitory tone at synapses that have had the mature GABAA and GABAB receptors removed to promote activation of silent synapses.

heightened excitatory state is only rebalanced to the mature E/I tone after active synapses are re-established by the still active latent inputs, which is a similar set of conditions these networks are exposed to when feedforward peripheral activity first emerges during development.

Evidence for the recapitulation of developmental plasticity in other sensory and central systems after deprivation and injury

The onset of "adult-like" cortical inhibition is highly correlated with the closure of the critical period of plasticity in the visual cortex (e.g., Huang et al., 1999; Hensch, 2005) and

auditory cortex (Mowery et al., 2015, 2019). After this period, both visual (Hubel and Wiesel, 1963; Berardi et al., 2000) and auditory systems become resistant to general changes in sensory input (Takesian et al., 2012; Mowery et al., 2016). However, drastic changes to sensory input comparable to somatosensory nerve injuries (e.g., retinal and cochlear denervation) induce retinotopic reorganization of the adult visual cortex (Kaas et al., 1990) and tonotopic reorganization in the adult auditory cortex (Schwaber et al., 1993; Eggermont, 2017). Furthermore, the reorganization phase occurs after an "unmasking" phase where latent intact inputs are immediately expressed in visual (e.g., Chino et al., 1992) and auditory cortex (e.g., Irvine and Rajan, 1997; Mossop et al., 2000). Thus, it seems plausible that the previously hidden phase of plasticity revealed in the somatosensory cortex exists for the visual and auditory systems as well.

A careful review of the literature in which data exist for intermediary time-points between unmasking and reorganization does provide some initial evidence that a brief window of developmental recapitulation opens. However, carefully designed research will be needed to confirm this (e.g., see Nahmani and Turrigiano, 2014 for review). A reduction of GABAergic inhibition is present at all three stages of reorganization so studies supporting this effect are not surprising. Thus, many studies have provided evidence of reduced GABAergic inhibition related to lowered expression or down-regulation of GABA subunits in the deprived ocular dominance column of the visual cortex (Hendry et al., 1994) or areas of the auditory neuraxis after cochlear ablation (e.g., inferior colliculus, Bledsoe Jr et al., 1995; Mossop et al., 2000) or denervation (e.g., auditory cortex, Balaram et al., 2019). To date, no studies have investigated the effect of adult onset visual or auditory sensory loss for either pre- or post-synaptic GABAB expression or function. On the other hand, a hallmark of the developmental plasticity is a reduction of the GluR2 containing AMPA receptors, which are replaced by calcium permeable homomeric GluR1 receptors. Both monocular deprivation and cochlear denervation lead to an acute reduction of GluR2 receptor in the deprived visual dominance column (Wong-Riley and Jacobs, 2002) and the inferior colliculus or auditory cortex (Balaram et al., 2019). Furthermore, an increase in phosphorylation of the GluR1 containing AMPAR (serine 845 site) accompanied the appearance of CP-AMPARs at synapses following visual deprivation (Goel et al., 2011). Direct studies of this phenomenon in the visual or auditory cortex have not been carried out as of yet, but there is evidence to support preliminary investigation. It is worth noting that similar evidence for the emergence of developmental plasticity has been reported after other forms of central nervous system injuries (Emery et al., 2003), such as ischemia (e.g., Gorter et al., 1997), spinal cord injury (e.g., Harel and Strittmatter, 2006), and epilepsy (e.g., Rivera et al., 2005). Together, these pieces of evidence from many brain regions provide the rationale to search for a universal neural mechanism governing this brief window of plasticity.

The role of developmental recapitulation in the onset of maladaptive plasticity

Sensory deprivation during the critical period of development leads to persistent changes in sensory receptive fields (for review see Pedrosa et al., 2022). This can include massive reorganizations within a sensory modality or even across modalities such as when children are born deaf or blind (Sadato et al., 2002; Sathian, 2005). As we have outlined above, similar reorganizations happen in the adult networks when changes to dominant sensory inputs occur, but it is important

to outline any possible differences between developmental plasticity in neonates and developmental recapitulation in adult neural networks. Topographic mapping in non-human primate neonates using microelectrode recordings (Krubitzer and Kaas, 1988) or fMRI (Arcaro et al., 2019) have shown that the cortical topographic map in infants are basically indistinguishable from those in older monkeys. Given this fact, it is perhaps not surprising that nerve transections performed on infant primates resulted in patterns of topographic reorganization very comparable to the map changes with adult-onset nerve injury (Wall et al., 1992a,b).

Unfortunately, no time course or acute mapping studies were carried out after the infant-onset nerve transections, so it cannot be known that the mechanisms involved in the map reorganizations from following early sensory loss are the same as those discussed above for adult-onset nerve transections. However, the comparability of the topographic maps in infant and adult primates (Krubitzer and Kaas, 1988; Arcaro et al., 2019) does suggest that similar neural mechanisms guide the neural response to deprivation and injury in neonates and adults. Therefore, the major difference between the two states of critical period plasticity and developmental recapitulation doesn't involve the plasticity mechanism, but the neural scaffolding that is available to harness this plasticity. In adults, nerve injuries are often accompanied by the emergence of chronic side effects that greatly lower quality of life. For example, after somatosensory injury, chronic pain and phantom sensations often emerge (Flor et al., 2006). In the auditory system, the onset of tinnitus (phantom auditory tones) accompanies recovery from auditory nerve/hair cell injury (Baguley, 2002). For the visual system, retinopathy can lead to reorganization that eventually causes visual field defects (Safran and Landis, 1999).

These reorganizations are thought to be the consequence of maladaptive plasticity, and the etiological culprit could be related to the re-emergence of critical period-like states that allow aberrant functional connections to form between synapses deprived of their dominant inputs and adjacent intact functional synapses. This could offer an important clue toward the development of classes of drugs targeting the calcium permeable AMPARs or GABARs at these sensitive points to prevent this maladaptive plasticity from taking hold. Being able to evoke developmental recapitulation in the adult nervous system outside of reorganizing injuries would also be an interesting line of research toward the development of effective interventions for chronic nerve injuries that are largely untreatable. In the auditory system, exposure to auditory noise, has been suggested to "re-open" the auditory critical period (Zhou et al., 2011). Bavelier et al. (2010) used a pharmacological approach to reinduce the critical-period and treat amblyopia. Perhaps a similar approach using tactile stimulation or neuromodulators could be explored toward the treatment of nerve injury induced somatosensory disorders.

Conclusion

Our first foray into the issue of adult somatosensory plasticity examined the sizes of thalamocortical axonal arbors, as this was an essential piece of information needed to guide subsequent experiments. If thalamocortical axonal arbors precisely terminated in topographically appropriate patches of cortex, the sprouting of new connections would seemingly be required to move receptive fields across the cortex. As it turned out, we found that the axonal arbors were larger than the zones of cortex where their receptive fields were manifested. This "degenerate" anatomy (Edelman, 1987) clearly suggested that subthreshold inputs existing in the cortex gained strength during the reorganizational process. Thus, research in the field came to center on the mechanism(s) by which this strengthening occurred. Experiments targeting GABAergic mechanisms revealed the contribution of this neurochemical system to the immediate unmasking that followed the sensory loss. The relaxation of feedforward inhibition also permitted glutamatergic mechanisms to contribute to the latter phases of reorganization. With the finding that glutamatergic NMDA receptors are necessary for the latter stages of reorganization, we began view the peripheral nerve transection paradigm as a platform for studying adult neural plasticity per se, and not merely a feature of the somatosensory system. Ultimately, in our view, this nerve injury model in adult primates has revealed mechanisms of neural change that apply broadly across the brain, and the recapitulation of developmental plasticity is an important feature of experience-dependent adult plasticity.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Author contributions

Both authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Transforming experiences: Neurobiology of memory updating/editing

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Long-term memory is achieved through a consolidation process where structural and molecular changes integrate information into a stable memory. However, environmental conditions constantly change, and organisms must adapt their behavior by updating their memories, providing dynamic flexibility for adaptive responses. Consequently, novel stimulation/experiences can be integrated during memory retrieval; where consolidated memories are updated by a dynamic process after the appearance of a prediction error or by the exposure to new information, generating edited memories. This review will discuss the neurobiological systems involved in memory updating including recognition memory and emotional memories. In this regard, we will review the salient and emotional experiences that promote the gradual shifting from displeasure to pleasure (or vice versa), leading to hedonic or aversive responses, throughout memory updating. Finally, we will discuss evidence regarding memory updating and its potential clinical implication in drug addiction, phobias, and post-traumatic stress disorder.

KEYWORDS

recognition memory, associative learning, valence shifting, novelty and familiarity, reconsolidation

1. Introduction

Organisms, including humans, thrive in complex heterogeneous environments by modifying their behavior, increasing chances of survival and reproduction. Thus, memory is an indispensable mechanism that integrates knowledge and directs future behavior. The integrated information is preserved across different stages in which memory is encoded, integrated, and retrieved (Squire, 2009). Organisms generally recollect information about shelters, food sources, mate recognition and location, and dangerous situations. However, environmental conditions are not fixed, and milieus constantly change; therefore, organisms must adapt their behavior by modifying the previously integrated information. Hence, memory is also a dynamic process that provides flexibility for adaptive response during sustained environmental change. This flexibility enhances survival by updating and editing the integrated information and redirecting behavior according to fluctuating events.

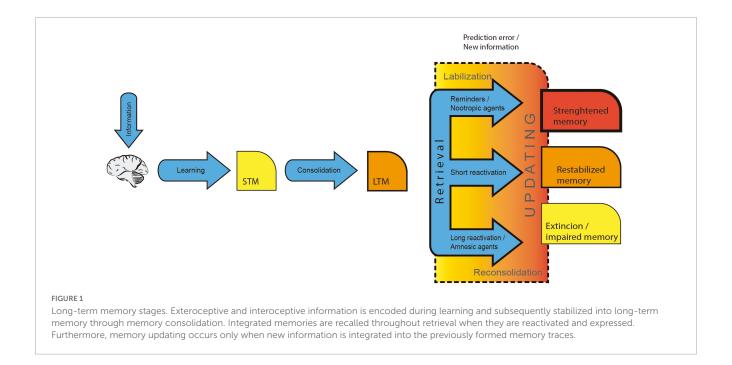
Memory integrates various experiences for different intervals; therefore, memory could be classified depending on the duration and participation of discrete brain structures and circuits, resulting in different memory systems. Memory is classified according to its duration as short-term (STM) and long-term memory (LTM) (Atkinson and Shiffrin, 1968; Norris, 2017). STM concerns the maintenance of information during short periods and involves the covalent modification of existing proteins, temporally changing the strength of pre-existing synaptic connections, while LTM involves persistent morphological and physiological changes yielded by de novo protein synthesis facilitating the retention of information for long-lasting periods, even a lifetime (Goelet et al., 1986; McGaugh, 2000; Dudai, 2004; Kandel, 2012). Memory is also classified by the integrated information type and divided into two categories: declarative and non-declarative (Squire, 2004). Non-declarative memory, also named implicit memory, integrates information acquired through repetition, such as habits or motor skills and conditioning (Squire, 2004; Ferbinteanu, 2019). Declarative memory is recalled consciously and subdivided into semantic and episodic memory; semantic memory concerns information associated with facts, whereas episodic memory is related to experienced events (Squire, 2009; Nadel and Hardt, 2011). Episodic memory organizes information associated with "where," "what," and "when" an event occurred (Tulving, 2002), facilitating the judgment of whether a recent experience has been previously experienced or encountered and the identification of specific information modalities, including faces, places, sounds, objects, or contextual changes. Recently, emotional components broadened the definition of these classifications, since all these kinds of memories can be integrated under different emotional states, thus enhancing their strength and duration.

Memory goes through different stages: encoding, consolidation, retrieval and reconsolidation (Sara, 2000; Abel and Lattal, 2001; Dudai, 2004; Rodriguez-Ortiz and Bermúdez-Rattoni, 2017). Encoding is an attention-dependent process where information is acquired (McGaugh, 2000). Then, information is processed—through protein synthesis—in a time-dependent stabilization mechanism that requires synaptic connectivity modifications within local and systems circuits for LTM integration (McGaugh, 2013, 2000; Bisaz et al., 2014). Memory retrieval refers to the process by which interoceptive and exteroceptive cues select and reactivate integrated information within memory systems resulting in a behavioral outcome (Ben-Yakov et al., 2015; Frankland et al., 2019). After retrieval, LTM can undergo destabilization and restabilization processes conjointly referred to as reconsolidation. Like consolidation, reconsolidation is a time-dependent event that could be affected by amnesic treatments (Nader et al., 2000). Nevertheless, the behavioral response is a dispensable condition during memory retrieval to trigger reconsolidation, since the pharmacological inhibition of memory expression does not affect memory reconsolidation (Rodriguez-Ortiz et al., 2012; Balderas et al., 2013; Santoyo-Zedillo et al., 2014). In this review, we will present evidence suggesting that reconsolidation is initiated every time information is updated, arguing that information updating, and not retrieval, is the crucial factor that triggers the reconsolidation process (Lee et al., 2017; Rodriguez-Ortiz and Bermúdez-Rattoni, 2017). Moreover, reactivated memories can be destabilized after the occurrence of a prediction error when new information is presented concerning previous knowledge. Afterward, LTM goes through a consolidation-like process known as reconsolidation/updating (Nader et al., 2000; Sara, 2000), where memory is enhanced, restabilized, impaired, or modified; it is during this stage that memory updating occurs (see Figure 1; Sara, 2000; Lee et al., 2017; Rodriguez-Ortiz and Bermúdez-Rattoni, 2017). In this work, we will focus on recognition memory editing (Squire and Zola, 1996; Tulving, 2002; Bermúdez-Rattoni, 2004; Balderas et al., 2015; Morici et al., 2015) and valence modification (positive or negative characteristics of the experienced stimulus) (Popik et al., 2020), generating memory updating.

2. Updating memory

2.1. Recognition and contextual memory

Integrated information within memories is not fixed and is constantly updated because of environmental changes. Declarative and non-declarative memories are susceptible to memory updating and editing; the integrated information predicts the following events. Then, a discrepancy between expectation and reality induces memory destabilization. Declarative memories, like recognition memories, integrate two distinctive processes: familiarity and recollection (Brown and Aggleton, 2001; Merkow et al., 2015). Familiarity conceives whether an event has already been experienced (Mandler, 1980), and the recollection process integrates the event's specific characteristics (qualitative-valence) (Evans and Wilding, 2012). Recollection is usually associated with the conscious retrieval of the contextual details in which a stimulus occurred (Yonelinas et al., 2010) and requires the integral functionality of several brain structures, including the hippocampal formation and prefrontal, perirhinal, entorhinal, insular, and postrhinal cortices (Brown and Aggleton, 2001; Yonelinas, 2002; Evans and Wilding, 2012; Bermudez-Rattoni, 2014; Merkow et al., 2015). Our understanding of the neurobiological mechanisms related to declarative memory, particularly recognition memory, has been mainly obtained through the evaluation of spontaneous object exploration paradigms. Novel object recognition (NOR) is based on an animal's innate tendency to explore novel stimuli, where animals discriminate between a previously encoded object and a novel one (familiarity) (Ennaceur, 2010). Another widely employed paradigm is object location memory (OLM). In this task, organisms identify a familiar object in a novel contextual distribution (recollection) (Ennaceur and Delacour, 1988). Both paradigms involve various behavioral sessions; initially, animals are handled and habituated to an empty open field or exploration arena. Then, animals freely explore one or two identical novel objects during the sample phase; throughout the test session, animals are reintroduced to the exploration arena. Recognition memory is assessed either by presenting a different novel object or changing the contextual configuration, NOR and OLM, respectively (Ennaceur and Delacour, 1988; Moreno-Castilla et al., 2018). Novelty demands attention, motivation, and memory processes (Bastin et al., 2019). Thus, NOR alludes that a stimulus has never been encountered (Kafkas and Montaldi, 2018), while an unexpected position/location of the familiar elements is named contextual novelty, as in OLM (Ranganath and Rainer, 2003; Kafkas and Montaldi, 2018; Bastin et al., 2019). NOR (Kelly et al., 2003; Akirav and Maroun, 2006; Rossato et al., 2007;



Balderas et al., 2013, 2015; Santoyo-Zedillo et al., 2014) and OLM (Villain et al., 2016; Kwapis et al., 2020; Wright et al., 2020) are susceptible to updating when new information (new object or novel configuration) is presented during reactivation/retrieval and is evaluated in a test session.

2.2. NOR and OLM updating

Object-related recognition memory is susceptible to modification and editing. Evidence suggests that NOR memory is only updated when a prediction error occurs. In a NOR updating experiment, animals equally explored two identical objects during the sample phase and then, during the reactivation phase, animals were exposed to different situations. A group of rats explored the same objects as in the sample phase (no prediction error). In contrast, another group explored a new pair of novel objects (totally novel information), and a third group explored a copy of the familiar object with a novel one (prediction error). For OLM updating, a different contextual conformation induces a prediction error. Administration of anisomycin, a protein synthesis inhibitor, within the perirhinal cortex (Balderas et al., 2013) or the hippocampus (Rossato et al., 2007; Choi et al., 2010; Huff et al., 2022) promotes retrograde amnesia, impairing object and contextual memory updating only in the prediction error group. To illustrate this, in an OLM updating protocol, rodents preferred to explore the switched objects due to a novel contextual configuration during the reactivation session. However, if rodents had successfully updated the changed information, they showed a similar preference for all objects, in the test session, when re-exposed to the same contextual configuration, because of contextual familiarity. Nevertheless, administration of anisomycin into the hippocampus impedes memory updating because rodents identify the familiar contextual arrangement as a novel one (Kwapis et al., 2020; Huff et al., 2022). Recognition memory enrolls different structures to update integrated memories depending on the prediction error session. When a prediction error occurs in the expected objects, the perirhinal cortex is mainly involved; however, when the prediction error occurs in the expected context, the perirhinal cortex and the dorsal hippocampus are implicated (Balderas et al., 2008; Winters et al., 2011).

Therefore, memories are reactivated and destabilized after a prediction error during memory retrieval to integrate updated information. Another characteristic of memory retrieval is the behavioral expression. However, memory expression is not essential for memory editing and updating. The pharmacological inhibition of the perirhinal cortex by the administration of muscimola GABA receptor agonist-before the reactivation/retrieval session hinders recognition memory expression, leaving memory destabilization and updating intact (Balderas et al., 2013). Muscimol administration impaired memory expression during the reactivation/retrieval session, since rats had no preference for the novel object, indicating that they could not differentiate between novel and familiar objects. However, in the test session, rats showed preference for a novel object, revealing that the original object-related memory was unimpaired despite the inhibition of memory expression. Moreover, administration of a protein synthesis inhibitor after the reactivation/retrieval session promotes object-related retrograde amnesia, since rats could not differentiate between the familiar and the novel object during the test session. The combined administration of muscimol (before reactivation/retrieval session) and a protein synthesis inhibitor (after reactivation/retrieval session) within the perirhinal cortex inhibits memory expression during the reactivation/retrieval session and induces object-related amnesia (Balderas et al., 2015, 2013; see Figure 2). Likewise, administration of CNQX (before the reactivation/retrieval session), an AMPA receptor antagonist, into the perirhinal cortex interferes with memory expression, observed as a failure to recognize the novel object during the reactivation phase, but maintaining original object-related memory; while the inhibition of N-methyl D-aspartate (NMDA) receptors (after reactivation/retrieval session) with APV or MK-801 leaves NOR expression intact but generates retrograde amnesia (Winters et al., 2009; Santoyo-Zedillo et al., 2014). Conversely, pharmacological

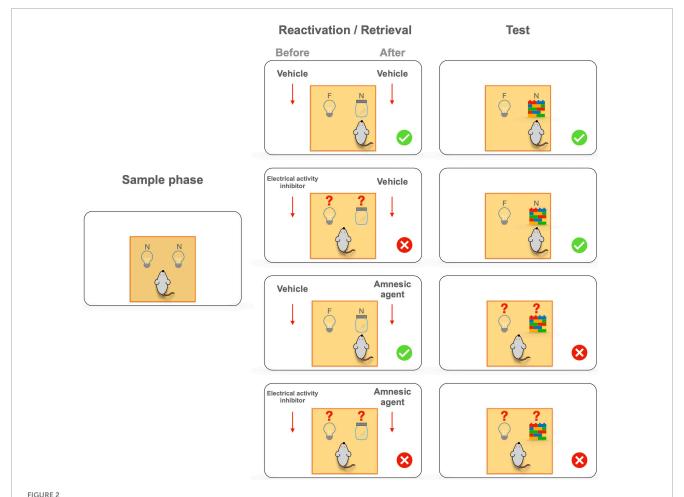
blockade of muscarinic receptors or inhibition of protein degradation within the hippocampus prevents destabilization of recognition memory during retrieval, arresting the amnesic effect induced by the administration of a protein synthesis inhibitor stimulus (Choi et al., 2010; Huff et al., 2022). Altogether, these results indicate that NOR destabilization and updating are independent processes from memory expression during retrieval (Figure 2). Although recognition memory updating is usually evaluated by administering amnesic agents, memory updating could also be assessed by its enhancement during the reactivation session. For example, a systemic nicotine administration during the NOR reactivation session promotes better performance during LTM (Tian et al., 2015), indicating that memory strengthening is also a kind of memory updating (Figure 1). Thus, discrepancies between the expected and experienced promote recognition memory destabilization and subsequent integration of the updated information, enabling the editing and modification of existing

Prediction error is commonly associated with dopamine when a discrepancy between the expected and received rewards occurs (Schultz, 2016). However, dopaminergic activity is also involved in other cognitive processes beyond rewards. Dopamine is a modulatory neurotransmitter associated with the regulation of perceptual salience. This memory process modulates the integration of inconspicuous stimuli into a relevant memory facilitating the transition from novelty to familiarity without enhancing the initial sensory perception in recognition memory (Gil-Lievana et al., 2022; Osorio-Gómez et al., 2022). In this regard, the integral functionality of the dopaminergic inputs from the ventral tegmental area and the locus coeruleus is required for novelty detection, comparing the presented information to previously integrated memories (Lisman and Grace, 2005; Lisman et al., 2011). Thus, it has been postulated that dopamine is a general mechanism for predictive processing; this activity signals the prediction error and the difference between the expected value of consequences and the received value (Diederen and Fletcher, 2021). Dopaminergic activity within the hippocampus and insular and perirhinal cortices promotes the consolidation and persistence of familiarity in recognition memory. Howbeit, the evidence related to catecholaminergic activity during NOR updating is limited. D1/D5 receptors pharmacological blockade through administration of SCH 23390 within the hippocampus prevents amnesia caused by the administration of a protein synthesis inhibitor during the reactivation session; these results suggest that D1/D5 receptors are involved in the destabilization process induced by the novel stimulus presented during the reactivation phase (Rossato et al., 2015; Gonzalez et al., 2021). Recently, we demonstrated that optogenetic inhibition of catecholaminergic projections arriving at the dorsal CA1 hippocampus, coming from the locus coeruleus but not from the ventral tegmental area, impedes object location memory updating. Significantly, the pharmacological blockade of hippocampal β -adrenergic receptors with propranolol hinders memory expression without altering memory updating, whereas D1/D5 receptors blockade, by SCH 23390 administration, impairs memory expression and updating (Gálvez-Márquez et al., 2022). These results suggest that dopaminergic activity arising from the locus coeruleus modulates both memory expression and updating when new contextual information is presented. More data are still necessary to comprehend the involvement of dopamine and noradrenaline in the transition of novelty to familiarity in recognition memory. Nevertheless, the gradual transition from novelty to familiarity usually requires several exposures to the novel stimulus, facilitating new information learning (Henson and Gagnepain, 2010) and neural plasticity changes (Lisman et al., 2011). This process suggests that every presentation induces progressive memory updating through reconsolidation processes until complete familiarization is accomplished (Rodriguez-Ortiz et al., 2005).

2.3. Taste recognition memory

Novelty detection is crucial since it has been suggested that the novelty-familiarity transition modulates overall recognition memory performance (Parker et al., 1998). Recognition memory is evaluated through different strategies; however, it has also been estimated through evolution-related paradigms, like taste recognition memory, referred to as the ability to identify a particular taste and its relation to post-ingestive consequences (Bermúdez-Rattoni, 2004). Organisms differentiate between novel and familiar food, reducing the ingestion of potentially harmful foods. This behavior is known as taste neophobia; if the tastant stimulus is not associated with positive/negative post-ingestive consequences, the taste becomes familiar, promoting attenuation of neophobia, observed as a gradual augmentation of the stimulus ingestion (Domjan, 1976). Accordingly, novelty detection induces a maximum behavioral response that is gradually diminished after the following presentations, suggesting that taste recognition memory is progressively updated until complete familiarization is accomplished (Rodriguez-Ortiz et al., 2005). Thus, neophobia and its attenuation assess the recognition of memory events necessary to transition from novel to familiar tastes (Osorio-Gómez et al., 2018). Moreover, neophobia and its attenuation are vulnerable to perirhinal and hippocampal lesions (Morillas et al., 2017), like the deficits observed in NOR. This evidence suggests that attenuation of neophobia employs brain structures involved in declarative memories (Moron et al., 2002; Manrique et al., 2009; Grau-Perales et al., 2019).

Another widely used taste recognition paradigm is conditioned taste aversion (CTA). Unlike neophobia and its attenuation, where there are no evident post-ingestive consequences, in CTA, the novel taste is associated with gastric malaise, preventing the animals from consuming the taste in future events (Garcia et al., 1955; Bermúdez-Rattoni, 2004). Hence, aversive taste recognition memory is essential to reject illness-associated tastes. This memory also requires updating and has been evaluated by promoting CTA strengthening through several training sessions (Rodriguez-Ortiz et al., 2012) or changing the expected consequence as in extinction (Garcia-Delatorre et al., 2010) or latent inhibition (Rodriguez-Ortiz et al., 2005). Taste recognition memory comprises two aspects: familiarity and relation to post-ingestive consequences. Therefore, taste recognition memory integrates the information related to the specific characteristics of taste, such as identity, intensity or valence (Breslin, 2013; Wang et al., 2018). Cooperatively, familiarity integrates the information to remember if a taste has been previously experienced. In this regard, results show that novel and familiar stimuli induce the graded activation of several brain regions (Kafkas and Montaldi, 2014). Novel taste exposure promotes catecholaminergic activity within several brain structures



Memory expression is not essential for memory editing and updating. The administration of an expression blocker (a GABA receptor agonist or an AMPA receptor antagonist) before the reactivation/retrieval session impairs recognition memory, since rats could not differentiate between the novel (N) and familiar objects (F). However, rats showed preference for a novel object in the test session, revealing that the original object-related memory remained intact despite inhibition of memory expression. Moreover, the administration of an amnesic agent (a protein synthesis inhibitor) after the reactivation/retrieval session promotes object-related retrograde amnesia, since rats could not differentiate between the familiar and novel objects during the test session. The combined administration of an expression blocker (before reactivation/retrieval session) and an amnesic agent (after reactivation/retrieval session) blunts memory expression during the reactivation/retrieval session and induces object-related amnesia (Based on Balderas et al., 2015).

(Royet et al., 1983; Dunn and Everitt, 1987; Steketee et al., 1989; Bassareo et al., 2002), including the amygdala (Guzmán-Ramos et al., 2012) and insular cortex (Guzmán-Ramos et al., 2010; Moreno-Castilla et al., 2016; Osorio-Gómez et al., 2021). When the taste becomes familiar, catecholaminergic response is reduced within the nucleus accumbens (De Luca, 2014), amygdala (Osorio-Gómez et al., 2017, 2016), and insular cortex (Osorio-Gómez et al., 2017). Similarly, exposure to a new taste elevates extracellular cholinergic levels within the insular cortex (Miranda et al., 2000; Rodríguez-García and Miranda, 2016); after the taste stimulus becomes familiar, these cholinergic levels decrease and are inversely related to the consumption of the familiar taste stimulus (Miranda et al., 2000).

Consequently, novelty detection induces a maximum response that is gradually diminished after the following presentations, suggesting that attenuation of neophobia can be assessed from a reconsolidation and updating perspective; every time animals are exposed to the taste stimulus, recognition memory is reactivated until complete familiarization is achieved, promoting memory destabilization and facilitating the integration of new information (familiarity) for memory updating (Rodriguez-Ortiz et al., 2005). The administration of a protein synthesis inhibitor into the insular cortex during the initial retrieval sessions of neophobia attenuation hinders memory reconsolidation and updating, generating the familiar taste that is recognized as novel again. However, when the stimulus is familiar, memory is no longer vulnerable to the amnesic effect (Rodriguez-Ortiz et al., 2005). Similarly, administering a muscarinic receptor antagonist within the insular cortex before a second taste familiarization session retards the attenuation of neophobia, and the taste is recognized as novel again (Gutiérrez et al., 2003), impeding memory updating.

Regarding catecholaminergic activity, optogenetic activation of the ventral tegmental area increases the neophobic response. However, optogenetic stimulation of dopaminergic terminals arriving at the insular cortex spares neophobia (Gil-Lievana et al., 2022). Moreover, pharmacological manipulation of the dopaminergic receptors within the nucleus accumbens (shell) or the amygdala impairs taste recognition memory updating. Blockade of D1/D5 receptors in both structures exacerbates the neophobic response even when the stimulus is becoming familiar

(second exposure to the stimulus), but attenuation of neophobia is hindered only after the blockade of amygdalar D1/D5 receptors. Nevertheless, activation of D1/D5 receptors within the amygdala diminishes the neophobic response and impedes the attenuation of neophobia updating (Grau-Perales et al., 2020). Therefore, dopaminergic activity requires modulation of the neophobic response and its updating during attenuation of neophobia.

Like object recognition, taste recognition memory updating only occurs when new information is aggregated. Gradual presentation of new information occurs during the novel-familiar transition, but also, novel information is incorporated when the stimulus' learned characteristics (valence) are changed. In this regard, taste recognition memory is again vulnerable to updating when a familiar stimulus is now associated with postingestive consequences, such as gastric malaise, generating a clear taste aversion even after complete attenuation of neophobia has occurred, indicating memory updating (Rodriguez-Ortiz et al., 2005). Inhibition of protein synthesis spares memory updating when the stimulus is familiar since no new information is added. Nevertheless, new information is integrated when the familiar taste is now followed by gastric malaise, making memory vulnerable again to the amnesic effect of protein synthesis inhibition, preventing the incorporation of updated information, i.e., taste aversion (Rodriguez-Ortiz et al., 2005). Taste aversion memory is updated through strengthening. Administration of a protein synthesis inhibitor into the insular cortex or central amygdala impairs aversive memory strengthening during repeated training sessions (García-DeLaTorre et al., 2009). However, when the taste becomes strongly familiar and aversive, due to several conditioning trials, memory is no longer vulnerable to destabilization and memory updating (García-DeLaTorre et al., 2009).

Taste aversion memory updating is an independent process from memory expression. The blockade of D1 dopaminergic receptors within the amygdala spares memory expression but impedes taste aversion updating (Osorio-Gómez et al., 2016). Furthermore, the pharmacological blockade of AMPA receptors within the amygdala (Garcia-Delatorre et al., 2014) impairs conditioned aversive response but spares memory updating, whereas inhibition of protein synthesis (Rodriguez-Ortiz et al., 2012) or the blockade of NMDA (Garcia-Delatorre et al., 2014) within the insular cortex hinders memory updating without interfering with memory expression. In this regard, there is a functional interaction between the amygdala and the insular cortex for taste aversion establishment (Escobar and Bermúdez-Rattoni, 2000; Guzmán-Ramos et al., 2010; Osorio-Gómez et al., 2019) and memory expression and updating (Osorio-Gómez et al., 2017). Through pharmacological manipulations, behavioral analysis, and microdialysis in freely moving rats, we observed that the administration of an AMPA receptor antagonist into the amygdala impairs aversive taste memory expression and prevents norepinephrine and dopamine release within the insular cortex. In contrast, the blockade of NMDA receptors within the amygdala spares aversive taste expression but hinders changes in glutamatergic levels within the insular cortex (Osorio-Gómez et al., 2017). These results suggest that the amygdala modulates memory expression by regulating catecholaminergic activity in the cortex. This was confirmed since blockade of D1 and β -adrenergic receptors within the insular cortex impairs aversive taste memory expression (Osorio-Gómez et al., 2017). However, glutamatergic activity *via* NMDA receptor activation in the amygdala and insular cortex is necessary for memory strengthening through updating (García-DeLaTorre et al., 2009; Garcia-Delatorre et al., 2010; Osorio-Gómez et al., 2016).

Memory updating happens after the appearance of a prediction error, inducing memory destabilization to integrate the new information into the previously formed memory. This process happens during extinction when animals expect that taste will be followed by illness. However, when taste is not followed by gastric malaise, this event promotes memory extinction updating taste information. Inhibition of protein synthesis within the hippocampus or the insular cortex hinders memory extinction since animals still recognize the tastant as aversive, even though the taste is no longer associated with gastric malaise, suggesting that the new information is not integrated into the memory trace (Garcia-Delatorre et al., 2010). Regardless, memory updating induces memory destabilization via activation of the ubiquitin-proteasome system; the pharmacological inactivation of this system impairs memory updating, avoiding destabilization and the subsequent integration of new information (Rodriguez-Ortiz et al., 2011). Altogether, if new information is presented during retrieval sessions, memories are destabilized, promoting the integration of the updated information. Taste recognition memory can be updated by familiarizing the taste stimulus when no post-ingestive consequences occur, throughout strengthening memory sessions or when there is a modification in the stimulus' learned characteristics (valence).

3. Emotional valence in memory updating

3.1. Integration of interoceptive and exteroceptive information

Several pieces of evidence indicate that the insular cortex translates and integrates external cues into interoceptive states that regulate a broad range of physiological and cognitive processes (Craig, 2009). Consequently, the insular cortex could be postulated as an integrative hub due to the vast reciprocal connections that exist between it and an extensive network of cortical and subcortical structures (Saper, 1982; Craig, 2009; Nguyen et al., 2016; Benarroch, 2019). Thus, as the insular area is responsible for the interoceptive processing of multisensory information, this region could play a vital role in the extensive processing of internal states involved in memory updating (Gu et al., 2013). This hypothesis could be sustained with the established role of the insular cortex in pain processing (Starr et al., 2009; Lu et al., 2016) and negative affective states like anxiety (Paulus and Stein, 2006). According to recent research, the insular cortex participates in mediating several processes related to craving and drug-seeking (Contreras et al., 2007; Naqvi and Bechara, 2009; Moschak et al., 2018) through the upregulation of opioidergic signaling, leading to an altered subcortical function and downstream activity (Pina et al., 2020). Thus, the insular cortex seems to be involved in the integration of multimodal information, including interoceptive and contextual information.

In this regard, contextual information is essential for several learning and memory processes. In a more direct contextual paradigm, the conditioned place preference model, where rodents are trained to associate a rewarding stimulus with contextual cues, memory could be destabilized when mice are re-exposed to the training context without the rewarding stimulus (Milekic et al., 2006; Gil-Lievana et al., 2020). This destabilization makes memory vulnerable to disruption through blockade of NMDA receptors in the insular cortex, inducing amnesia and facilitating the association of new contextual cues with a rewarding stimulus (Gil-Lievana et al., 2020). Interestingly, memory could be re-stabilized when no amnesic agents are given; thus, the original contextual memory is maintained and competes with the new contextual association, even after extinction trials (see Figure 3). Besides, contextual information is gradually incorporated by updating mechanisms that are dependent of protein synthesis. Administration of a protein synthesis inhibitor into the hippocampus impairs memory updating in partially trained animals, whereas the same manipulation in well-trained animals spares spatial memory (Rodriguez-Ortiz et al., 2008). This memory impairment is only observed after new memory encoding at the time of memory destabilization, including memory strengthening, updating or extinction (Morris et al., 2006; Rodriguez-Ortiz et al., 2008).

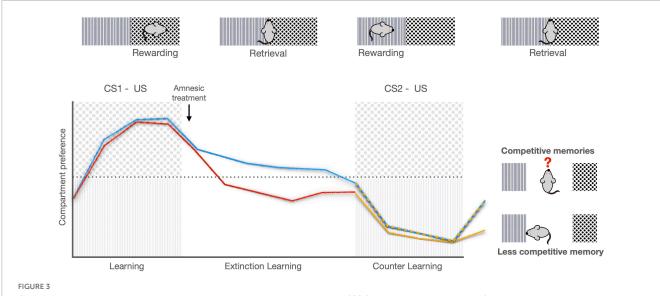
3.2. Salient experiences

During learning, and memory retrieval, specific neural circuits transduce salient experiences (e.g., rewarding and aversive as emotional valence) into instructive neural signals integrated into the memory circuitries (Schultz, 2015). Therefore, salient and emotional experiences processing during learning and memory is a multi-step phenomenon initiated by forming an association between a given stimulus and a related positive or negative consequence every time the stimuli and context are similar. After learning, experience is followed by the development or increase of attention, motivation and/or anticipation, generating a prediction of the event and defined by some as a "state of readiness for a consequence" (Kring and Barch, 2014; Rizvi et al., 2016). Moreover, there is feedback based on consequences and learning during memory retrieval, where a proper sequence of events is required for balanced integration between the expected value of a given stimulus and the predicted consequence (e.g., updating). The consummatory phase of reward or aversive avoidance processing occurs when the goal is achieved, leading to a hedonic (Kring and Barch, 2014; Rizvi et al., 2016) or aversive response (Ozawa and Johansen, 2018).

As expected, several systems that regulate positive or negative valence during emotional/affective processing also interact during associative learning, retrieval and updating. Research of the negative valence role in aversive processing during learning and memory provides insight into the complexity of numerous neurotransmitter pathways that simultaneously impact during aversive vs. hedonic memory. Pharmacological findings demonstrate that noradrenergic activity within the amygdala during aversive and emotional arousal training experiences enhances memory consolidation (Ellis and Kesner, 1983; Liang et al., 1990, 1986; Hatfield and McGaugh, 1999). It is known that aversive experiences produce a surge of noradrenaline in the amygdala (Quirarte et al., 1998; Guzmán-Ramos et al., 2012;

Osorio-Gómez et al., 2016). This noradrenergic surge promotes aversive associative learning and memory by activating βadrenergic receptors (Uematsu et al., 2017). The noradrenergic response arises from the locus coeruleus, which projects to the hippocampus, amygdala and insular cortex, eliciting noradrenaline release (Guzmán-Ramos et al., 2012, 2010; Robertson et al., 2013; McCall et al., 2017; Osorio-Gómez et al., 2021, 2016). Particularly, the noradrenergic modulation of amygdalar activity promotes aversive association since it receives nociceptive information (Bernard et al., 1993, 1992; Bester et al., 1997), improving paininduced associative learning (Watabe et al., 2013; Han et al., 2015; Sato et al., 2015) and anxiety-related responses (Galvez et al., 1996; Quirarte et al., 1998). Consequently, stress is argued to impact several stages of consolidation and memory updating during complex experiences where an emotional valence induces changes in the allostatic state (e.g., interoceptive and nociceptive modulation) that forms the growing motivational changes in the learned and updated behavior. In healthy humans, the β -adrenergic receptor antagonist propranolol blocks memory reconsolidation in a fear conditioning test (Kindt et al., 2009) and lasts at least 1 month resisting fear reinstatement (Lonergan et al., 2013). Viewing emotional memory updating as a process that includes an allostatic mechanism provides critical insights into how dysregulated neurocircuitry involved in basic motivational systems can transition into pathophysiology. Recent findings (Xue et al., 2017) demonstrate that the administration of propranolol disrupts memory reconsolidation in rats and humans in a nicotine disorder study (Lin et al., 2021). Similarly, propranolol impaired long-term alcohol context-related memory reconsolidation in a rat model (Wouda et al., 2010). Furthermore, some evidence suggests the efficacy of β -blockers in reducing post-traumatic stress disorder (PTSD) symptoms. Thus, blocking memory reconsolidation with propranolol reduced drug addiction and several anxiety/stress disorders (Brunet et al., 2018; Roullet et al., 2021). β-blockers could prevent the associations between environmental stimuli and the effects of self-administered drugs with their respective aversive emotional states. β-blockers decrease the aversive states that include interoceptive nociceptive signals associated with states of anxiety and stress due to the lack of the consumption of substances of abuse (Koob and Schulkin, 2019). Altogether, the evidence indicates the influence of noradrenaline on memory consolidation and memory updating in pathological and salient aversive experiences (Pigeon et al., 2022).

Regarding glutamatergic activity, nociceptive stimuli promote glutamate release, increasing responsiveness, enhancing the aversive response, and inducing the association between nociception and the experienced context (LeDoux, 2000; Bornhövd et al., 2002; Cardinal et al., 2002; Baliki et al., 2006). Furthermore, a recent study reports an increase in calcineurin, an essential plasticity protein, within the basolateral amygdala during fear memory updating (extinction); this protein is modulated via NMDA glutamate receptors (Merlo et al., 2014). Consequently, changes in the aversive/negative valence may be related to an increase in glutamatergic activity, through AMPA receptors (Cheng et al., 2011) and NMDA receptor activation, inducing plasticity reeling upon the synthesis of new proteins (Nader et al., 2000) favoring memory updating. Along with it, corticosteroids activate projections from the locus coeruleus to the amygdala, promoting the release of norepinephrine (McCall et al., 2017). Thus, glutamate and



Contextual memory updating. Animals were trained to prefer a compartment (CS1) with a rewarding stimulus (ventral tegmental area photo-stimulation; unconditioned stimulus, US). During the extinction training sessions, control animals are exposed to the conditioned stimulus (CS) without US, initiating extinction learning. The group of treated animals (red) received an amnesic treatment in the insular cortex (NMDA receptor antagonist) and place preference conditioning was extinguished. Then, both groups of animals were counter-trained in the other compartment (CS2) with the same rewarding stimulus. In the retrieval session, the control group maintains the original contextual memory that competes with the new contextual association (blue and orange-dashed line), indicating memory updating. However, the amnesic treatment disrupted the original memory, facilitating the association of new contextual cues with a rewarding stimulus (orange solid line) (Based on Gil-Lievana et al., 2020).

norepinephrine modulation of the amygdala enhances aversive memory acquisition and consolidates aversion-related tasks (Roozendaal and McGaugh, 1996; Roozendaal, 2002), and perhaps modulates memory updating. Particularly, noradrenergic and glutamatergic transmission could play an essential role in these pathologies, giving a crucial function to the amygdala-cortical pathways. These findings (see below) suggest that pharmacological intervention in cue-exposure therapies for addictive behaviors and anxiety disorders may be potentiated in understanding the mechanisms involved during new learning, memory retrieval, and memory updating.

Furthermore, emerging evidence gives insights into how acute modulation of opioids can influence memory consolidation and memory updating. Recent reports highlight the importance of the opioid system in regulating not just aversive experiences but also motivation and the sense of hedonic impact (e.g., "liking," the pleasurable/hedonic impact or various expressions of subjective pleasure induced by rewarded appetitive experience) (Peciña and Smith, 2010; Baldo, 2016). In this regard, several neural circuits that are thought to orchestrate feeding behavior overlap with the reward circuitry (Rossi and Stuber, 2018). Some reports agree that opioid peptide neurotransmission causes a shift in the valuation of the "hedonic gradient," ranging from displeasure to pleasure, which is not limited to the liking of stimuli (Eippert et al., 2008; Haaker et al., 2017). Moreover, micro-stimulation with opioid peptides increases motivation for different cue-triggered seeking responses and innate reward stimuli in rodents (Wassum et al., 2009; Mahler and Berridge, 2012); this data could be linked with growing evidence in animal models and human studies on the involvement of reconsolidation processes in related memories upon their reactivation during relapse to an addictive substance or after traumatic experiences or pathologies.

4. Clinical implications of memory updating

Drug addiction and substance abuse disorders are related to the leading causes of mortality and morbidity worldwide (Ritchie and Roser, 2019; Shield et al., 2020; Roser et al., 2021). Some current treatments involve behavioral and pharmacological strategies that acknowledge the psychobiological processes underlying addictions. These can be considered maladaptive reward memories, and the modification or updating of such memories, especially the cue/context reinforcer association, has been addressed through the manipulation of memory reconsolidation (Torregrossa and Taylor, 2013; Liu et al., 2019). Cumulative evidence indicates that propranolol, a β-adrenergic blocker, could be a valuable pharmacological agent to achieve long-lasting results affecting drug-related memories by altering the stability of the memory trace. For instance, in animal models, post-retrieval propranolol administration reduces alcohol-seeking behavior and impairs alcohol-associated memory (Wouda et al., 2010; Schramm et al., 2016). A similar effect was observed with cocaine (Bernardi et al., 2006) and morphine-associated memories (Robinson and Franklin, 2010). In human studies, the administration of propranolol after cocaine cue exposure (memory reconsolidation) decreases craving and physiological responses during a test session. However, this does not indicate memory erasure (Saladin et al., 2013). A small pilot study had similar results over craving severity in patients diagnosed with substance dependence when drug-related memory retrieval took place under propranolol effects (Lonergan et al., 2016). A recent study found a decrease in craving after propranolol reconsolidation disruption in smokers (Lin et al., 2021).

Another process explored to achieve drug-related memory modification is the modulation of the extinction process via

the glutamatergic system. NMDA receptor agonists (D-serine and D-cycloserine) facilitate the extinction of drug-induced conditioned place preference and reduce reinstatement (Botreau et al., 2006; Myers and Carlezon, 2012; Hammond et al., 2013). In humans, D-cycloserine has been assessed prior to extinction sessions, with poor results in alcohol-dependent subjects and cocaine addicts (Hofmann et al., 2012; Price et al., 2013; Santa Ana et al., 2015) and promising results in smokers (Santa Ana et al., 2009; Kamboj et al., 2012; Otto et al., 2019). Clinical studies have used cue exposure therapy based on the extinction of the conditioned responses elicited by environmental stimuli. The effectiveness of this therapy is limited in a lab-controlled environment (Franken et al., 1999; Marissen et al., 2007; Germeroth et al., 2017), which stresses that the relevance of extinction is mainly context dependent, challenging new therapies to prevent relapse under natural environments.

Emotional memories can be altered through the modulation of integrated information during reconsolidation, opening a possibility for treatment of other types of maladaptive memory traces that trigger undesirable symptoms affecting life quality like the ones associated with PTSD. Propranolol has been assessed as a safe pharmacological strategy to decrease these symptoms (Pigeon et al., 2022). A study reported positive effects after memory reconsolidation under propranolol administration (Brunet et al., 2018). The subjects showed decreased PTSD symptoms under propranolol influence, but other studies failed to produce memory trace destabilization that would allow complete or long-lasting remission (Wood et al., 2015; Roullet et al., 2021). Psychological interventions that aim to disrupt memories during reconsolidation by decreasing the intrusive symptoms have shown some positive effects (Astill Wright et al., 2021); for instance, traumatic memory reconsolidation, a cognitive-behavioral treatment focused on PTSD symptoms, expressed as immediate phobic-like responses triggered by stimuli over a series of treatment sessions where the memory is reactivated and destabilized with a narrative to modify that memory (for details on the treatment see Gray et al., 2019).

Phobias are considered anxiety disorders (American Psychiatric Association [APA], 2013) and are formed by aberrant emotional memories that have a profound and persistent impact on behavior. Different therapeutic approaches have explored the manipulation of memory destabilization-dependent processes (Vaverková et al., 2020). Several reconsolidation-based interventions in animal models of anxiety disorders have successfully used propranolol (Villain et al., 2016). A recent meta-analysis indicated that propranolol administration reduced cue-elicited emotional responses in healthy humans. In contrast, in clinical samples of aversive memories reactivated under propranolol, symptom severity was significantly reduced (Pigeon et al., 2022). This study contrasts with others reporting a lack of post-reactivation propranolol effect on fear of public speaking treatment (Elsey et al., 2020) and arachnophobia (Elsey and Kindt, 2021). Due to the heterogeneity of protocols and environmental conditions of memory reactivation, it has been complicated to reach a clear consensus on the efficacy of propranolol as a treatment tool for any anxiety disorder. A key question is whether the extensive evidence compiled on animal models can be translated as part of a successful treatment of maladaptive memories underlying some psychiatric disorders, given the significant number of confounding factors and limitations.

5. Conclusion

Memory editing and updating involve the dynamic and flexible information integration required to thrive under constant environmental alterations. This memory updating modifies the previously integrated information redirecting behavioral response for proper adaptive behavior. Memories are established by consolidation mechanisms that promote morphological and physiological neural changes that subserve memory persistence. Notably, after learning, information integration is accompanied by developing the prediction and expectation of the event and its consequences. Discrepancies between the expected and the experienced promote memory reactivation and destabilization during retrieval, encouraging the integration of new information that adjusts the previously integrated information. Memory updating is necessary for a novel to familiar transition, gradually shifting from displeasure to pleasure, or when a stimulus is no longer followed by a consequence like in extinction trials. Several neurotransmitter systems have been involved in the expression, destabilization, and updating of memories; however, the catecholaminergic system is mainly implicated in memory expression and destabilization, while the glutamatergic system allows the integration of the updated information. After memory destabilization, there is a temporal window where memories are vulnerable to interference. Thus, there is a particular interest in gaining more knowledge about the neurobiological mechanisms involved in destabilization and memory updating. Studying the neurobiological underpinning of memory updating will have potential implications for treating maladaptive memories such as addiction, phobias, and PTSD.

Author contributions

DO-G, MM, KG-R, and FB-R conceptualized, wrote, reviewed, and edited the manuscript. All authors read and approved the final version of the manuscript.

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Conflict of interest

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Assessment and management of pain/nociception in patients with disorders of consciousness or locked-in syndrome: A narrative review

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The assessment and management of pain and nociception is very challenging in patients unable to communicate functionally such as patients with disorders of consciousness (DoC) or in locked-in syndrome (LIS). In a clinical setting, the detection of signs of pain and nociception by the medical staff is therefore essential for the wellbeing and management of these patients. However, there is still a lot unknown and a lack of clear guidelines regarding the assessment, management and treatment of pain and nociception in these populations. The purpose of this narrative review is to examine the current knowledge regarding this issue by covering different topics such as: the neurophysiology of pain and nociception (in healthy subjects and patients), the source and impact of nociception and pain in DoC and LIS and, finally, the assessment and treatment of pain and nociception in these populations. In this review we will also give possible research directions that could help to improve the management of this specific population of severely brain damaged patients.

pain, nociception, disorders of consciousness, locked-in syndrome, pain assessment, pain management, theories of pain

1. Introduction

Pain refers to an "unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage" (Raja et al., 2020). Integrating several dimensions (physiological, sensory, cognitive, and emotional aspects), pain is based on subjective experience and therefore, on conscious processing of the stimulus. Like any subjective experience, communication with the patient is the most appropriate way to assess it. In severely brain injured subjects, such as patients with disorders of consciousness (DoC) and locked-in syndrome (LIS), verbal communication is impaired but does not

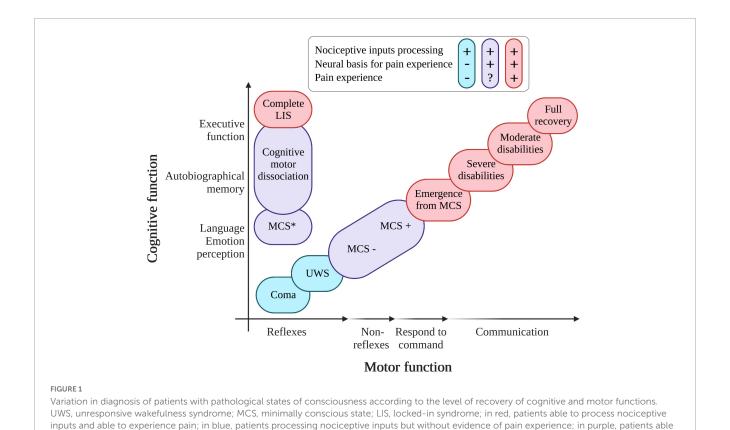
exclude the possibility that they experience pain. Even more, the absence of behavioral signs of consciousness does not preclude the patient to show (at least a minimum of) cortical activity preservation, suggesting partial preservation of consciousness and pain processing. Therefore, it is important not to neglect the assessment of pain and nociception in these patients with limited or no ability to communicate, regardless of the diagnosis. In the last years, clinicians tended to identify behavioral patterns related to conscious perception of pain, with important ethical and clinical implications in terms of diagnosis, prognosis, and treatment. Nonetheless, the absence of clinical signs of pain does not preclude a conscious (i.e., cortically mediated) pain experience nor a physiological impact of the nociceptive stimuli. Indeed, nociception refers to "neuronal process allowing the encoding and processing of a noxious stimulus" (Loeser and Treede, 2008) and while it does not require conscious perception of the stimulus, it leads to changes in the autonomic control of target organs (e.g., changes in heart rate, sweating, bronchial resistance to air flow, and pupil diameter) and behavioral responses (e.g., flexion withdrawal).

Disorders of consciousness could be due to various traumatic (TBI) or non-traumatic (NTBI) brain injuries (e.g., strokes or anoxia). In the United States, 2.5 million people suffer from a TBI each year (288,000 hospitalizations and 56,800 deaths) and some of them will become unresponsive wakefulness syndrome (UWS) or minimally conscious state (MCS) patients (Capizzi et al., 2020). In the United States, the prevalence of patients with DoC (adults and children) is estimated between 4,000 and 25,000 for patients in UWS and between 112,000 to 280,000 for patients in MCS (The Multi-Society Task Force on PVS, 1994; Pisa et al., 2014). In Europe, the cases of UWS patients are estimated between 4,362 and 58,160 in a population of 727,000,000 (Ashwal, 2004). The current literature does not allow to give the prevalence of LIS patients on a global or national level. Due to the absence of or impaired communication in these patients, pain assessment and management is a major clinical and ethical issue. DoC include different clinical entities based on cognitive level and motor abilities (see Figure 1). For instance, a patient who shows signs of arousal characterized by eye opening periods but no signs of awareness (i.e., only reflexive movement and absence of cortical processes), will be categorized as in UWS (The Multi-Society Task Force on PVS, 1994; Laureys et al., 2010). Patients in a MCS show reproducible, responses without functional communication and have partial cortical processes. They are classified into two main groups based on language preservation: patients in MCS minus (MCS-) showing non-reflexive behaviors (Bruno et al., 2011b; Giacino et al., 2018), and MCS plus (MCS+) who have a preservation of higher level non-reflexive behavior and language abilities (Thibaut et al., 2020). The progress of neuroimaging techniques has also allowed the emergence of new terminologies to classify patients with "atypical" brain activity patterns such as: minimally conscious state star (MCS*, i.e., patients behaviorally diagnosed with UWS but preserving residual brain activity congruent with MCS diagnosis at rest or during a passive or active paradigm; Thibaut et al., 2021), covert cortical processing (CCP or higher-order cortex motor dissociation -HMD, i.e., patient behaviorally diagnosed in a coma, UWS, or MCS— but retaining brain activity upon passive task; Edlow et al., 2017), cognitive motor dissociation (CMD, i.e., patient behaviorally diagnosed in a coma, UWS, or MCS- but retaining brain activity upon active tasks; Schiff, 2015). Finally, when a patient regains functional communication or functional use of objects, he or she is considered to be emerging from MCS (Di Perri et al., 2016). LIS is not considered as a DoC but could be misdiagnosed with coma and UWS (Cistaro et al., 2018). This condition results from a lesion in the corticospinal and corticobulbar pathways of the brainstem due to vascular pathology, traumatic brain injury, masses in the ventral pons, infection, or demyelination (Das et al., 2021). LIS patients suffer from limbs, head, and face paralysis (i.e., quadriparesis) as well as verbalization/vocalization, breathing, and coordination impairments. LIS patients can communicate using eyelid blinks, vertical eye movements, or head movements (i.e., yes/no communication code or letter spelling communication; Lugo et al., 2015). EEG-based brain-computer interfaces also allow LIS patients to communicate through brain signals (Annen et al., 2020). So far, there has been limited scientific research on pain processing in LIS. However, according to a European survey of health professionals, 90% of them considered that patients in LIS are able to feel pain and need to be treated (Demertzi et al., 2014). For patients with DoC, according to a survey, 96% of health professionals believed that MCS patients can feel pain, compared to 56% believing that UWS patients can do so (Demertzi et al., 2009). Nevertheless, as explained above, some behaviorally unresponsive patients can still have a cortical activity preservation suggesting covert consciousness (and potentially a preservation of pain processing). It is therefore important to set up pain assessment tools and treatments that are independent of the clinical diagnosis to avoid mismanagement.

This manuscript aims at reviewing the current knowledge about the assessment and management of pain and nociception in patients with DoC and LIS. We will first give an overview of the physiology of pain and nociception. We will then look more specifically at the possible sources and impact of pain in these populations. Finally, we will describe the tools and treatments currently in place for the assessment and management of pain and nociception for this patient population. This narrative review is based on systematic reviews, meta-analyses, original articles, and case studies.

2. Neurophysiology of pain and nociception

In order to understand the difference between pain and nociception and to comprehend to what extent severely braindamaged patients process nociceptive inputs and pain, we must first look at the neurophysiology of these two phenomena. When nociceptive stimulation occurs, following tissue damage for example, a signal will be generated at the endings of the nociceptive A δ (i.e., thinly myelinated fibers responsible for faster signal transmission, mediate nociceptive inputs but also non-nociceptive heat and cold stimuli) and C-fibers (i.e., non-myelinated, polymodal nociceptors that are sensitive to chemical, mechanical, and thermal stimuli, including nociceptive hot $->48^{\circ}\text{C}$ – and noxious cold $-<11^{\circ}\text{C}$). These fibers synapse at the level of the dorsal horn with the second nociceptive neuron that continues its path into the spinothalamic tract to the thalamus (for the majority of the fibers). After the thalamus, the signal



to process nociceptive inputs and having the (probable) neural basis for pain experience (created with BioRender.com, based on Thibaut et al. (2019)

arrives at several cortical areas [i.e., the primary and secondary somatosensory cortex and the insula and the anterior cingulate cortex (ACC)]. All these cortical and subcortical structures and their connections form a network which is activated following a painful stimulus. In this review, we will use the term "pain-related neuromatrix" to refer to these brain regions activated following a noxious stimulus. However, it is important to note that this network is not only related to pain processing but has been identified more as a salience detection network (Melzack and Wall, 1965; Ingvar, 1999; Brown et al., 2018). This supports the multidimensional aspect of pain sensation, already highlighted by Melzack and Wall (1965), and subsequently confirmed by neuroimaging studies: pain is not the result of the activation of a single specific region but of a network (Mouraux et al., 2011; Mouraux and Iannetti, 2018). The pain-related neuromatrix can be divided in two parts comprising: (1) the lateral system, involved in the sensory dimension of nociceptive stimulus processing (i.e., localization, duration, and intensity) which includes the lateral thalamic nucleus, the primary somatosensory cortex (S1), the secondary somatosensory cortex (S2), and the insula and the posterior parietal cortex; and (2) the medial system, related to the affective dimension of pain and comprising the medial thalamic nucleus, the prefrontal cortex, the ACC, the posterior cingulate cortex (PCC), and the posterior medial cortex (Bushnell et al., 1999; Hofbauer et al., 2001). These regions (i.e., prefrontal cortex, thalamus, and ACC) are also part of the external and internal networks of consciousness which underlines the importance of these brain areas in the conscious perception of pain. The insula also has an important role in the

affective processing of pain because it mediates the signal between the posterior insula (lateral system) and the rostral part of the ACC (medial system) (Coghill et al., 1999; Peyron et al., 2002). According to neuroimaging studies in healthy subjects during acute pain stimulation, the cortical and subcortical regions most involved in pain signal processing are S2, the insula and the ACC [for a review refer to Peyron et al. (2000)]. The use of hypnosis [i.e., a state of consciousness involving attentional focus and reduced peripheral attention, characterized by an increased ability to respond to suggestion (Elkins et al., 2015)] with analgesic suggestions leads to a decrease of brain activity in the ACC, and makes it possible to modulate the affective dimension of pain [for a review refer to Thompson (2019)]. The use of hypnosis has also been shown to be effective in relieving chronic pain. Indeed, in a 1997 study, a positive correlation between the perception of painful sensation and cerebral activity of the ACC was demonstrated (Rainville, 1997). Conversely, when the ACC and the insula are activated just before a nociceptive stimulation, an increase in pain perception is observed (Boly et al., 2007). Altogether, the literature shows that the ACC has an important role in modulating pain perception, notably by interacting with regions of the limbic system like the amygdala, the thalamus, and the hippocampus (Moriarty, 2011; Calabrò et al., 2017). These subcortical and limbic structures participate in the balance of activity between the fronto-temporo-parietal cortex (involved in consciousness; Demertzi et al., 2013; Di Perri et al., 2013, 2016) and the autonomic nervous system.

The ascending pathways described above activate descending pathways responsible for modulating the transmission of peripheral

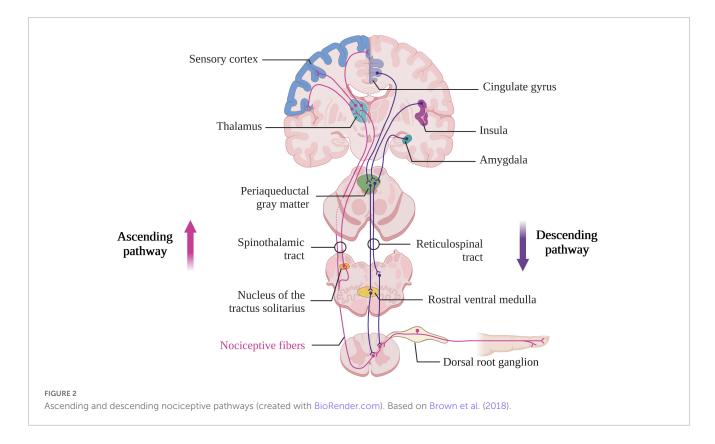
and recent empirical literature).

information. Indeed, the descending pathways (cholinergic and serotonergic) to the dorsal horn of the spinal cord are sensitive to peripheral stimuli and not only to nociceptive stimuli. There are also tonic facilitation and inhibition phenomena that originate in the brainstem and respond to peripheral or non-peripheral stimuli (Dunckley, 2005). The activation of these descending pathways starts in the cortex (i.e., in the insula and ACC) and extends through the hypothalamus and the amygdala to finally be transmitted to the brainstem in the PAG, the nucleus of the tractus solitarius and the rostral ventral medulla (Brown et al., 2018). This will result in an inhibition of neurons from the superficial dorsal horn relaying information carried by C-fiber to the deep dorsal horn (Figure 2). The suppression of the C-fibers signal will then facilitate the transmission of sensory-discriminative information conducted by the A-fibers (Heinricher et al., 2009). The hypothalamus, the amygdala and the PAG are also responsible for behavioral changes related to acute pain stimulation (Veinante et al., 2013). An fMRI study of awake subjects undergoing acute thermal pain stimulation has shown a decrease of brain activity in the hypothalamus and amygdala as well as an increase brain activity in the lateral PAG (Robertson et al., 2022). The lateral PAG is involved in the selection of appropriate defensive behaviors in response to the nociceptive stimulus [i.e., increase in motor, autonomic, and endocrine activity, as well as alertness, and inhibitory control of this pain (Bandler et al., 2000)] and is regulated by a number of regions including the hypothalamus and the amygdala. A lesion in these different ascending and descending pathways therefore may lead to a dysfunction in the processing of nociceptive stimuli and pain control (i.e., which can result in the phenomenon of central sensitization).

The conscious perception of pain is supported by the activation of the regions evoked above and the functional connectivity between these different regions and the thalamus (Baars et al., 2003; Dehaene and Changeux, 2011). However, even if some of these regions are essential for pain sensation and sensibility, others will play a subtler role and their lesion may not always lead to any noticeable change in terms of pain perception. As explained above, the pain-related neuromatrix, although well established in the scientific literature, is still subject to debate, not least because the regions of this pain-related neuromatrix are more broadly involved in multimodal processing and not specific to pain processes (Mouraux et al., 2011; Mouraux and Iannetti, 2018). A recent opinion paper discussed the idea that pain perception may originate from the brainstem and not only from the cortex. The authors based this assumption in part on the fact that cortical stimulation of specific regions of the pain-related neuromatrix does not induce pain, unlike other sensory modalities (e.g., primary auditory or visual cortex stimulation evokes respectively sound and light). Few studies have nevertheless shown that the electrical stimulation of regions such as the parietal operculum, the posterior insula, and the ventral caudal nucleus of the thalamus could induce pain sensation (Lenz et al., 1993; Mazzola et al., 2006; Bergeron et al., 2021). However, a lesion of the insula does not make the sensation of pain disappear (Libet, 1973; Mazzola et al., 2006; Afif et al., 2008; Isnard et al., 2011). On the contrary, some patients who have suffered a cortical lesion (i.e., central post-stroke patients) experience an increased sensation of pain (Boivie et al., 1989; Andersen et al., 1995). As pain is necessary for survival, these authors suggest that its conscious perception must have been in place before the expansion of the cerebral cortex and therefore be located in the brainstem. Many brainstem nuclei are involved in nociceptive signal processing [for a review refer to Napadow et al. (2019)]. fMRI in humans show that, upon acute cutaneous or visceral stimulation, the PAG, nucleus cuneiformis, ventral tegmental area, substantia nigra, parabrachial complex, and dorsolateral pons regions of the brainstem become activated (Dunckley, 2005; Fairhurst et al., 2007; Sprenger et al., 2011). The spinal trigeminal nucleus located at the level of the medulla and caudal pons is activated during painful stimulation in the orofacial region (Nash et al., 2009). The brainstem also seems to be involved in the phenomenon of conditioned pain modulation. For instance, inhibition of orofacial pain via painful stimulation of another area (such as the leg) results in a reduction of the fMRI signal in the dorsal reticular nucleus, dorsolateral pons, and spinal trigeminal nucleus (Youssef et al., 2016). PAG and rostral ventral medulla also appear to be necessary for the temporal summation of pain in connection with the phenomenon of nociceptive wind-up [i.e., facilitation of neural discharges caused by repetitive stimulation of primary afferent C-fibers, involved in central sensitization (Mendell, 2022) in humans and animals with chronic pain (Van Oosterwijck et al., 2013; O'Brien et al., 2018)]. The study of the functionality of these different brainstem nuclei is challenging, especially in neuroimaging studies due to the location of these elongated and small cross-sectional nuclei, their proximity to cardiorespiratory noise sources. The role of these nuclei in pain processing has yet to be studied in LIS and DoC, however, these severely brain-injured patients may present cerebral deformations that make the analysis of robust neuroimaging data difficult.

3. Source and impact of pain and nociception in DoC and LIS

Due to their physical condition and the clinical environment in which they find themselves, patients with DoC and LIS may experience various types of nociceptive insults. For instance, acute nociceptive events can occur after injuries (e.g., fracture, wounds, and soft tissue/solid organ injuries) or during daily care (e.g., catheterization, surgery, or physiotherapy). If pain is present after those injuries, it will act as a protective and adaptive signal for the integrity of the body (Craig, 2003) whereas chronic pain loses the role of warning signal (Varrassi et al., 2010). Chronic pain is persistent and/or recurrent pain lasting for more than 3 months and can result in functional and emotional changes such as depression or anxiety (Grichnick and Ferrante, 1991; Merskey and Bogduk, 1994; Turk et al., 2011). It can be due to muscle contractions, pressure sores, peripheral nerve injury, pain network disruption leading to allodynia, central sensitization, neuropathic pain, or spastic paresis [for a review see Zasler et al. (2022)]. Central sensitization results from a dysfunction of the descending central control system and corresponds to an "increased responsiveness of nociceptive neurons in the central nervous system to their normal or subthreshold afferent input" (Loeser and Treede, 2008). Neuropathic pain is defined by the International Association for the Study of Pain as a type of "pain caused by a lesion or disease of the somatosensory nervous system" as opposed to nociceptive pain occurring following nociceptor stimulation. Neuropathic pain



can be of central or peripherical origin depending on the lesion localization (Raja et al., 2020). At present, neuropathic pain may be identified by diagnostic testing [e.g., using questionnaires such as the DN4 (Bouhassira et al., 2005)], sensory testing coupled with self-report or neuroimaging (to locate the lesion). However, the use of questionnaires requires functional communication to express subjective experience and therefore cannot be used in patients with DoC. The difficulty of assessing this type of pain in DoC patients has so far not been addressed by any study. Regarding spastic paresis, a recent study showed that the majority (83%) of patients with DoC experience pain during physiotherapy sessions (Bonin et al., 2022b). This result can be explained in part by the high prevalence of spastic paresis in this population, ranging from 59 to 96% (Martens et al., 2017; Thibaut et al., 2021; Zhang et al., 2021; Bonin et al., 2022a,b). In addition to limiting patients' motor responses, leading to misdiagnosis (Monti et al., 2010; Cruse et al., 2011), spastic paresis also appears to be related to the presence of nociception phenomena. Indeed, when looking at the scores of behavioral scales which respectively assess nociception and spastic paresis, it seems that both variables are positively correlated especially in wrist and finger muscles (Bonin et al., 2022a). This can greatly affect the patient's ability to respond to commands and perform other motor-related tasks on which most of the Coma Recovery Scale-Revised [CRS-R, gold standard to assess the level of consciousness in DoC patients (Giacino et al., 2004)] items are based. Due to the fact that LIS patients are bedridden for long periods of time and therefore have limited mobility, they will develop pain mainly in the lower and upper limbs instead of the head, the back, and the abdomen (Bonin et al., 2022a). They will also be prone to develop spastic paresis, which can lead to persistent discomfort in the long run (Cairns and Stein, 2002;

Pistoia et al., 2015). A 2022 survey investigated the presence and management of pain in this specific LIS population. The results highlighted that half of the LIS patients surveyed have pain but do not communicate about it and 92% of these patients suffer from chronic pain (Bonin et al., 2022c). Nociception may also have an influence on the autonomic nervous system, provoking an imbalance between sympathetic and parasympathetic activity (Lee et al., 2020). This can have hemodynamic consequences (e.g., increase in blood pressure, tachycardia, and increased heart rate variability), or influence other target organs of the autonomic nervous system (pupils and their diameter, sweat glands, and skin conductance) [for a review see Lee et al. (2020)]. Although no studies exist on this topic in patients with DoC or LIS, it can be assumed that repetitive and/or long-term autonomic nervous system imbalance due to acute or chronic nociception or pain could have consequences for the patient's wellbeing, and could lead to systemic complications (Leo et al., 2016). For instance, it has been shown that, in moderate to severe traumatic brain injured (TBI) patients, autonomic nervous system dysfunction is correlated with an increase in morbidity (Purkayastha et al., 2019).

The perception of pain can vary according to different factors. Numerous studies carried out over the last few decades have revealed gender differences in terms of prevalence, perception and treatment of pain [for a review see Pieretti et al. (2016)]. Although women seem to report signs of pain more often than men, experimental studies on healthy subjects show mix results depending on the type of stimulation (i.e., mechanical, electrical, thermal, ischemic, and chemical) and the type of investigated parameter [e.g., duration and intensity of the pain sensation or pain tolerance or sensitivity (Labus et al., 2008; Racine et al., 2012)]. However, to our knowledge, no study has investigated

gender differences in terms of pain perception in DoC and LIS patients. In LIS patients, the position (lying/sitting) can increase or decrease the pain sensation, depending on each individual (Bonin et al., 2022c). Pain has a direct influence on patients' quality of life such as sleep quality, cognitive abilities, and emotion (Bonin et al., 2022c). Previous studies showed that the majority of patients with chronic pain have sleep disorders and that poor sleep quality can increase pain perception (O'Brien et al., 2011; Rousseau et al., 2015; Frohnhofen, 2018; Bonin et al., 2022c). In addition, the impact of pain on sleep quality can alter the level of arousal, as well as motivation in patients with DoC or in LIS. In this way, their ability to express signs of consciousness may be impeded, hence compromising the clinical diagnosis (Lanzillo et al., 2016; Estraneo et al., 2022). Consequently, the implementation of treatment to alleviate pain could have a positive impact on sleep quality and allow an improvement in the patients' level of arousal/vigilance during clinical examinations. Deleterious effects of pain on cognitive abilities (i.e., increase of tiredness and mood swings, and decrease of memory and concentration) and emotional regulation has been observed in patients with LIS (Bonin et al., 2022c). Other surveys found that some patients in LIS claim experiencing anxiety, depression or suicidal thoughts (Bergés et al., 2007; Rousseau et al., 2015). Furthermore, a past study has found an anti-correlated relationship between perceived pain and life satisfaction (Skevington, 1998; León-Carrión et al., 2002). Several variables can be related to the decrease of life satisfaction in patients with LIS such as the loss of mobility during recreational activities or language impairment/speech production (as communication seems to play a key role in the preservation of the quality of life in those patients) (Bruno et al., 2011a; Demertzi et al., 2014). These results underline the importance of identifying the sources of potential pain by using appropriate tools, to propose patienttailored management.

4. Pain and nociception assessment and management in DoC and LIS

4.1. Assessments

4.1.1. Behavioral scales

There are many behavioral scales allowing the assessment of pain in non-communicative patients, such as the Neonatal Infant Pain Scales (NIPS; Lawrence et al., 1993), the Faces, Legs, Activity, Cry, Consolability pain scale (FLACC; Merkel et al., 1997) or the Children and Infants Post-operative Pain Scale (CHIPPS; Buttner and Finke, 2000) that assess pain in newborn, infants or adolescent. Other scales include the Pain Assessment In Dementia Scale for patient with dementia (PAINAD; Warden et al., 2003) and the Checklist of Non-verbal Pain Indicator to assess pain in cognitively impaired older adults (CNPI; Feldt, 2000). None of these scales are specific to severely brain-injured patients with DoC and LIS. The Nociception Coma Scale (NCS) has been developed to fill this gap (Schnakers et al., 2010) and consists in four subscales assessing motor, verbal and visual responses, as well as facial expression. It allows to disentangle reflex (e.g., groaning or oral reflex movements) from higher-level behaviors (e.g., pain localization and cry or intelligible verbalization). The visual subscale is the only subscale of the NCS that does not show significant changes between a noxious and a non-noxious condition. As its absence does not alter the sensitivity of the assessment, it was eventually removed to give the Nociception Coma Scale-Revised [NCS-R; Chatelle et al. (2012) total score ranging from 0 to 9]. The NCS-R is sensitive to the level of consciousness, with patients in MCS having higher NCS scores than patients in UWS, and allows the distinction between noxious and non-noxious stimulation (Chatelle et al., 2012, 2014b, 2018). A neuroimaging study in DoC using labeled Fluoro-Deoxy-Glucose (FDG)-PET found a positive correlation between brain activity in the ACC and NCS-R scores, suggesting that these scores are related to a cortical processing of pain (Chatelle et al., 2014a). This scale might also give an indication on the probability of recovering consciousness. Indeed, in a recent study, 76% of the patients in UWS who evolved to MCS showed significant behavioral changes at the NCS-R and NCS 1 week before the new diagnosis. Threshold for prediction has been determined for the NCS-R and the NCS and showed high predictive accuracies (Cortese et al., 2021). However, the NCS provides a better classification of patients likely to evolved to MCS than the NCS-R due to the presence of the visual scale (i.e., visual pursuit and fixation are among the first signs of consciousness observed in patient recovering from a UWS). In clinical practice, mechanical stimulation (i.e., pressure on the nail) is used to perform the assessment by the NCS-R. One study highlighted that the pain threshold following mechanical stimulation (i.e., pressure on the nailbed with an algometer) was lower in patients with DoC than in healthy subjects (Sattin et al., 2017). However, this stimulation technique has very high inter-rater variability. If not performed using an algometer, it allows limited control of the stimulus intensity. Another study conducted in 2019 showed that the use of personalized stimuli, determined on a case-by-case basis by the clinical team during patient mobilizations, resulted in higher scores on the NCS-R compared to standardized stimuli (Formisano et al., 2020). This could allow a case-by-case assessment depending on the patient, particularly in prolonged DoC patients suffering from pain during mobilization at the moment of care (Bonin et al., 2020, 2022b). The NCS-R is a relevant behavioral tool for pain assessment in non-communicative brain-damaged patients [for a review on psychometric values refer to Vink et al. (2017)], as NCS-R scores appear to be related to cortical processing of pain and nociception.

A 2012 study tried to determine an NCS-R cut-off score allowing discrimination between noxious and non-noxious stimulation, but the result was not confirmed in a later study (Chatelle et al., 2012, 2018). Chatelle et al.'s (2018) study determined an NCS-R cut-off score of 2 as being related to nociception (i.e., obtainable by reflex behaviors such as flexion withdrawal or oral reflex movement). Nevertheless, the presence of these reflex behaviors does not necessarily imply a conscious perception of pain. Finally, a recent study based on neuroimaging data (i.e., FDG-PET), determined a conservative NCS-R cut-off score of 5 as being specific to a cortical processing of pain and allowing the detection of covert consciousness (e.g., MCS*). The study highlights brain metabolism differences between "FDG-PET confirmed UWS" patients (i.e., patient diagnosed as UWS with the CRS-R and with a global hypometabolism), patients with potential pain (i.e., UWS and MCS patients with NCS-R score ≥5) and healthy subjects at both global and regional levels (i.e., left insula involved in the processing of the sensory and affective dimension

of pain) (Bonin et al., 2020). Although this cut-off score is very conservative, it has a low sensitivity, which means that patients with a score of less than 5 should not be overlooked as they may still suffer and need appropriate treatment.

Studies involving nurses working with DoC patients confirm the ease of use and clinical relevance of this scale in assessing signs of pain in this population (Vink et al., 2014; Poulsen et al., 2019). Nonetheless, respondents considered that the use of a cutoff score underestimates the number of patients in pain and suggested that the use of physiological measures to complement the behavioral assessment should be favored (Poulsen et al., 2019). In cases of severe spastic paresis or intubation/anarthria, the facial expression subscale of the NCS-R is the only subscale on which the clinician can rely (Garuti et al., 2014; Thibaut et al., 2015). However, some facial expressions assessed by the NCS-R such as groaning or grimacing are not only associated with nociception but can be signs of agitation (Corrigan, 1989; Bogner et al., 2015). A study investigating the clinical relevance of the NCS-R in tracheostomized DoC patients showed that both the total score and the verbal subscore of the scale were decreased in DoC patients with tracheostomy compared to DoC patients without tracheostomy (Lejeune et al., 2020). However, the presence of a tracheostomy had no impact on the sensitivity and specificity of the cut-off score of 2. The authors recommend that the NCS-R should still be used in these patients but that the presence of a tracheostomy should be specified and taken into account in the assessment. Together, these studies confirm the experimental and clinical utility of the NCS-R in the assessment of pain in patients with DoC (Chatelle et al., 2016). As a corollary, these studies emphasize the need for clear guidelines regarding its use.

For appropriate daily management of pain, it appears that the NCS-R is not sufficient alone. The clinical assessment of pain should be based on a multi-modal approach that also considers (neuro)physiological markers wherever possible. Behavioral scales also involving physiological markers have recently been created, such as the Pain Assessment Scale (PAS), devoted to the assessment of patients with acquired brain injuries (Poulsen et al., 2016). It consists of 27 items, divided into four sections, and assessing physiological/autonomic responses, body language, verbal communication, and behavior during potentially painful manipulations. Preliminary results from this study show that half of the assessed items (7 of which were physiological markers) obtained very good inter-rater agreement, suggesting that some of them could be included in a new pain scale. Then, based on these results, the Brain Injury Nociception Assessment Measure (BINAM) was developed to measure nociception intensity in patients with severe brain injury who are unable to communicate (Whyte et al., 2020; for a comparison of the different scales refer to Supplementary Table 1). It consists of 10 items assessing both behavioral (e.g., facial expression and presence of tears) and physiological (e.g., respiration rate and skin temperature) parameters related to the processing of a nociceptive stimulus. The scores are independent of the diagnosis or state of agitation of the patients and appear to be sensitive to pain-inducing conditions (e.g., physiotherapy) as well as analgesic treatments (Whyte et al., 2020). However, studies are still needed to validate its clinical utility. The NCS-R is in fact the only behavioral scale recommended by the guidelines of the American Academy of Neurology (Giacino et al., 2018).

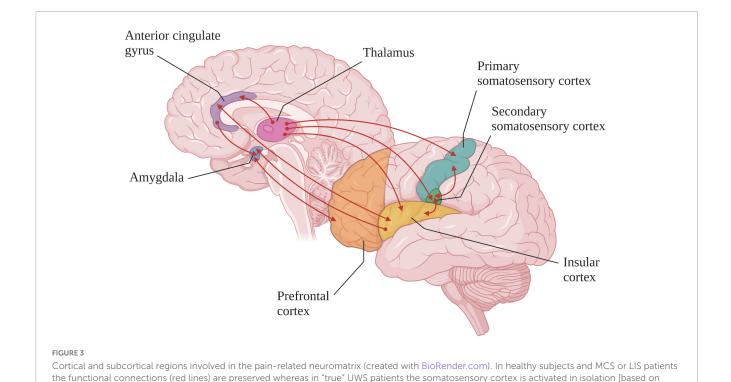
Regarding patients in LIS, in most cases, communication through eye movements or the use of Brain Computer Interface (BCI) technology is possible. Therefore, pain is assessed using communication codes (e.g., yes/no communication code via blinking, or alphabetic code) or/and visual analogue scale (VAS) ranging from 0 to 10 (0 = no pain, 10 = most severe pain). In spite of these systems, some patients in LIS do not communicate about their pain. In a 2022 survey, 52% of the painful patients declare that they do not inform the clinical teams about their pain (Bonin et al., 2022c) and only 28% of them use a communication code to communicate their pain. Other means of communication such as crying or wincing were also used by the patients but might be confounded with reflexive behavior. These results demonstrate how important it is for the clinical team to assess the signs of acute and chronic pain on a daily basis, through the use of communication codes or BCI techniques (Annen et al., 2020).

4.1.2. Neuroimaging

Patients with DoC suffer from fronto-parietal network activity and functional connectivity dysfunction, which could lead to a disturbance in pain and nociception processing. However, neuroimaging studies carried out in this population have shown that some brain regions are preserved (see Figure 3; Laureys et al., 2002; Boly et al., 2008). Indeed, when nociceptive electrical stimulation (i.e., stimulation intensity judged as highly unpleasant to painful in healthy subject) is administered to MCS patients, the cortical activation pattern is close to that observed in healthy subjects and LIS patients, especially in the secondary somatosensory cortex, the ACC and the insula (Boly et al., 2008). Functional connectivity within the pain-related neuromatrix is also preserved in these patients (Kupers et al., 2005). Although if the activation of the pain-related neuromatrix is more lateralized and with a smaller spatial range, these results suggest that patients in MCS are able to consciously process pain. In contrast, in UWS patients, nociceptive electrical stimulation results in an isolated activation of the primary somatosensory cortex with an absence of functional connectivity with other regions involved in pain (Laureys et al., 2002). However, in 2003, a Positron Emission Tomography-H₂¹⁵O activation study, tracking regional cerebral blood flow response to an external stimulus or task was performed in seven patients in UWS. After a nociceptive electrical stimulation, an increase in cerebral blood flow in the primary and secondary somatosensory cortices and in the ipsilateral posterior insula was observed (Kassubek et al., 2003). Another study using fMRI showed that during nociceptive electrical stimulation, 50% of patients in UWS have activation of the sensory network and 30% an activation of the affective network (Markl et al., 2013). These results suggest that residues of the pain processing network remain active in some patients considered as "unconscious" from a behavioral point of view. In these cases, the re-assessment of the diagnosis should be considered in patients who do not fit the criteria of a "real" UWS but rather those of MCS*.

4.1.3. Neurophysiology

Event-related potentials (ERPs) evaluates the integrity of the central and peripheral sensory pathways within the nervous system (Koenig and Kaplan, 2015). For instance, somatosensory evoked potentials (SEPs), brainstem auditory evoked potentials (BAEPs),



and visual evoked potentials (VEPs) are used as prognostics tools in acute comatose patients, with the absence of ERPs at the cortical level being associated to a poor outcome (André-Obadia et al., 2018; Rollnik, 2019; Bagnato et al., 2021). It is possible to detect SEP at the cortical level in comatose patients following a noxious stimulation. Some studies have highlighted that the presence of SEPs following median nerve electrical stimulation may appear to be predictive of a good neurological outcome in comatose patients, characterized by a score of 1 (i.e., conscious with normal functions) or 2 (i.e., conscious with moderate disability) at the Glasgow-Pittsburgh Cerebral Performance Categories (Zanatta et al., 2012, 2015; Markl et al., 2013). However, SEPs support the assessment of the functioning of the somatosensory system which, unlike the other ERPs mentioned above, includes several modalities. Indeed, SEPs assesses both Aδ (i.e., encoding thermal nociceptive and nonnociceptive inputs) and Aβ fiber pathways (i.e., encoding sensitivity to pressure or vibration), and therefore reflect the processing of the stimulus by the both spinothalamic and lemniscal pathway. In contrast, laser evoked potentials (LEPs) are specifically used to study nociceptive signal processing by looking at the integrity of the spinothalamic pathway. They are intimately linked to the stimulation of A8 and C nociceptive fibers (i.e., encoding sensitivity to non-noxious hot and cold, as well as pain) (Treede et al., 2003). Stimulation of A8 and C fibers can be done separately depending on the method used. One study showed that, in some UWS patients, it was possible to observe LEPs at the cortical level during C-fiber stimulation even in the absence of LEPs related to A δ -fiber stimulation (Naro et al., 2015). On the other hand, the reverse does not seem to be achievable, which underlines the importance of including the C-fiber stimulation in the assessment of LEPs in UWS patients. However, the results of this study must be interpreted with caution as selective C-fiber stimulation in DoC patients is

Bouhassira et al. (2005) and Bagnato et al. (2021)].

very difficult to achieve without a strictly temperature-controlled laser or without the patient's cooperation in reporting his or her sensations. The LEPs recording consists of an early component N1, a late vertex components N2-P2 and an endogenous component P3 (only evoked during attentional tasks; Treede et al., 2003). Several studies have highlighted the presence of the N1 and N2-P2 complex at the cortical level in some patients with UWS (de Tommaso et al., 2013, 2015). However, cortical reactivity to nociceptive stimuli (characterized by prolonged N2 and P2 latencies) was decreased in these patients compared to healthy subjects, suggesting impaired functional connectivity. A case study also found a significant relationship between N2-P2 amplitude and the CRS-R scores in DoC patients. In this study, N1 and N2-P2 complexes were observed in MCS patients and only in one UWS patient but with a high CRS-R and NCS-R score (De Salvo et al., 2015). Coupled with SEPs, LEPs also detects potential lesions of the spinothalamic pathways in the dorsal brainstem. A lesion in this region impairs LEPs response while keeping SEPs intact (Treede et al., 2003). In the study of de Tommaso et al. (2015), the authors also studied the responses to auditory, visual and electrical (non-noxious) stimulation and found negative-positive complexes similar to the responses obtained after noxious laser stimulation. This confirms that a noxious stimulus will activate the same brain regions as another type of sensory stimulus (de Tommaso et al., 2015). Moreover, the presence of LEPs seems to be associated with cortical arousal in response to salient nociceptive stimuli (i.e., potentially dangerous stimulus) rather than with conscious pain processing.

4.1.4. Physiological markers

Another way to study nociception that is widely implemented in the clinic is the measurement of physiological markers.

Numerous brain areas forming the pain-related neuromatrix are also involved in modulating autonomic nervous system activity by integrating nociceptive and visceral information in the dorsal horn, insular cortex, amygdala, nucleus of the tractus solitarius, PAG, ACC, thalamus, hypothalamus, and via the neurons of Lamina 1 in the dorsal horn (Benarroch, 2001, 2006; Leone et al., 2006; Hohenschurz-Schmidt et al., 2020). This highly specialized organization of nociceptive information in these brain areas may play a major role in the development of an autonomic, affective, and emotional responses to pain (Benarroch, 2001, 2006; Leone et al., 2006; Cortelli et al., 2013; Hohenschurz-Schmidt et al., 2020). Processing of the nociceptive signal leads to homeostatic changes like heart rate variability (HRV), skin conductance or pupillary dilatation reflex (PDR). These physiological markers can therefore be a good index of the autonomic nervous system reactivity following nociceptive stimulation. Nociceptive pathways also have bidirectional interaction with the neuro-endocrine immune system, leading to a humoral response with potential consequences on recovery such as chronic pain (i.e., neuropathic or inflammatory pain) or stress response to surgery. Indeed, in addition to being sensitive to chemical, thermal, and mechanical stimuli, nociceptors are also able to detect immune mediators (e.g., cytokines, lipids, and grow factors) as well as certain pathogens (Basbaum et al., 2009; Chiu et al., 2012, 2016). Following the activation of nociceptors by these different agents, the signal is transmitted to the central nervous system to induce pain [e.g., microglia and T cells are involved in central sensitization (Ji et al., 2014)]. In response to this stimulation, the nociceptors will release neuropeptides that regulate the immune response [for a review refer to Baral et al. (2019)]. The study of interactions between pain and immune pathways is still poorly developed in DoC and LIS patients. A better understanding of these mechanisms in these specific patient populations could lead to new treatments for chronic neuropathic or inflammatory pain.

The most studied physiological marker to evaluate pain in DoC is HRV, which corresponds to changes in the time interval between successive heartbeats. It can provide information about the sympathetic/parasympathetic balance. This is a non-invasive measurement using an electrocardiographic (ECG) recording which takes only a few minutes (Palma and Benarroch, 2014; Riganello et al., 2018). The calculation is based on the interval between the R peaks of the QRS complex extracted from the ECG signal and analysis can be performed in the time or frequencydomain or using non-linear methods [for a review see Laborde et al. (2017)]. Numerous studies in healthy subjects as well as in different patients populations have demonstrated the link between pain/nociception and HRV [for a review refer to Forte et al. (2022)]. The changes in HRV observed during nociceptive stimulation, are not dependent on the method of stimulation since variations in heart rate have been observed after thermal, mechanical, and electrical nociceptive stimulation (Sclocco et al., 2016; Cotton et al., 2018; Courtois et al., 2020). In anesthesia, the HRV measurement is also used in the calculation of the Analgesia-Nociception Index (ANI) in order to control the nociception/antinociception balance (De jonckheere et al., 2015). Other studies in healthy subjects or patients able to communicate have also shown an association between HRV and subjective measures of pain such as pain thresholds or pain tolerance (Leźnicka et al., 2017; Paccione et al., 2022). Noteworthy, some studies have failed to find a link between pain stimulation/subjective pain measure and HRV. It has been shown that this physiological marker can also be used as an indication of nociception in patients with DoC. Recent studies found a higher HRV complexity in patients in MCS compared to patients in UWS during nociceptive stimulation (Tobaldini et al., 2018; Riganello et al., 2019). Indeed, a lower HRV complexity index was observed after noxious compared to nonnoxious stimulation only in patients in UWS. This decrease in HRV complexity in patients with UWS reflects adaptation difficulties and lower reactivity to nociceptive stimulation (Tobaldini et al., 2018; Riganello et al., 2019; Venturella et al., 2019). In the study by Venturella et al. (2019), nociceptive stimulus processing in patients in UWS was also related to higher delta parietal activation [i.e., involved in attention and perception processing (Güntekin and Başar, 2016)], lower left frontal alpha activation (i.e., left frontal alpha activity related to information inhibition processes), and an increase of galvanic skin response (GSR). These results suggest that nociceptive stimulation can generate a cortical and autonomic response in behaviorally unresponsive patients.

The GSR (also referred to as electrodermal activity or skin conductance) is a biological electrical activity of the skin linked to the activity of the sweat glands which are controlled by the sympathetic system. It is a non-invasive technique allowing the investigation of emotional response following auditory or nociceptive stimulation (Gomez and Danuser, 2004; Khalfa et al., 2008). Studies using the number of skin conductance fluctuations and the normalized skin conductance level in healthy subjects showed that these measures could disentangle noxious stimulation (i.e., heat, mechanical, and cold stimulation) from other sympathetic stimuli (i.e., stimulation by noise and painful images). Indeed, the authors noticed that these measures during noxious stimulation were greater than during other stimulations and correlated with the subjective measure of pain using selfreported pain scale (Günther et al., 2016; Sugimine et al., 2020). Regarding patients with DoC, a study used the GSR and HRV entropy to investigate the autonomic response related to trace conditioning learning in patients in UWS after nociceptive stimulation. Patients in UWS with high GSR showed behavioral signs overlapping with the diagnosis of MCS 4 weeks after the experiment (Cortese et al., 2020). Measurement of GSR to assess the response to nociceptive stimulation during conditional learning may be an additional tool to improve the assessment of patients with DoC.

Finally, the pupillary dilatation reflex (PDR), whose variation results from the balance between the ortho- and parasympathetic tone, represents a promising tool to objectify nociception in DoC. The PDR is used to detect pain in brain-injured patients. It is also sensitive to opioids and allows the assessment of the nociceptionanti-nociception balance during general anesthesia (De jonckheere et al., 2015). In the absence of intercurrent factors, PDR may be due to either sympathetic stimulation (e.g., in awake patient) or parasympathetic inhibition (e.g., in anesthetized patient). It is important to note that PDR is also sensitive to tactile stimuli and increased attention/cognitive load or emotional/cognitive arousal (Gusso et al., 2021). This suggests that PDR, related to nociceptive stimulus processing, can be divided into two stages: an excitation stage related to the strength of the stimulus, and an exploration stage related to the emotional processing of the stimulus (Bradley et al., 2008; Gusso et al., 2021). The use of pupillometry to detect the

processing of nociceptive stimulus has not been studied in patients with DoC yet. The use of pupillometry to detect the processing of nociceptive stimulus has not been studied in patients with DoC yet. It would be interesting to investigate this topic in future studies, taking care to control for potential confounding factors due to the environment (e.g., change in brightness) or patient's condition (e.g., presence of eyelid disorder, ptosis or pupil disorder, and mydriasis/myosis).

4.2. Treatments for pain

Pain prevention in patients with DoC still needs improvement. Indeed, a recent pilot clinical trial found that, although the majority of patients showed signs of pain during mobilization, only 33% of them were treated for pain before inclusion in the study (Bonin et al., 2022b). In order to reduce pain in severe brain-damaged patients, both pharmacological and non-pharmacological treatments can be used (Figure 4).

Even if, in clinical practice, the administration of pharmacological treatment is common, it is very important to pay attention to the nature and the dose of these treatments. There are three levels of analgesics: level 1 corresponds to non-opioid medications (e.g., acetaminophen), level 2 to weak opioids (e.g., tramadol) and level 3 to strong opioids (e.g., morphine) (Ventafridda et al., 1985). By preventing the release of acetylcholine in the thalamus, high-doses of opioids may decrease arousal and thus have an impact on the diagnosis as well (Brown et al., 2018). In contrast, the use of an optimal dose of analgesic medications can decrease pain while preserving patients' level of arousal and consciousness (Chatelle et al., 2016; Lanzillo et al., 2016; Whyte et al., 2020). In an open label study by Chatelle et al. (2016), a decrease in the NCS-R total scores and subscores was observed after analgesic treatment administration (ranging from level 1 to level 3 analgesic medications, depending on patient needs), independently from the diagnosis and etiology. This decrease in NCS-R scores did not lead to a deleterious change in the level of consciousness, with some patients even showing an improvement. Another study showed an increase in the level of consciousness after the administration of an analgesic treatment in patients with DoC who demonstrate severe spastic paresis (Lanzillo et al., 2016). Nonetheless, these results were not replicated in a recent trial by Bonin et al. (2022b) designed to evaluate the effects of analgesic treatment on nociception and pain signs during physiotherapy. This absence of results suggests either a lack of sensitivity of the NCS-R in detecting behavioral changes related to analgesic administration during physiotherapy or a lack of effectiveness of the treatments used. This disparity in outcomes can be related to the fact that Chatelle et al. (2016) conducted an open label research on patients with acute DoC, whereas Bonin et al. (2022b) performed a randomized double-blind placebo-control trial on patients with chronic DoC. Therefore, the lack of improvement in NCS-R scores might be attributed to the ineffectiveness of interventions during the chronic phase or potential bias during the assessment. Indeed, acute and chronic DoC have different pain profiles (i.e., chronic DoC are more prone to develop spastic paresis or neuropathic pain and are thus more resistant to analgesic therapies). Another study performed in a large sample of patients with TBI showed that BINAM scores were also sensitive to the administration of a non-opioid analgesic medication (Whyte et al., 2020). These studies indicate that the use of appropriate analgesia could reduce the risk of misdiagnosis and that the monitoring of pain (i.e., NCS-R and BINAM) as well as arousal/consciousness (i.e., assessed using the CRS-R) is necessary to set a good balance between pain relief and side effects of these treatments. Regarding pain treatment in LIS patients, a recent study highlighted that the majority of the surveyed patients were receiving pain killers (73% non-opioids, 20% non-inflammatory, and 13% weak opioids; Bonin et al., 2022c). In this study, 36% of the surveyed patients were suspected of having neuropathic pain. The first-line treatments for this type of pain are antidepressants and antiepileptics (Foley, 2003). Some of these patients (12%) were indeed being treated with these two types of drugs, but it was not clear from the information collected in the study whether it was given specifically for neuropathic pain or for other reasons. It is also possible to relieve patients' pain indirectly by acting on the source of the pain. For instance, several studies found beneficial effects of intrathecal baclofen on reducing spastic paresis as well as on improving consciousness recovery (François et al., 2001; Shrestha et al., 2011). By decreasing spastic paresis, these approaches could facilitate consciousness recovery by improving motor function and/or reducing pain (Pistoia et al., 2015; Lanzillo et al., 2016).

As explained above, pharmacological treatments often induce side effects that can impact the behavioral responses of patients during evaluations. Therefore, being able to propose nonpharmacological treatments seems essential to manage pain in these patients. The use of invasive brain stimulation techniques such as deep brain stimulation on the PAG and the rostral ventromedial medulla or motor cortex stimulation have proven to be effective in the treatment of chronic pain but remain difficult to implement in patients with DoC (Bittar et al., 2005; Cruccu et al., 2007; Lima and Fregni, 2008; Fontaine et al., 2009). Although less effective than invasive stimulation, a possible alternative to these methods would be the use of non-invasive stimulation techniques such as repetitive transcranial magnetic stimulation or transcranial direct current stimulation (Klein et al., 2015; Lefaucheur et al., 2017). The effectiveness of physiotherapy or aerobic exercises (in combination with other methods) has also shown beneficial effects for pain management in LIS patients (Rice et al., 2019). Regarding other non-pharmacological approaches, and according to Bonin et al.'s (2022c) survey, only a minority of LIS patients have ever tried methods such as osteopathy, acupuncture, or electromagnetic therapy and none have tried hypnosis, relaxation, or meditation. None of these methods have been specifically investigated in patients with LIS, while some techniques could be of particular interest for these patients. Although used in the clinical setting on other pathologies, some of the methods are still controversial. Osteopathy, for instance, shows different results depending on the type of pain. A systematic review investigating osteopathy on musculoskeletal pain did not provide convincing evidence of efficacy in treating such pain (Posadzki and Ernst, 2011). However, another systematic review focusing on chronic low back pain found osteopathy to be effective in relieving it (Dal Farra et al., 2021). A recent meta-analysis showed that acupuncture can be effective in some cases of chronic pain such as musculoskeletal, headache, and osteoarthritis pain (Vickers et al., 2018). A study in



Pharmacological treatment

• Direct: analgesic medication

Non-opioid, weak and strong opioids

Indirect: based on the source of pain

Intrathecal baclofen for spasticity or antidepressants/antiepileptics for neuropathic pain



Brain stimulation

- Repetitive Transcranial Magnetic Stimulation
- Transcranial Current Stimulation



Other non pharmacological treatment

- Physical therapy
- Osteopathy*
- Accunpuncture*
- Hypnose*

*These are avenues of research: studies are still needed in LIS and DoC

GURE 4

Pain treatment options in DoC and LIS patients (created with BioRender.com). Based on Posadzki and Ernst (2011), Klein et al. (2015), Chatelle et al. (2016), Vickers et al. (2018), Rice et al. (2019), Bicego et al. (2021), and de Pedro Negri et al. (2022).

mice also showed the effectiveness of this technique in relieving allodynia and improving emotional/cognitive dysfunction caused by neuropathic pain (Jang et al., 2021). Regarding electromagnetic therapy, systematic reviews of patients with musculoskeletal or chronic pelvic pain have shown that this method could be effective, but further studies are needed to examine the use of more standardized protocols (Paolucci et al., 2020; de Pedro Negri et al., 2022). Studies focusing on the use of hypnosis in healthy subjects and patients with acute or chronic pain highlighted a modulation of pain perception during the hypnotic state (Rainville, 1997; Vanhaudenhuyse et al., 2018; Bicego et al., 2021). A multiple-case study found that self-hypnosis could also be a useful tool to improve the quality of life of patients suffering from phantom limb pain (i.e., sensation of pain in a limb that has been amputated) by reducing the intensity of the pain, whether sensory or affective (Bicego et al., 2022). The reduction of pain sensation induced by hypnosis allows decreasing the doses of analgesics usually administered to these patients and thus improves their level of arousal and quality of life. The use of this technique in LIS patients, by avoiding side effects such as fatigue, could allow them to make the most of their communication tools. Meditation is an approach that has not yet been studied in LIS patients. However, experts in meditation show a decrease in pain sensitivity associated with an increase in brain activity in regions involved in pain processing, and a decrease in brain activity in regions involved in emotional processing and executive functions (Grant et al., 2011; Gard et al., 2012). It is hypothesized that the decrease in cognitive and emotional processing of the nociceptive stimulus may facilitate the association

of the noxious stimulus with a neutral rather than unpleasant valence.

5. Reflections and future directions

Regarding the assessment of pain and nociception in patients with DoC or LIS, there are currently no clear guidelines and no clinical consensus. When performing neuroimaging analyses, it is relevant to mention that differences in terms of structures and physiological properties may exist between a severe brain-injured patient and a healthy subject. Therefore, it is essential to perform a multimodal assessment, not only based on neuroimaging but also on pain-related behaviors and physiological changes [(i.e., increase of heart rate and respiratory rhythm, and skin conductance (Cowen et al., 2015; Devalle et al., 2018; Riganello et al., 2019)] to improve pain assessment and indirectly the diagnosis of these patients. From a behavioral perspective, opinions still differ among researchers and clinicians regarding some behaviors that could be reflective of cortical processing (Poulsen et al., 2019). This is particularly the case for facial expression such as grimacing and crying. Indeed, even if grimacing is considered as an indicator of pain, the Multi-Society Task Force on Permanent Vegetative State does not consider it as a necessary sign of conscious perception, as it can occur reflexively through subcortical pathways in the thalamus and limbic system (The Multi-Society Task Force on PVS, 1994). Patients showing no sign of consciousness except for grimaces to nociceptive stimuli can therefore be diagnosed as being

in UWS. Moreover, some patients in LIS suffer from cortical lesions. This impacts their cognitive functions by impairing, for example, the recognition of negative facial expressions, or leading to the development of pathological laughter and crying which may distort the assessment of pain (Leonard et al., 2019). Many pain scales take into account the assessment of facial expressions in a more or less developed way (Feldt, 2000; Gélinas et al., 2006; Chanques et al., 2009; Chatelle et al., 2012). However, the facial expression assessment is clinically scored based on gross observation of facial movements in response to a noxious stimulation. A better characterization of facial expressions could be an interesting avenue of research to improve the behavioral assessment of these patients. For instance, the use of the facial action coding system could be developed in these patients. This system allows the coding of different types of emotions (including pain) based on the anatomical analysis of facial movements. It can distinguish 46 different action units produced by a single muscle or a combination of muscles (Kunz et al., 2007, 2008; Bartlett et al., 2014).

Numerous studies have highlighted the relevance of measuring neurophysiological parameters in the assessment of pain and nociception (Riganello et al., 2019; Cortese et al., 2020). At present, very few studies have investigated the clinical utility of GSR and PDR in the assessment of pain in DoC. This is mainly due to the fact that these measures are not suitable for all types of DoC patients, some of whom may suffer from ptosis often associated with the presence of myosis (i.e., pupil constriction) or other pupillary reactivity disorders, which makes it difficult to measure PDR. In addition, it is important to note that there is a gap between research and practice. The scientific literature on LEPs is well developed, but in practice, this technique is more complicated to implement in a systematic way. The device allowing LEP measurement is an expensive non-portable system, difficult to use in a clinical setting, especially with a sensitive population such as patients with DoC. Other less costly and easier to use techniques assessing the integrity of the spinothalamic pathways are used in other populations and deserve to be investigated in patients with DoC and LIS. For instance, pinprick-evoked potentials (PEPs, mechanical stimulation) are useful to assess the functional integrity of mechano-nociceptive pathways and detect central sensitization (Iannetti et al., 2013; Rosner et al., 2020; van den Broeke et al., 2020) but could be difficult to use in noncollaborative population such as DoC patients. Then, cool-evoked potentials (CEPs, thermal stimulation) allow the evaluation of the integrity of the spinothalamic pathways by stimulating Aδfibers and participate in the diagnosis of neuropathic pain without inducing pain (De Keyser et al., 2018; Leone et al., 2019). Finally, contact heat-evoked potentials (CHEPs, thermal stimulation) are also used to specifically assess the nociceptive component of a stimulus. These new generation of thermal cutaneous stimulators (i.e., thermodes) are portable and easier alternatives to LEPs for the recording of robust nociceptive (heat) and non-nociceptive (cold) responses in patients with DoC (De Schoenmacker et al., 2021; Lejeune et al., 2022). The aforementioned techniques could allow better understanding of nociception processing and facilitate neuropathic pain detection in patients with DoC and LIS, which is currently understudied. In the future, the NCS-R could be improved by integrating new physiological parameters like other recently developed scales, such as the BINAM for TBI patients or the PAS. Moreover, the measurement of physiological parameters could facilitate the assessment of the nociception/antinociception balance after analgesic administration. Indeed, to monitor the effects of analgesics administered during general anesthesia, anesthesiologists can use different types of tools measuring the activity of the autonomic nervous system (De jonckheere et al., 2015). The above-mentioned ANI, for instance, is based on HRV analysis and allows the measurement of the relative parasympathetic tone. Its score ranges from 0 to 100, a low score meaning that the patient is able to process nociceptive stimulus. The Surgical Pleth Index (SPI) is rather based on the measurement of the orthosympathetic hemodynamic response to noxious stimulation, and uses normalized heartbeat intervals (HBIs) and plethysmography wave amplitude for its calculation (Rogobete et al., 2021). The PDR and the GSR are also used in anesthesia to assess the sympathetic tone but have not yet been studied in detail in patients with DoC and LIS. The functional nearinfrared spectroscopy (fNIRS) applied to pain detection could also be an avenue of future research to investigate. It is a non-invasive, low cost, easy-to-use, and portable brain imaging technique that allows to measure cortical hemoglobin concentration changes (Barati et al., 2017; Lopez-Martinez et al., 2019). Studies in healthy subjects have shown that fNIRS can provide an objective and robust assessment of pain by measuring changes in hemoglobin in the sensorimotor and prefrontal cortex (Yücel et al., 2015). Its application for pain detection has also been studied in sensitive and non-communicative patient populations such as infants and critically ill patients (Ranger and Gélinas, 2014; Yuan et al., 2022). The fNIRS is also used in patient with DoC to improve diagnosis but there is not, to our knowledge, any study specifically related to the detection of pain in this population (Rupawala et al., 2018). This measurement technique could also be an avenue to develop in post-coma patients given its low cost, ease of use and portability.

In the future, it would also be essential to develop non-pharmacological therapies in order to limit the use of analgesics and thus avoid the side effects such as fatigue or decreased vigilance. Few studies have looked at the effects of music therapy on the level of consciousness of UWS and MCS patients and have shown that it is a safe and effective method that can improve functional outcomes of patients [for a meta-analyses refer to Li et al. (2020)]. The effect of this technique on pain perception in LIS and DoC patients has not, to our knowledge, been studied yet. However, studies carried out in other patient populations have shown interesting effects (by reducing anxiety for instance) which suggest that this may be an interesting avenue to investigate in future research (Lin et al., 2020; Santiváñez-Acosta et al., 2020; Dallı et al., 2022; Seyffert et al., 2022).

This review focuses mainly on the physical pain that DoC and LIS patients may experience. However, LIS patients may also suffer from emotional pain such as depression or anxiety (Bergés et al., 2007; Rousseau et al., 2015; Bonin et al., 2022c). More studies are still needed to better characterize this type of suffering and its impact on patients' daily lives in order to propose appropriate pharmacological (e.g., antidepressants and anxiolytics) and complementary (e.g., hypnosis and meditation) treatments.

6. Conclusion

There are still many unknowns in the assessment, management and treatment of pain in DoC and LIS patients. The NCS-R remains

the most appropriate way to assess pain in patients with DoC but could be improved by considering the inclusion of physiological parameters in their behavioral assessment. The measurement of pain and nociception should be done with a multimodal approach, also taking into account (neuro)physiological and neuroimaging data as complementary measures. It is known that some behavioral UWS patients may show preservation of cortical areas involved in nociceptive signal processing. Then, pain assessment and analgesic treatments should be applied in a more systematic way, and most importantly, independently of patient's clinical diagnosis. In particular, titration of analgesic agents should be implemented to determine the optimal dose of the medications. The NCS-R and the BINAM represent relevant assessment tools to find a balance between reduced pain and preserved level of consciousness following analgesic treatment. For the moment, the guidelines of the American Academy of Neurology recommend the use of the NCS-R to assess pain in patient with DoC but these guidelines still need to be developed further and refined (Giacino et al., 2018). Regarding patients in LIS, even if they do not communicate their pain spontaneously, it is important to actively and regularly make an assessment through the use of simple communication codes. When signs of pain are detected, it is essential to identify the source of the physical and emotional pain to be able to propose appropriate treatments, both pharmacological and non-pharmacological.

Author contributions

EB: conceptualization, research, references formatting, writing, and editing. AT: conceptualization, supervision, review and editing, visualization, and resources. NL, ES, VB, CM, OG, and SL: review and resources. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Supplementary material

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Cerebellar control of thalamocortical circuits for cognitive function: A review of pathways and a proposed mechanism

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There is general agreement that cerebrocerebellar interactions via cerebellothalamocortical pathways are essential for a cerebellar cognitive and motor functions. Cerebellothalamic projections were long believed target mainly the ventral lateral (VL) and part of the ventral anterior (VA) nuclei, which project to cortical motor and premotor areas. Here we review new insights from detailed tracing studies, which show that projections from the cerebellum to the thalamus are widespread and reach almost every thalamic subnucleus, including nuclei involved in cognitive functions. These new insights into cerebellothalamic pathways beyond the motor thalamus are consistent with the increasing evidence of cerebellar cognitive function. However, the function of cerebellothalamic pathways and how they are involved in the various motor and cognitive functions of the cerebellum is still unknown. We briefly review literature on the role of the thalamus in coordinating the coherence of neuronal oscillations in the neocortex. The coherence of oscillations, which measures the stability of the phase relationship between two oscillations of the same frequency, is considered an indicator of increased functional connectivity between two structures showing coherent oscillations. Through thalamocortical interactions coherence patterns dynamically create and dissolve functional cerebral cortical networks in a task dependent manner. Finally, we review evidence for an involvement of the cerebellum in coordinating coherence of oscillations between cerebral cortical structures. We conclude that cerebellothalamic pathways provide the necessary anatomical substrate for a proposed role of the cerebellum in coordinating neuronal communication between cerebral cortical areas by coordinating the coherence of oscillations.

KEYWORDS

cerebellum, cognition, communication through coherence (CTC), cerebrocerebellar communication, cerebellothalamic tract, corticothalamic circuits

Introduction

A defining characteristic of cerebral cortical function is interaction between multiple cerebral cortex areas forming a temporary task-specific functional network [e.g., (Damasio, 1989; Vaadia et al., 1995; Mesulam, 1998; Ayzenshtat et al., 2010)]. The formation and resolution of such task specific network involves precisely coordinated modulation of functional connectivity, defined as periods of increased correlation of neuronal activity (Aertsen et al., 1989; Vaadia et al., 1995). How functional connectivity is modulated at time scales compatible with normal brain function is not fully understood but evidence suggests a crucial role of the thalamus in coordinating functional connectivity between cerebral cortical areas in a task dependent manner (Ketz et al., 2015; Nakajima and Halassa, 2017; Schmitt et al., 2017). The term functional connectivity in essence describes the temporal correlation of neuronal activity between two structures measured as spike activity, local field potentials or using BOLD signals (Aertsen et al., 1989; Buckner et al., 2013). In a seminal publication, Pascal Fries proposed a mechanism for controlling functional connectivity between brain structures through the modulation of coherence of their neuronal oscillations (Fries, 2005), a mechanism he termed "communication through coherence" (CTC). Coherence of oscillations is a measure of how stable the phase relation between two oscillations of similar frequency is. Typically, coherence values change in a task dependent manner. One of the best studied examples of task related coherence increases occurs between the prefrontal cortex and dorsal hippocampus during decision making in spatial memory tasks (Benchenane et al., 2010; Gordon, 2011; Liu et al., 2022). The concept of communication through coherence has since received substantial support from experiments showing that coherence changes do indeed correlate with changes in the effectiveness of neuronal signal (i.e., spike) transmission (e.g., McAfee et al., 2018) and that changes in coherence are linked to specific behaviors, with memory and working memory related behaviors amongst the most thoroughly studied (Fell and Axmacher, 2011; Gordon, 2011; Brincat and Miller, 2015; Liu et al., 2022).

The concept of CTC thus provides an intriguing neuronal mechanism for modulating information flow and integration through the modulation of functional connectivity. Coherence and synchrony between cerebral cortical areas is known to critically depend on the thalamus and thalamocortical connectivity (Destexhe et al., 1999; Jones, 2001; Habas et al., 2009; Browning et al., 2015; Ketz et al., 2015; Mitchell, 2015; Hallock et al., 2016; Nakajima and Halassa, 2017). What is unknown, however, is how changes in coherence are controlled. Besides its massive interconnection with the cerebral cortex, the thalamus is also the key relay station for interactions between the cerebellum and the cerebral cortex (Allen and Tsukahara, 1974; Angaut et al., 1985; Habas et al., 2019). New anatomical studies have revealed that projections from the cerebellum to the thalamus are far richer and more widespread than previously believed and include numerous thalamic nuclei involved in cognitive functions (Habas et al., 2019; Fujita et al., 2020; Pisano et al., 2021). Considering the crucial role of the thalamus in modulating coherence and synchrony between cerebral cortical areas (Destexhe et al., 1999; Jones, 2001; Habas et al., 2009; Browning et al., 2015; Ketz et al., 2015; Mitchell, 2015; Hallock et al., 2016; Nakajima and Halassa, 2017), cerebellothalamic projections provide a robust interface for the cerebellum modulate thalamic activity and thus shape thalamocortical interactions. Here we review (1) evidence for the role of the thalamus in coordinating synchrony and functional connectivity between cerebral cortical areas, (2) recent literature that revealed rich projections from the cerebellum to nearly all subnuclei of the thalamus and (3) the evidence of a cerebellar involvement in coordinating coherence of oscillations in the cerebral cortex. We will focus on cerebellothalamic pathways that are likely to be involved in spatial working memory and will review a proposed new function of the cerebellum in the taskdependent coordination of functional connectivity between the medial prefrontal cortex (mPFC) and the dorsal hippocampus. The mediodorsal nucleus (MD) and nucleus reuniens (RE) of the thalamus deserve particular attention in this context due to their dense reciprocal connections to the prefrontal cortex and the reported role of the RE in coordinating coherence between the mPFC and hippocampus (Vertes et al., 2007; Browning et al., 2015; Ito et al., 2015; Ketz et al., 2015; Mitchell, 2015).

Cerebellothalamic pathways to support sensorimotor and cognitive functions

The thalamus can be divided into two major regions-the dorsal region, containing anterior, lateral, medial, and posterior groups of nuclei, and the ventral region, made up of the thalamic reticular nucleus (TRN). The dorsal region is made of both glutaminergic projections and GABAergic interneurons, that receive input broadly from the cortex, subcortical structures, areas of the brainstem, and the cerebellum and project to localized areas of the cortex and striatum. The TRN only receives collateral projections from thalamocortical and corticothalamic neurons involved in somatosensory, sensory, and motor processes and provides exclusively GABAergic input to the dorsal thalamus (Habas et al., 2019). Traditional views associated the cerebellum solely with sensorimotor and vestibular functions and the pathways from the cerebellum to the thalamus were thought to be limited to projections from the cerebellar nuclei (CN) to the ventral or motor thalamus-specifically to the ventrolateral (VL) and parts of the ventral anterior (VA) nuclei. Recent comprehensive tracing studies have revealed far more extensive connections between the CN and the thalamus, including thalamic nuclei involved in cognitive functions (Bohne et al., 2019; Fujita et al., 2020; Pisano et al., 2021).

Bohne et al. (2019) confirmed dense projections between the fastigial, interposed, and dentate cerebellar nuclei and VL but also found new projections in the laterodorsal thalamic nucleus. Tracing experiments by Fujita et al. (2020) discovered broad connections between the fastigial nucleus of the cerebellum to several subnuclei throughout the thalamus, including the MD, VL, VM, and centrolateral (CL), and parafascicular nuclei. Pisano et al. (2021) performed a detailed study of

cerebellothalamocortical pathways using trans-synaptic tracing methods. Their results also show CN projections to multiple thalamic nuclei outside of the ventral thalamus, including the MD, TRN, lateral posterior nucleus, lateral and medial geniculate nuclei, and zona incerta. Tracing experiments primarily targeted the dentate, with some expression in the interposed and fastigial nuclei. Retrograde tracing studies found axons from both the dentate and interposed nuclei in the TRN.

These findings that cerebellar projections from all three cerebellar nuclei target the thalamic nuclei involved in cognitive functions such as the MD, CL, and TRN align well with the now substantial evidence of cerebellar cognitive and affective functions (Schmahmann, 2004; Ito, 2008; Buckner, 2013; Liu et al., 2022). Detailed physiological studies of the different cerebellothalamic pathways furthermore revealed substantial pathway-specific differences in cerebellar influence on thalamic target neurons. While it was known that cerebellothalamic projections were excitatory, it turns out that the impact cerebellar projections have on postsynaptic thalamic neurons varies greatly between thalamic target nuclei (Gornati et al., 2018). Gornati et al. (2018) investigated projections from the interposed nucleus to the VL, VM, and CL thalamic nuclei and found significant differences in the sizes and density of synaptic terminals and the amplitude of postsynaptic responses. For example, glutamatergic projection terminals from the CN to the VL thalamus were significantly higher in density, displayed more complex synaptic interactions, and resulted in greater excitatory post-synaptic potentials than CN projections to the CL. Different cerebellothalamic pathways also differ in the way cerebellar-receiving thalamic neurons affect neuronal activity in their respective cerebral cortical target areas. VL thalamus has been associated with parvalbumin-positive neurons, which are found more densely in sensorimotor cortices, hippocampal, and retrohippocampal regions and are associated with spatial navigation and sensorimotor skills (Miao et al., 2017; Gornati et al., 2018; Bjerke et al., 2021). Cerebellar-receiving VL nucleus cells can also be categorized as "driver" inputs to the cortex, which further indicates a role in information processing and ongoing activity adaptation. While cerebellar projections to the VM and CL nuclei did not display significant synaptic differences from each other, the thalamocortical projections from the VM and CL nuclei are markedly different from those of the ventrolateral thalamic nuclei both in projection patterns and binding protein (Gornati et al., 2018). For example, VM and CL thalamic nuclei contain higher densities of calbindinpositive neurons and project to brain regions involved in behavior and emotion, including the infralimbic cortex, ventral tegmental area, anterior cingulate cortex, midbrain raphe nuclei, and periaqueductal gray (Van der Werf et al., 2002; Bjerke et al., 2021).

Taken together these findings show that cerebellothalamocortical pathways seem to involve most if not all of the thalamic nuclei, fitting with the rich repertoire of cerebellar motor, cognitive and affective functions. Our understanding of the physiological properties and differences between these pathways is in its infancy and an in depth investigation is essential to any attempt at understanding cerebellar contribution to brain functions.

Sensorimotor functions

Sensory feedback continuously informs motor planning, and the cerebellar contribution mostly from the medial and interposed nuclei to this ongoing process provides a concrete example of its influence on motor cortical areas via the thalamus, which can be evaluated through effective execution of movements. Looking to the vibrissal system of rodents as a well-characterized model system where sensory input and motor output can be ascertained, the effect of sensory feedback on motor planning is made apparent by changes in whisking behavior as an animal encounters a tactile stimulus. Rodents tend to perform slow, lowamplitude sweeps with their whiskers in familiar environments, but then transition to rapid high-amplitude sweeps in a novel environment or when a novel stimulus is encountered (Arkley et al., 2014). For this behavioral adaptation to be effective however, there must be a mechanism for streams of sensory information to reach cortices responsible for motor planning and execution.

There are three (non-mutually exclusive) mechanisms established in functional and neuroanatomical descriptions of the rodent vibrissal system that allow sensory information to reach the motor cortex. First, a direct pathway between whisker sensory cortex (vS1) and the facial nuclei for whisker retraction allows for sensory input during whisker protraction to directly initiate retraction behavior (Matyas et al., 2010). This primes the system for more rapid protraction and active sensing when there is an object in the vibrissal field to be explored. Second, vS1 activates motor cortices for whisker retraction via cortico-cortical projections (Matyas et al., 2010; Mao et al., 2011), after vS1 itself is excited by tactile input. And third, neurons of cerebellar crus I and II integrate sensory and motor information streams via pontine and trigeminocerebellar mossy fiber inputs, and convey this combined sensorimotor information to whisker motor cortex (vM1) by way of the VL thalamic nuclei (Proville et al., 2014).

Importantly, experiments have shown that both the second and third mechanisms rely on cerebellar modulation of thalamic activity for effective somatomotor integration. In the less-obvious case of cortico-cortical communication between vS1 and vM1, synchronous rhythms between structures that promote this form of communication require an intact cerebellum (Popa et al., 2013; Lindeman et al., 2021). Using various methods to inhibit the cerebellar nuclei, it has been shown that cerebellar inactivation reduces the firing rate in motor thalamic neurons (Popa et al., 2013), decreases gamma-rhythmic coherence between vS1 and vM1 (Popa et al., 2013; Lindeman et al., 2021), and impairs the ability of animal to adapt whisking strategies appropriately in a changing sensory context (Proville et al., 2014).

Execution of head, limb, eye, or truncal movements may rely on different or additional pathways for sensory feedback in motor planning, but the available evidence suggests that cerebellothalamocortical pathways are crucial for the planning and execution of these movements as well. Each of these somatic regions exhibit robust representation within the cerebellum (Grodd et al., 2001; Manni and Petrosini, 2004;

Grimaldi and Manto, 2012), with evidence of integrated sensory and motor representations (Wiestler et al., 2011). Somatic areas exhibit robust correlation with corresponding regions of the motor cortex (Buckner et al., 2011; Saadon-Grosman et al., 2022), which are connected *via* thalamic nuclei. Therefore, the cerebellar contribution to motor planning in other somatic domains is likely to be similar in principle to the mechanisms outlined here, albeit more complex with the execution of more complex movements in a more spatially complex environment.

Cognitive functions

In the following two sections we will discuss the roles of the MD thalamic nucleus and the nucleus reuniens (RE) in shaping cerebral cortical activity and cognitive function. The MD nucleus prominently projects to the mPFC, an area of cerebral cortex widely associated with cognitive function (Guldin et al., 1981) and these projections allow patterns of prefrontal activity to persist when task-relevant information needs to be held in mind. The RE has been shown to play a key role in coordinating the coherence of neuronal oscillations, and hence the functional connectivity, between the medial prefrontal cortex and the hippocampus (Hallock et al., 2016) which is critical for spatial working memory (SWM) and navigation.

Mediodorsal nucleus

As a general rule, thalamic activity directs the flow of information to and throughout the neocortex. For lower sensory cortical areas, the role of the thalamus is manifest as a sort of sensory relay station, where thalamic impulses modulate excitability at appropriate times and convey specific sensory information to cortical neurons. For higher-order areas like the PFC, the thalamus conveys no specific information, but instead seems to modulate the tone of cortical neurons in a manner that is topographically selective and precisely timed for the gating and maintenance of task-relevant information (Mitchell, 2015; Schmitt et al., 2017; Honjoh et al., 2018). The mediodorsal (MD) thalamic nucleus is interconnected with the prefrontal cortex in mammals (Guldin et al., 1981; Ray and Price, 1993; Kuramoto et al., 2017), and the timing of MD activity affects the flow of information on two different timescales. First, on the order of hundreds of milliseconds, increased MD activity signals that sensory information is being presented which is relevant to gain a future reward. On the timescale of milliseconds, sustained MD activity drives fast interneuron rhythms while disinhibiting principal neurons (Anastasiades et al., 2020), promoting communication between principal neurons that signal coherently with the inhibitory rhythm. The result, as demonstrated by Schmitt et al. (2017) is thalamic activity that promotes precisely timed communication between cortical neurons that are tuned to common information, which is thought to help sustain the neuronal representation of that information during a delay period.

How the MD is activated on the broader timescale in an appropriate manner for a given task has not yet been fully explored. Some of this thalamic recruitment is thought to occur as a top-down phenomenon, initiated by the PFC itself when conscious effort is made to maintain information in mind for decision-making. The cerebellum is well positioned to assist in the task-relevant modulation of MD as well, and likely plays a role that is mechanistically similar to how it promotes functional connectivity within the sensorimotor system. In rodents, the fastigial nuclei project to the lateral MD thalamic nuclei (Fujita et al., 2020), which in turn project to the prelimbic prefrontal cortex to modulate inter-neuronal communication (Divac et al., 1993; Kuramoto et al., 2017). Functional circuit mapping techniques in rodents have shown that projections to the cerebellum (via the pons) from the prelimbic PFC predominantly terminate within the lateral vermis (Watson et al., 2009), which in turn project to the fastigial nuclei to close the circuit (Fujita et al., 2020). Given the known anatomy, the cerebellum could have a supportive role in recruiting the MD nuclei in response to PFC activity. Additionally, the vermal cortex that provides input to the fastigial nuclei may serve as a substrate for potential predictive activation of MD in the appropriate sensory context, but further information is needed as to what sources of input converge in the vermis.

In humans, the prefrontal cortices and neocerebellum are selectively expanded in comparison to rodents (Balsters et al., 2010), and primates show more numerous and extensive pathways connecting the cerebellum, thalamic nuclei, and prefrontal cortex. In human imaging studies, MD shows a broader functional relationship with the cerebellar hemispheres, which is notably diminished in patients with schizophrenia (Anticevic et al., 2014).

Nucleus Reuniens

We focus on the mPFC and hippocampus because several independent studies have shown that SWM requires the coordinated activity of the mPFC and dorsal hippocampus (Churchwell and Kesner, 2011; Gordon, 2011). Simultaneous electrophysiological recordings in the mPFC and hippocampus during performance of SWM tasks have shown that the decision process is associated with an increase in the coherence of theta oscillations between the mPFC and dorsal hippocampus (Jones and Wilson, 2005; Hyman et al., 2010; Benchenane et al., 2011; Gordon, 2011; Liu et al., 2022). A comparison of correct and incorrect decisions revealed that mPFC-hippocampal theta coherence reached higher values during correct compared to incorrect decisions, supporting a functional role of coherence in this task (Jones and Wilson, 2005; Hyman et al., 2010; Liu et al., 2022). Coherence of neuronal oscillations does not impact brain function unless it affects changes in spike activity within the communicating regions. It is important to note that in the context of SWM two studies measured both spike activity and local field potential (LFP) coherence and showed that an increase in coherence was accompanied by an increase in entrainment of mPFC spike activity to the phase of the coherent mPFC-hippocampal theta oscillations (Jones and Wilson, 2005; Hyman et al., 2010). For additional examples of experimental support an influence of coherence on

spike activity see also (Jones and Wilson, 2005; Siegel et al., 2008; Bosman et al., 2012; Brunet et al., 2014; Sigurdsson and Duvarci, 2016; Bonnefond et al., 2017; Palmigiano et al., 2017; McAfee et al., 2018). Thus, changes in coherence between the mPFC and hippocampus are strongly implicated in SWM. The thalamic nuclei involved in controlling mPFC-hippocampal coherence could thus serve as the interface for cerebellar contributions to SWM decision making which involves cerebellar lobulus simplex as recently reported in mice performing a SWM task (Liu et al., 2022).

When considering the influence of the cerebellar cortex on mPFC-hippocampal coherence during SWM decision making, the RE is a possible key thalamic nucleus involved in the modulation of that coherence. Neurons in the RE receive excitatory inputs from the prelimbic and infralimbic areas of mPFC and in turn send dense excitatory projections to dorsal CA1 region of the hippocampus (Vertes et al., 2007). While direct ventral hippocampal projections to mPFC had already been established (Ferino et al., 1987; Carr and Sesack, 1996) this tracing study showed that hippocampal-prefrontal connectivity was in fact reciprocal via the RE. Additional tracing studies have also identified populations of RE cells that send collaterals to both mPFC and hippocampus (Hoover and Vertes, 2007; Varela et al., 2014), establishing bidirectional connectivity between mPFC and RE. The functional implications of this pathway have since been further explored in the context of working memory (Hallock et al., 2013; Ito et al., 2015).

Dolleman-van et al. (2019) and Griffin (2021) wrote comprehensive reviews about the role of RE in coordinating hippocampal-prefrontal interactions during working memory. One report central to both these reviews was a study from Ito et al. (2015) which showed that neurons in the mPFC, RE, and CA1 in rats exhibited trajectory-dependent firing in a continuous alternation task using a modified T-maze. Trajectory-dependent firing is a key component to spatial navigation in that it contains predictive information about future positions as well as instantaneous position, which is crucial to establishing a "goal path." Permanent inactivation of RE via lesions significantly impaired trajectory-dependent firing in CA1. Transient optogenetic inactivation of RE neurons also led to a significant decrease of trajectory-dependent firing in CA1. This study shows that projections from mPFC to CA1 via RE are crucial for trajectory-dependent firing in CA1 and provides additional evidence for the role of thalamic nuclei in coordinating long-range communication between cortical regions (Ito et al., 2015).

In addition to RE's role in facilitating trajectory-dependent firing, new work has shown that RE contributes to the coordination and stabilization of neuronal assemblies within mPFC and hippocampus (Angulo-Garcia et al., 2020). In experiments using anesthetized rats and *in vivo* electrophysiology, it was shown that assemblies of RE neurons activate sequentially during "up states" of slow LFP oscillations, which preceded activation of mPFC assemblies. "Up states" are defined as the periods from the peak to the trough of the filtered slow oscillation LFP signal. Chemogenetic inactivation of RE disrupted mPFC assembly onset during up states as well as hippocampal assemblies present during sharp wave ripples. The authors suggest that RE may be necessary to stabilize mPFC and hippocampal cell assemblies. This report

provides further evidence that RE is a functional hub for prefrontal-hippocampal interactions (Angulo-Garcia et al., 2020).

We currently know little about cerebellar projections to RE. The most detailed recent tracing studies suggest that projections exist but might be sparse (Fujita et al., 2020; Pisano et al., 2021). More focused studies are required to determine the extent and physiological effectiveness of cerebellar influence on the RE.

Summary

Understanding the broad involvement of the cerebellum in motor, affective and cognitive brain function it is essential to gain a detailed understanding of the pathways that connect the cerebellum with the cerebral cortex *via* the thalamus. We have reviewed rich new evidence showing that cerebellar projections from all three cerebellar nuclei seem to reach most, if not all nuclei of the thalamus and that each of these pathways may have unique physiological properties in terms of cerebellar influence on thalamic neurons and in terms of the influence of cerebellar receiving thalamic neurons on the cerebral cortex. Clearly, in order to understand the role of the cerebellum in its various functions that require cerebrocerebellar interactions, the cerebellothalamocortical pathways must be a major focus of future investigations.

Author contributions

DH developed the concept of the review. DH, MF, BC, SM, and YL jointly wrote and edited the manuscript. All authors contributed to the article and approved the submitted version.

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Prefrontal modulation of anxiety through a lens of noradrenergic signaling

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Anxiety disorders are the most common class of mental illness in the U.S., affecting 40 million individuals annually. Anxiety is an adaptive response to a stressful or unpredictable life event. Though evolutionarily thought to aid in survival, excess intensity or duration of anxiogenic response can lead to a plethora of adverse symptoms and cognitive dysfunction. A wealth of data has implicated the medial prefrontal cortex (mPFC) in the regulation of anxiety. Norepinephrine (NE) is a crucial neuromodulator of arousal and vigilance believed to be responsible for many of the symptoms of anxiety disorders. NE is synthesized in the locus coeruleus (LC), which sends major noradrenergic inputs to the mPFC. Given the unique properties of LC-mPFC connections and the heterogeneous subpopulation of prefrontal neurons known to be involved in regulating anxietylike behaviors, NE likely modulates PFC function in a cell-type and circuit-specific manner. In working memory and stress response, NE follows an inverted-U model, where an overly high or low release of NE is associated with sub-optimal neural functioning. In contrast, based on current literature review of the individual contributions of NE and the PFC in anxiety disorders, we propose a model of NE level- and adrenergic receptor-dependent, circuit-specific NE-PFC modulation of anxiety disorders. Further, the advent of new techniques to measure NE in the PFC with unprecedented spatial and temporal resolution will significantly help us understand how NE modulates PFC function in anxiety disorders.

KEYWORDS

prefrontal cortex, locus coeruleus, anxiety, norepinephrine, noradrenaline, noradrenergic receptors, stress

Introduction

Anxiety is defined as the anticipation of future threat (American Psychiatric Association [APA], 2013). This physiological and psychological response is thought to be a normal, healthy, adaptive response to aid in survival in an ever-changing world. However, persistent, disruptive, and exacerbated anxiety can become debilitating through threat-generalization to non-threatening situations, producing a constant state of heightened arousal. Pathological anxiety disorders are separated into three main categories: obsessive-compulsive and related disorders, trauma- and stressor-related disorders, and generalized anxiety disorders (American Psychiatric Association [APA], 2013). Although these disorders vary in their etiology, in all cases, the resulting cognitive and behavioral deficits significantly impair normal functioning. Not only do disorders of this nature affect an individual's performance

at school/work, relationships, and self-esteem, but they also lead to significant economic and personal burdens (Bereza et al., 2009; Mondin et al., 2013; Pagotto et al., 2015). Anxiety disorders have a lifetime prevalence of 28% (Kessler et al., 2005), affecting about 40 million individuals in the United States of America and 970 million worldwide. Despite the commonality of these disorders, generalized anxiety disorder (GAD) is one of the least successfully treated psychiatric disorders (Li et al., 2020), and progress toward anxiolytic drug discovery has been slow (Griebel and Holmes, 2013). The treatment gaps in GAD and other anxiety disorders result from our limited understanding of the biological mechanisms by which anxiety symptoms emerge or how these mechanisms are altered by current treatments (Li et al., 2020).

It is increasingly recognized that cognitive deficits underlie various symptoms associated with stress-related psychiatric illnesses, such as anxiety (Beck, 2005; Moran, 2016). A frontal brain structure heavily involved in cognitive functioning is the prefrontal cortex (PFC). This brain region exerts top-down control over behavior, thought, and emotion (Datta and Arnsten, 2019). Lesions of the PFC produce symptoms such as poor judgment, increased distractibility and hyperactivity, poor attentional regulation, and disorganized behavior (Arnsten, 1998), similar to the symptoms seen in anxiety disorders. This suggests the PFC may be implicated in the pathophysiology of anxiety (Kenwood et al., 2022).

One neurotransmitter that is thought to play an extensive role in both anxiety and modulation of PFC function is norepinephrine (NE). The locus coeruleus (LC), a brainstem structure, provides the primary source of NE to the mammalian neocortex (Chandler et al., 2014b; Poe et al., 2020; Breton-Provencher et al., 2021; Ross and Van Bockstaele, 2021; see Figures 1, 2). Cortical projections from the LC are heterogeneous, with distinct biochemical and electrophysiological properties (Chandler and Waterhouse, 2012; Chandler et al., 2014a; Morris et al., 2020). Further, these minimally divergent projection neurons coordinate their molecular phenotypes and physiological profiles to the operation of their specific terminal fields, governing varying levels of NE release. For example, the LC projects to the PFC with much denser NE varicosities compared to other cortical regions such as sensory and motor cortices (Agster et al., 2013). This unique arrangement makes sense in terms of behavioral significance, since the LC exhibits more robust modulatory actions (such as greater NE

Abbreviations: adBNST, anterodorsal bed nucleus stria terminalis; ADHD, attention deficit hyperactivity disorder; aPVT, anterior paraventricular thalamus; avBNST, anteroventral BNST; AR, adrenergic receptor; BLA, basolateral amygdala; BMA, basomedial amygdala; BNST, bed nucleus stria terminalis; cAMP, cyclic AMP (adenosine monophosphate); CeA, central amygdala; CeM, centromedial amygdala; cIC, caudal insular cortex; COM, commissural; CPn, corticopontine; DA, dopamine; DBH, dopamine beta hydroxylase; dlLS, dorsolateral lateral septum; dlPFC, dorsolateral prefrontal cortex; dmLS, dorsomedial lateral septum; dmS, dorsomedial striatum; DREADDS, designer receptors exclusively activated by designer drugs; EPM, elevated plus maze; EZM, elevated zero maze; GAD, generalized anxiety disorder; gIC, gustatory insular cortex; GRAB-NE, G-protein-coupled receptor activation based NE sensor; IL, infralimbic; LC, locus coeruleus; LS, lateral septum; MDD, major depressive disorder; NE, norepinephrine; NET, norepinephrine transporter; NMDA, N-methyl-D-aspartate; OCD, obsessive compulsive disorder: OFT, open field test; ovBNST, oval bed nucleus stria terminalis; PFC, prefrontal cortex; pIC, primary interoceptive posterior insular cortex; PL, prelimbic; pPVT, posterior paraventricular thalamus; PTSD, post-traumatic stress disorder; PVT, paraventricular thalamus; ralC, rostral agranular insular cortex; SAD, social anxiety disorder; vmPFC, ventromedial prefrontal cortex; vILS, ventrolateral lateral septum.

release) in prefrontal decision-making circuits compared to circuits related to motor movement.

Recent research has indicated that both NE and the PFC are extensively involved in anxiety etiology through distinctly different cell-type, microcircuit-, and macrocircuit-level modulation (Goddard et al., 2010). However, how NE modulation in the PFC coordinates action to optimize PFC function for appropriate attention, cognition, and behavior, and how this may go awry in pathological anxiety states remains unclear. This review summarizes current rodent, primate, and human literature regarding the neurobiology of LC-NE-PFC regulation. Further, we will bridge the work between what is known about LC-NE modulation in pathological anxiety and what is known about prefrontal regulation of pathological anxiety. We hope to shed light on the many remaining unknowns, which may be important for improving the therapeutic arsenal for the management of anxiety disorders.

LC-NE system modulates PFC neural activity

As introduced above, the PFC receives uniquely dense innervation from the LC, surpassing the degree of NE varicosities in other crucial brain sensory regions, including, motor, and thalamic regions (Agster et al., 2013; Figures 1, 2). It is proposed that activation of the LC and subsequent NE release terminates the brain's resting state and commences a brain-state adjustment to orchestrate attention (Corbetta et al., 2008; Sestieri et al., 2011; Tang et al., 2012; Buckner, 2013), facilitate task-relevant behaviors, and help optimize task performance (Aston-Jones and Cohen, 2005). Investigators found that both within and between trials, LC neuron depolarization occurs before forebrain neural activity and is related to cognition (Bouret and Sara, 2005). LC-released NE has a robust effect on the functional integrity of the PFC. As LC-NE neuronal firing rate is associated with the attentional state, it has long been appreciated that NE significantly affects various attentional processes governed by the PFC. NE modulates cortical function during vigilance, attention, arousal, and stress (Aston-Jones et al., 1991; Berridge et al., 1993; Berridge and Waterhouse, 2003; Morilak et al., 2005). Specifically, noradrenergic signaling in the PFC is essential for cognitive changes associated with each of these states (Aston-Jones et al., 2000) and plays a modulatory role in the higher order functioning required to adapt to the demands of a changing or stressful environment (Lapiz and Morilak, 2006; Bondi et al., 2010; Arnsten, 2015).

Though differential innervation of the mPFC subregions (Chandler et al., 2013; Cerpa et al., 2019) and functional disassociations in these subregions (Cerpa et al., 2019) is recognized, the distinct modulatory effects of NE on the ACC, PL and IL prefrontal subregions remain barely studied. Nevertheless, some reported data indicate potential differential modulatory effects of NE on the PFC in a subregion-specific manner. For example, a recent study investigating changes in the norepinephrine transporter (NET) and dopamine-beta-hydroxylase (DBH) density in functionally distinct subregions of the PFC, including IL, PL, ACC, and OFC in adolescent rats found that NET, but not DBH, changed across adolescence in

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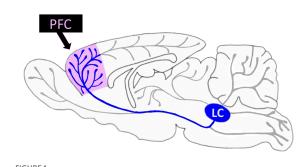


FIGURE 1 Rodent locus coeruleus (LC) projections are widespread but especially dense in the prefrontal cortex (PFC). The LC projects widely across the rodent brain (gray) including the PFC (pink);

LC-PFC projections are particularly dense (blue) compared to other LC projections.

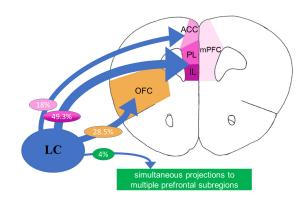


FIGURE 2

The rodent prefrontal cortex (PFC) receives dense projections from the locus coeruleus (LC). Subregions of the rat medial prefrontal cortex (mPFC) receive dense innervation from the LC, with significantly higher amount of norepinephrine (NE) varicosities (Agster et al., 2013) and high percentage of LC projections to the prelimbic (PL)/infralimbic (IL) regions compared to other cortical regions, and relatively low (4%) overlap (Chandler et al., 2014a).

a regionally selective manner. The PL and the OFC showed higher levels of NET at early adolescence (Bradshaw et al., 2016). Additionally, infusion of methylphenidate, an NET inhibitor, into the ACC and IL, but not PL and OFC, inhibited social play (Achterberg et al., 2015), indicating NE-mediated region-specific inhibitory effects (Achterberg et al., 2015). In addition, the mPFC output to subcortical brain areas is known to control different cognitive, social, and emotional processing. Beyond these studies, however, it remains unknown whether and how NE may play unique modulatory roles in distinct subregions and cell types of the PFC. Also, despite the known effects of NE on general PFCdependent cognition and attention and its interactions with stress, the spatiotemporal dynamic of adrenergic modulation of PFCdependent behavior remains elusive (Breton-Provencher and Sur, 2019; Breton-Provencher et al., 2021, 2022). Thus, more research is needed to understand the differential and subregion-specific PFC-NE mechanisms associated with anxiety-like behaviors. We will first examine what is known about NE modulation at the molecular level in the PFC, how this affects behaviors, and what remains to be explored.

Laminar and synaptic distribution of adrenergic receptors

Norepinephrine modulates neural activity through various types of adrenergic receptors (ARs, Box 1). All subdivisions of the PFC contain cells expressing one or more variations of α - or β-adrenergic receptors and subtypes. The various AR receptors have been identified in both excitatory and inhibitory PFC neurons across numerous cortical layers pre- and post-synaptically (Tables 1, 2).

Behavioral implications of adrenergic receptors

The focus of NE-related neuroscience research in recent decades has centered on understanding how activation or inhibition of these adrenergic receptors may affect different behaviors and their clinical implications in the treatment of various neurological disorders. The functionality of neuromodulators, including NE, follow an inverted-U model (Figures 3, 4; Arnsten, 2011; Cools and Arnsten, 2022). Under normal conditions, NE provides essential regulation of the PFC to keep neurons in an "awakened" state where they can effectively process and exchange information with one another. When conditions vary from "normal," i.e., hypo- or hyper-arousal, NE-prefrontal dynamics also change. This dose-specific model demonstrates that during the moderate release of NE, PFC functioning is strengthened and sculpted to optimize function based on environmental demands; this results in alert phenotypes with optimal working memory, cognition, and attentional control. Conversely, in situations where NE release is either too sparse or too intense, a hindrance to PFC functioning occurs, and behavioral impairments arise (Arnsten, 2009, 2011; Chandler et al., 2014b; Xing et al., 2016; Northoff and Tumati, 2019; Ross and Van Bockstaele, 2021). For example, too little NE results in drowsiness and hypo-vigilance; contrastingly, too much NE elicits symptoms such as hyperarousal and anxiety. Furthermore, the varied release of NE into the PFC can cause differential receptor activation and consequent control of decision-making, arousal, and attention. Thus, the inverted-U model provides a basis for understanding how varying amounts of NE release influences prefrontal top-down control over other brain regions. Given the association between anxiety and excessive NE release, here we focus more on each adrenergic receptor subtype and its role in hyperarousal; hypoarousal, the other end of the inverted-U, is also briefly discussed (Figure 4).

Hyperarousal: NE overload

α1 adrenergic receptors

Excessive NE release, as would occur during an environmental stressor, activates lower affinity α1 adrenergic receptors (Arnsten et al., 1998; Arnsten, 2009; Datta et al., 2019). Bulk activation of these receptors depletes functional connectivity to more regulatory parts of the brain involved in executive function (such as the PFC), while enhancing connections to brain

TABLE 1A Laminar and cellular distribution of α-adrenergic receptors (AR) in the medial prefrontal cortex (mPFC).

A) Laminar distribution of different α -adrenergic receptors subtypes in medial prefrontal cortex (mPFC) layers I–VI.						
		mPFC layer				
α -AR receptor subtype		11/111	V	VI	References	
α1Α	-	V	V	I	Marek and Aghajanian, 1999; Santana and Artigas, 2017; Santana et al., 2013	
α1Β	-	V	V	V	Marek and Aghajanian, 1999; Santana and Artigas, 2017; Santana et al., 2013	
α1D	-	VV	Ø	-	Marek and Aghajanian, 1999; Santana and Artigas, 2017; Santana et al., 2013	
α2Α	V	V	V	V	Goldman-Rakic et al., 1990; Ramos and Arnsten, 2007	
α2Β	В	Below the threshold for detection			Aoki et al., 1998a	
α2C	В	Below the threshold for detection			Aoki et al., 1998a	

B) Presence of α -adrenergic receptor subtypes on excitatory and inhibitory neurons in the medial prefrontal cortex (mPFC).

	Type of I	mPFC neuron	Synaptic	location	
lpha -AR receptor subtype	Glutamatergic (excitatory)	GABAergic (inhibitory)	Pre-synaptic	Post- synaptic	References
α1Α	V	V		V	Berridge, 2008; Mitrano et al., 2012; Santana et al., 2013; Santana and Artigas, 2017
α1Β	V	V	?	?	Achterberg et al., 2015; Bradshaw et al., 2016
α1D	V	(sparsely)	?	?	Achterberg et al., 2015; Bradshaw et al., 2016
α2Α	\$?	V	V	Berridge and Waterhouse, 2003; Brocos-Mosquera et al., 2021
α2Β	?	?	?	?	-
α2C	?	?	?	?	-

BOX 1 Noradrenergic receptor overview

Noradrenergic responsivity is mediated by three adrenergic receptors (ARs) in the brain: $\alpha 1$, $\alpha 2$, and β adrenergic receptors. Each family of these different G-protein-coupled receptors plays a distinct, often opposing, role in the brain based on their intrinsic signaling pathways.

 α 1 receptors (consisting of three sub-types: α 1A, α 1B, and α 1D) display anatomic and functional differences throughout the PFC depending on the receptor subtype. α 1 receptors signal via the Gq-protein coupled receptor cascade, where they are coupled to the PKC signaling pathway. PKC signaling is mediated through activation of phospholipase CàDAG pathway, generating DAG and IP3. IP3 stimulates the release of intracellular Ca2+ Previous research has shown post-synaptic α 1 receptor activation in the PFC may disengage optimal prefrontal functioning, as shown through impaired working-memory performance.

 α 2 receptors (consisting of three sub-types: α 2A, α 2B, and α 2D) signal through the Gi-protein coupled receptor cascade. Of the three subtypes, α 2A is overwhelmingly predominant in the PFC. Following activation of α 2 receptors, cAMP production is inhibited, which in turn, inhibits PKA and prevents phosphorylation of downstream proteins. In addition, inhibition of cAMP production reduces cAMPmediated opening of K+ channels and inhibits HCN channels. Closure of HCN channels on PFC dendritic spines suppresses isolated excitatory inputs and enhances responses to coherent bursts of synaptic activity, resulting in increased synaptic efficacy between communicating neurons. Additional activation of α 2A receptors colocalized with HCN channels participate in signal enhancement and consequent improvements in the network "signal-to-noise" ratio through Gi-mediated inhibition of cAMP. Previous research has shown post-synaptic α 2 receptor activation in the PFC may engage prefrontal functioning, as shown through enhanced working-memory performance. Contrastingly, presynaptic α 2 noradrenergic receptors serve as autoreceptors and participate in a noradrenergic negative feedback mechanism to promote the closure of Ca2+ channels on NE axons, eventually inhibiting NE release in the synapse.

 β receptors (consisting of three sub-types: β 1, β 2, and β 3) signal through the Gs-protein coupled receptor cascade. Following activation of β receptors, adenylyl cyclase initiates a cAMP-dependent protein kinase A (PKA) activation, resulting in the phosphorylation of Ca2+ channels and an increase in Ca2+ influx, thus, exciting pre-synaptic neurons and enhancing NE release in the synapse. Both pre- and post-synaptic β -ARs in layer V/VI mPFC pyramidal neurons enhance excitatory neurotransmission, though effects of these receptors, especially post-synaptically, have yet to be specifically studied in other distinct mPFC layers.

regions involved in emotional processing. This impairs higherorder functional abilities of the PFC, such as working memory and attention, and shifts the brain from a state of top-down control (PFC-mediated, thoughtful control) to bottom-up control (salience-driven, impulsive control that is mediated by subcortical structures). Specifically, α 1-AR activation releases Ca²⁺ from intracellular stores through the PLC-PKC pathway (Ramos and Arnsten, 2007). Once this system is activated and the animal

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TABLE 2A Laminar and cellular distribution of β-adrenergic receptors in the medial prefrontal cortex (mPFC).

A) Laminar distribution of of different β -adrenergic receptor subtypes in medial prefrontal cortex (mPFC) layers I–VI.							
		mPFC la					
β -AR receptor subtype		11/111	V	VI	References		
β1	_	77	V	V	Liu et al., 2014		
β2	_	V	V	V	Goldman-Rakic et al., 1990; Zhou et al., 2013		
β3	?	?	?	?	-		

B) Presence of β -adrenergic receptor subtypes on excitatory and inhibitory neurons in the medial prefrontal cortex (mPFC).

	Type of	mPFC neuron	Synaptic	location	
β -AR receptor subtype	Glutamatergic (excitatory)	GABAergic (inhibitory)	Pre-synaptic	Post- synaptic	References
β1	V	V	V	V	Aoki et al., 1998b; Ji et al., 2008; Torkaman-Boutorabi et al., 2014
β2	V	V	VV	V	Aoki et al., 1998b; Ji et al., 2008; Zhou et al., 2013
β3	š.	;	š.	;	-

is aroused, it is difficult to deactivate this system, as it engages physiological processes that are designed to directly aid in the survival of an organism (Moran, 2016). Resulting arousal acts in a positive feedback loop, as NE neurons change their firing rate by arousal state (Arnsten, 2009). Thus, as $\alpha 1$ receptors are activated in the PFC, arousal state increases, excessive NE release is prolonged, and $\alpha 1$ receptors continue to be activated. Activation of $\alpha 1$ receptors is accompanied by intermediate levels of both tonic and phasic firing in the LC (Atzori et al., 2016).

Activation of prefrontal α 1-ARs via phenylephrine, an α 1 agonist, resulted in impaired working memory performance in spatial alternation tasks in rats. This effect was rescued through administration of the α 1 antagonist, urapidil (Arnsten et al., 1999; Birnbaum et al., 1999). Pharmacological studies utilize α 1 receptor blockers, such as prazosin, to treat hyper-arousal related symptoms of post-traumatic stress disorder (PTSD) (Arnsten, 2007). In addition, the neuroleptic α 1 blocker, clozapine, prevented stress-induced impairments of cognitive functioning in rodents and non-human primates (Arnsten, 1998), further connecting the overactivation of these receptors to hyperarousal. The anxiogenic effects of α 1-AR activation and anxiolytic effects of α 1-AR blockade support the idea that activation of these receptors promote hyperarousal states that may lead to prefrontal dysfunction.

α 2 adrenergic receptors

The α 2-AR agonist guanfacine enhances prefrontal cortical functions in rats, monkeys, and human beings and ameliorates prefrontal cortical deficits in patients with ADHD (Franowicz et al., 2002; Carr et al., 2007; Wang et al., 2007). Blockade of α 2 receptors in the primate PFC erodes delay-related firing and instigates a variety of symptoms of ADHD, including limited impulse control and impaired working memory, leading to increased distractibility (Arnsten, 2007, 2009; Gamo et al., 2010; Ross and Van Bockstaele, 2021). Overinduced NE release facilitates the engagement of α 1 receptors

and reduces the beneficial cognitive control provided by $\alpha 2\text{-}$ AR activation (Arnsten, 2000, 2009). It is likely that under conditions of hyperarousal and excessive release of NE, $\alpha 2$ receptors completely lose their beneficiary effect on prefrontal function and are overpowered by the activation of $\alpha 1$ and β receptors.

Psychostimulants such as amphetamine and methylphenidate are given in low doses to enhance the release and prevent the reuptake of NE in the PFC (Berridge et al., 2006). These drugs given in small doses emphasize the fine line of NE between beneficial $\alpha 2$ stimulation and detrimental $\alpha 2$ receptor inactivation (Arnsten, 2007).

β adrenergic receptors

Excessive NE release engages β-ARs. This activation is associated with fight-or-flight response, life-or-death decisionmaking, high limbic activation, and likely impairment of PFC functioning. Massive engagement of cortical and subcortical β-ARs results in deficits in working memory and favors impulsive and autonomic sympathetic responses (Bouret and Sara, 2005; Hains and Arnsten, 2008). Hyperarousal and high β-AR engagement are accompanied by maximum levels of LC tonic firing and low levels of phasic firing (Atzori et al., 2016). Though intermediate levels of LC tonic firing can be helpful for normal attentional functioning, high tonic firing has been associated with anxious states (Morris et al., 2020), as well as distress and neurodegeneration (Atzori et al., 2016). Supporting this claim, β agonists induced anxiogenic effects in rodents (Hecht et al., 2014). Further, β activation impairs fear extinction (Atzori et al., 2016) and remote footshockinduced memory (Fan et al., 2022), which may lead to a more dramatic and persistent anxiogenic response upon bulk activation. Though research surrounding specific β-AR subtype modulation in the PFC is sparse, a recent study demonstrated β2 optogenetic activation in the mPFC resulted anxiogenic responses in the OFT and EZM. These effects were attenuated through miRNA

knockout of $\beta 2$ mPFC pyramidal cell receptors (Lei et al., 2022).

The use of β blockers rescues attenuation dopaminergic modulatory effects following acute restraint stress (Chang and Grace, 2013). Specifically, administration of propranolol, a β-AR antagonist, restored DA function through reversal of stress-induced attenuation of VTA dopamine neuron population activity. Moreover, β antagonism has ben shown to prevent the development of anxiety-like behaviors in mice (Gorman and Dunn, 1993) and humans (Jefferson, 1974) through modulation of anxiety-related somatic responses (Hayes and Schulz, 1987). In several other studies, administering β blockers decreased the biochemical and behavioral effects of social stress (Wohleb et al., 2011), restraint stress (Tamburella et al., 2010), and shock-probe defensive burying response (Bondi et al., 2007). In addition, administration of the β1 antagonist, betaxolol, improved working memory in both rats and monkeys, suggesting blockage of these receptors improves prefrontal cognitive functioning (Ramos et al., 2005). The anxiolytic effects of the β blockers support the notion that these receptors likely contribute to hyperarousal following excessive NE release.

Hypoarousal: insufficient NE

α1 adrenergic receptors

Generally, $\alpha 1$ receptors activate neurons to promote wakefulness and sustain neuronal activity. Insufficient stimulation of these receptors through inadequate NE release is less likely to be detrimental to cognition, as in the case of overstimulation, but likely induces inactivity and fatigue (Atzori et al., 2016). Additionally, given the lower binding affinity of $\alpha 1$ receptors compared to $\alpha 2\text{-}ARs$ (Ramos and Arnsten, 2007), it is possible that very low levels of NE do not engage $\alpha 1\text{-}ARs$ to cause detrimental behavioral phenotypes.

α2 adrenergic receptors

Since α2-ARs play a crucial role in optimal PFC functioning, insufficient activation of a2 receptors primarily impacts cognition and attention. Constant hypoactivation of α2 receptors may lead to impaired prefrontal, subcortical, and motor functioning, representing a depressive state. In human postmortem studies of patients diagnosed with major depressive disorder (MDD), increased α2-agonist ligand binding was observed at α2-adrenegic autoreceptors on NE neuronal cell bodies (García-Sevilla et al., 1999; Hamon and Blier, 2013). Consistently, postmortem analyses of the PFC of MDD-diagnosed suicide victims showed increases in mRNA levels of presynaptic inhibitory α2 autoreceptors (Escribá et al., 2004). Moreover, low stimulation of postsynaptic prefrontal α2 receptors induces symptoms such as cognitive impairment, inattention, and drowsiness (Blier and Briley, 2011). These findings suggest that insufficient levels of noradrenergic neurotransmission may contribute to depression etiology.

β adrenergic receptors

Insufficient activation of β -ARs, given their role in anxiogenesis, may not be as detrimental to prefrontal functioning

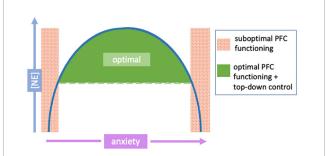


FIGURE 3

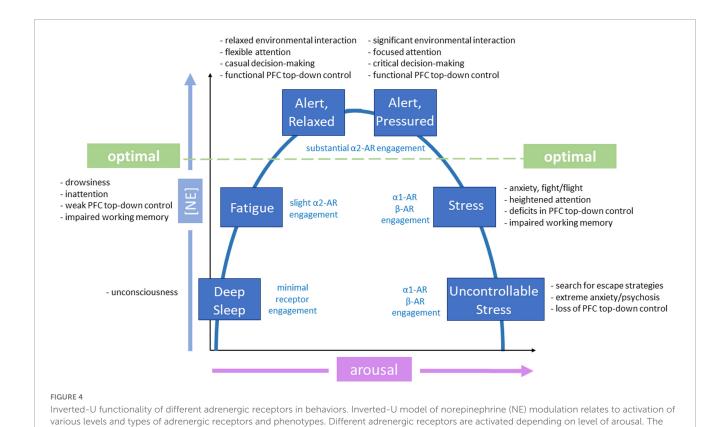
The relationship between norepinephrine (NE) levels and anxiety follows an inverted-U shaped correlation. The relationship of NE release and anxiety levels follows an inverted-U shape. Green areas indicate moderate and manageable arousal/anxiety levels as a result of moderate NE release; this area of a "happy medium" allows continued optimal prefrontal cortex (PFC) functioning and top-down control (and thus, normal behavior). Red shaded areas show areas of either hyper- or hypo-NE release, causing the PFC to be taken "offline" causing loss of necessary regulatory control over other brain regions (impaired PFC-dependent functions). Modified from Arnsten (2011).

as hypoactivation of other adrenergic receptors. Interestingly, down-regulation of beta adrenergic expression has been observed with antidepressant treatment (Stahl, 1992). Further, given that β -ARs have the lowest binding affinity of all noradrenergic receptor subtypes (Ramos and Arnsten, 2007), it is possible that lack of engagement of these receptors does not induce problematic or observable phenotypes.

Prefrontal circuit-level top-down modulation of anxiety

The execution of anxiety-related behaviors involves detection of environmental stimuli through sensory systems, assignment of emotional value to these cues via subcortical structures, and execution of behavior based on this information via cortical modulation. The PFC is thought to coordinate situational evaluation and corresponding behavioral outcomes through its extensive connections with other regions of the brain, including the amygdala, bed nucleus stria terminalis (BNST), insula, striatum, lateral septum, and the paraventricular thalamic nucleus (PVT), among others in underlying anxiety circuits (Calhoon and Tye, 2015; Mack et al., 2022; Figure 5). Elucidating distinct neural circuit dynamics involved in PFC control of maladaptive behaviors in pathological anxiety can provide insight into the neural pathology underlying dysfunction and may provide an avenue for future circuit-based treatments. Circuitlevel modulation is often conserved in translation from mouse to human (Calhoon and Tye, 2015; Poe et al., 2020; Anastasiades and Carter, 2021), allowing for experimentation with animal models that offer clinical applications within this sector of modern neuroscience.

Given what is known about the impact of varying levels of NE on prefrontal function, it is likely that these modulatory effects alter the activity of PFC projection neurons regulating downstream anxiety-related brain regions. To fully understand how NE



green dotted line indicates the threshold for optimal prefrontal functioning, influenced by substantial α 2-adrenergic receptor (AR) engagement. Phenotypic manifestations associated with each state and level of NE release are also provided. Modified from Cools and Arnsten (2022).

modulates top-down prefrontal control, a better understanding of NE modulation of distinct PFC connections is necessary. Though very little is known about NE actions on unique PFC circuits, understanding the important prefrontal circuits involved in anxiolytic responses provides a direction for targeted investigation of how NE specifically modulates these pathways and affects consequent anxiety-related behaviors. In this section, we emphasize what is currently known about PFC, pathological anxiety and avoidance behavior through distinct PFC top-down connections to anxiety-relevant brain regions. This provides a basis for our later proposed model that integrates NE into the prefrontal top-down modulation of anxiety.

PFC-amygdala

The amygdala is one of the most highly studied brain regions regarding mood and anxiety disorders, and has long been investigated for its direct role in regulating sustained anxiety symptoms (Tye et al., 2011; Felix-Ortiz et al., 2013, 2016; Allsop et al., 2014; Felix-Ortiz and Tye, 2014; Calhoon and Tye, 2015). This brain region plays a significant role in emotional processing, cognitive evaluation of emotional stimuli, and emotional learning through its intricate connections to cortical and subcortical regions (Janak and Tye, 2015; Giovanniello et al., 2020). The amygdala is made up of several subnuclei [basolateral amygdala (BLA), central amygdala (CeA), centromedial amygdala (CeM), and basomedial amygdala (BMA), among others] (Marek et al., 2019), whose contribution to anxiety differs depending on the

subregion (Treit et al., 1993; Möller et al., 1997; Moreira et al., 2007). The PFC sends projections to various subregions of the amygdala, including the BLA and CeA (Coley et al., 2021). Activation of the entire PFC produced a reduction in amygdala activity, demonstrating the inhibitory effect of PFC projections to the amygdala (Quirk et al., 2003). Moreover, specific effects of prefrontal regulation of the amygdala often vary by PFC subregion.

Both the prelimbic (PL) and infralimbic (IL) subregions of the rodent PFC project to BLA and CeA subregions. In a study by Adhikari et al. (2015), activation of the IL projections to the BMA resulted in reduced anxiety-like behaviors and physiological responses. In contrast to the anxiolytic effects of IL inputs to the amygdala, connections from the PL subregion are thought to drive fear expression (Pendyam et al., 2013; Marek et al., 2019) and promote anxiety (Kim et al., 2011). Haikonen et al. (2022) recently combined viral tracing and electrophysiological techniques to examine the effects of maternal separation (MS) on mPFC-to-BLA connectivity and function in young (P14-21) rats. Prolonged MS as an early-life stressor in young rodents is thought to induce emotional and behavioral abnormalities in adulthood, including increased anxiety-like behavior (Kestering-Ferreira et al., 2021). Interestingly, mice that underwent this MSinduced anxiogenic protocol demonstrated increased prefrontal inputs to BLA GABAergic interneurons and a transient increase in the strength of feed-forward inhibition in the BLA during development. The enhanced GABAergic inhibition raises the induction threshold of long-term potentiation and associates with lower functional synchronization within prefrontal-amygdala

networks *in vivo*. These changes are sex-dependent, with the parameters detected in male but not female rats, who were also resistant to MS-dependent changes in anxiety-like behaviors (Haikonen et al., 2022).

In human studies of clinical anxiety disorders, consistent hyperactivation of the amygdala was observed (Etkin and Wager, 2007; Boehme et al., 2014). In fact, in early human connectivity analyses, subjects with more anxious temperaments had reduced vmPFC-amygdala coupling when presented with aversive stimuli (Pezawas et al., 2005). Interestingly, though varying from mouse studies, the dlPFC (dorsolateral PFC, analogous to rodent PL) exerted a significant inhibitory influence on the right amygdala that was absent in patients with GAD (Dong et al., 2019). Further, in patients with SAD (social anxiety disorder), decreased activity in PFC was also observed (Martin et al., 2010), which may explain some of the cognitive deficit-related symptoms observed in anxiety disorders. It is posited that overactivation of the amygdala observed in anxiety disorders is driven by the loss of prefrontal top-down control. This claim is supported by a recent study that found that stronger vmPFC-amygdala connectivity predicted lower anxiety levels (Kim and Whalen, 2009; Kim et al., 2011). Further, strength of dlPFC-amygdala connections were also correlated with anxiety levels, with the least anxious individuals having the most robust connections (Etkin et al., 2009). Given this evidence, it is likely that the loss of PFC-regulated top-down control is implicated in amygdala-mediated anxiogenic responses.

Hypoactivation of the PFC may lead to hyper-responsivity of the amygdala to even non-threatening environmental cues, triggering full-scale responses often observed in PTSD (Whalen et al., 1998), panic disorder (Kent and Rauch, 2003), and other anxiety disorders. This idea is displayed in mouse models, as mice with limited prefrontal-amygdala interaction displayed significant threat-generalization (Charney et al., 2017). Altogether, the evidence summarized here supports an association between PFC-amygdala circuitry and anxiety. Despite this, it remains unknown whether and how NE may modulate PFC projections to the amygdala under both normal and pathological conditions. While it has been shown that NE release in the BLA promotes anxiety-like behavior (McCall et al., 2017), it remains unclear how NE release in the PFC may act on BLA-projecting neurons. Given the inverse relationship between PFC-amygdala connectivity and anxiety, it is plausible that excessive NE release disrupts functionality of this circuit through loss of prefrontal top-down control.

PFC-BNST

Though the bed nucleus stria terminalis (BNST) is a relatively small brain region, it can be divided into 18 heterogeneous subregions (Robinson et al., 2019). These subregions are seemingly distinct and, at times, opposing in functionality (Jennings et al., 2013; Kim et al., 2013). Previous rodent studies have demonstrated direct input from the PFC to the BNST (Dong et al., 2001; Vertes, 2004; Radley and Sawchenko, 2011; Radley et al., 2013; Glangetas et al., 2017; Johnson et al., 2019) that is particularly dense in IL-avBNST circuits but is also present between the PL and

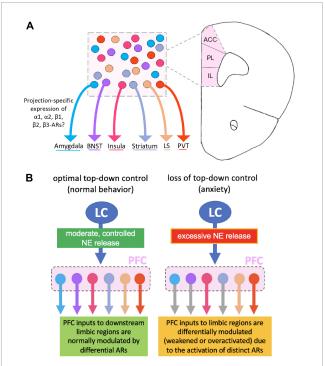


FIGURE 5

Norepinephrine (NE) modulation of distinct prefrontal cortical neurons that project to different anxiety-related subcortical regions. (A) The prefrontal cortex (PFC) sends dense projections to numerous brain regions implicated in anxiety, yet there is currently no research on which NE receptor subtypes exist on these output pathways. (B) Left panel: Potential circuit-based mechanisms by which optimal locus coeruleus (LC)-mediated NE release in the PFC modulates different PFC output circuits through activation of differential adrenergic receptors (ARs). Right panel: Excessive NE release weakens or over activates PFC outputs to the downstream limbic regions, depending on projection-specific activation of distinct AR subtypes. This in turn results in a shift of dynamic balance among the different circuitries, leading to a loss of prefrontal top-down control and the production of an anxiety-like phenotype.

avBNST regions (Johnson et al., 2019). Rodent studies investigating vmPFC-BNST and ACC-BNST (anterior cingulate cortex-BNST) connections in anxiety-like behaviors found that animals exposed to shock demonstrated decreased connectivity in both circuits (Alvarez et al., 2011). This finding supports a relationship between anxiety-like behaviors and loss of PFC top-down modulation of the BNST in rodents.

Moreover, silencing of PL inputs to the avBNST with optogenetics resulted in anxiogenic behavioral phenotypes, including increased immobility and elevated hormonal stress responses during shock-probe burying and tail suspension tests (Radley et al., 2009; Johnson et al., 2019). These results suggest a functional role of PL inputs to the avBNST in reducing anxiety-like behavior. Contrastingly, in a backward conditioning paradigm, IL inputs to the BNST are activated by unpredictable threats (Goode et al., 2019). This may have translational applications to anxiety-and other stress-related disorders, where threats are often inexplicit and unpredictable.

Evidence of prefrontal innervations to the BNST also exist in humans (Dong et al., 2001; Vertes, 2004; Motzkin et al., 2015). Though not PFC-BNST circuit specific, meta-analyses of

neuroimaging studies have demonstrated heightened activation of the BNST while subjects awaited aversive cues (Clauss et al., 2015). Further, a correlation between level of BNST activation and arousal during exposure to unpredictable shocks was observed (Alvarez et al., 2011). In patients with PTSD, heightened sensitivity to stimuli, a hallmark of anxiety disorders, is associated with increased BNST activation. Moreover, increased BNST activity was observed in patients with GAD when compared to healthy controls (Yassa et al., 2012). Thus, there are several lines of evidence that support BNST-based modulation of hypervigilance and hyperarousal. It is possible that in the presence of a stressful or aversive event, BNST activation modulates a sustained, or continuous, anxious state. This heightened state may be exaggerated in anxious individuals (Yassa et al., 2012), resulting in some of the physical and emotional symptoms exhibited in anxiety disorders.

Given what is known about the anatomical and functional heterogeneity of PFC subregions, varying efferent connections from different cortical subregions to the BNST likely control different aspects of anxiety-like behavior (Jennings et al., 2013; Kim et al., 2013). Though similar anxiety-inducing experiments have not been conducted in humans due to ethical and technical limitations, considering the homology that exists between the rodent and human brain, similar anxiety-specific changes in PFC-BNST circuitry are likely present. The studies discussed above provide a robust connection between PFC-BNST modulation and anxiety disorders, but the downstream circuitry, cell-type specificity, and subregion modulation of these symptoms remain elusive. However, increased activity of the BNST and decreases in PFC-BNST connection during anxiety-like behavior supports the notion that anxiety may be due to loss of PFC top-down control to the BNST.

PFC-insula

The insula plays an essential role in emotional experience and subjective feelings (Calder et al., 2000; Borg et al., 2013), making it an essential node in the anxiety network. Given its extensive connections with the amygdala and PFC (Paulus, 2008; Simmons et al., 2008; Engel et al., 2009; Freese and Amaral, 2009), the insula has been consistently implicated in the etiology of anxiety disorders (Damsa et al., 2009). This brain structure is divided into rostral agranular insular cortex (raIC); gustory insular cortex (gIC); primary interoceptive posterior insular cortex (pIC), and caudal insular cortex (cIC) (Bruce et al., 2012). Chemogenetic experiments have revealed insular subregions have distinct and often opposing roles in anxiety response. For example, rostral regions play an anxiogenic role (as raIC inactivation increased exploratory behavior and activation decreased these behaviors), whereas caudal regions produce anxiolytic responses in rodents (cIC inactivation decreased exploration and cIC activation promoted exploratory behavior, indicative of decreased anxiety). Conversely, activation of raIC and gIC induced opposite anxiogenic effects, confirming prior results (Bruce et al., 2012).

In a human study by van Tol et al. (2012), subjects were given a word-encoding task (where subjects were presented with positive, negative, or neutral words) and found that negative words had greater insular activation in patients with anxiety disorders

compared to healthy controls. Moreover, healthy patients with greater trait anxiety levels had proportional increases in insular activation (Stein et al., 2007), showing anxiety-like symptoms recruit activation of the insula. In healthy subjects, increased levels of trait anxiety consequently resulted in increased insular activation (Engel et al., 2009). Similarly, the degree of insular (right middle insula) activation in women diagnosed with PTSD was greater than in trauma-exposed controls (Lanius et al., 2007; Lindauer et al., 2008; Strigo et al., 2010). This pattern of heightened insular activation in patients with PSTD was further observed when subjects were exposed to emotional, trauma-unrelated stimuli (Simmons et al., 2008; Fonzo et al., 2010). Patients with anxiety disorders may constantly entertain exaggerated interoceptive cues generated by the overactivated insula, which could increase anxiety symptoms and lead to further elevation of insular activity (Stein et al., 2007).

Hyperactivation of various brain regions in anxiety disorders is thought to be attributed to loss of top-down control via vPFC hypoactivation (Bruce et al., 2012). Though PFC-IC circuit-specific research is limited, hypoactivation of the PFC is related to emotional control in patients with PTSD (Etkin and Wager, 2007). Further, decreased ACC volumes were positively correlated to the presence of PTSD symptoms (Kasai et al., 2008). This evidence combined with increased insular activity in these disorders supports the idea that the relationship between increased insular activation and anxiety is due to a loss of PFC top-down control to the insula. With simultaneous increased insular activation and loss of top-down control from the PFC, this circuit may serve in the development or exacerbation of anxiety disorders.

PFC-striatum

The striatum is a complex brain region that contributes to a plethora of behavioral processing implicated in anxiety disorders, including attention, motivation, and learning (Lago et al., 2017). Prior studies investigating the role of the striatum in anxiety disorders often focus on the ventral striatum for its role in processing affect (Cardinal et al., 2002; Christakou et al., 2004; Schott et al., 2008) but the dorsomedial (dmS) striatum has been and found to influence other aspects involved in anxiety disorders, including decision making (Balleine et al., 2007), avoidance behavior (Aupperle and Paulus, 2010; Aupperle et al., 2015; LeBlanc et al., 2020), and action initiation (Porter et al., 2015). Interestingly, deep brain stimulation of the striatum in rodents (Rodriguez-Romaguera et al., 2012) and humans (Rauch et al., 2006; Denys et al., 2010) has shown that activation of this brain region results in a reduction in anxiety-related symptoms.

In rodents, an especially relevant input to the dmS is the dorsomedial PFC (Sesack et al., 1989; Gabbott et al., 2005). The role of this dmPFC-dmS circuit has previously been demonstrated in decision-making under conflict, a trait that is often disrupted in anxiety disorders (Friedman et al., 2015). A recent study reported that greater activity in dmPFC-dmS projection neurons was observed during open arm occupancy compared to that of the closed arms in the elevated plus maze (EPM); this effect was not observed in other dmPFC circuits, such as the dmPFC-amygdalar projection neurons. Further, stimulation of the

dmPFC-dmS pathway increased open arm exploration, showing an increased drive to approach and decreased anxiety-like behavior (Loewke et al., 2020). Inhibition of this circuit decreased open-arm exploration, illustrating the involvement of this pathway in anxietyrelated avoidance. These findings provide evidence supporting the control of dmPFC-dmS circuitry in regulating anxiety-like behavior in the EPM and elevated zero maze (EZM) (Loewke et al., 2020). Moreover, these results support the model of prefrontal top-down control over defensive action, such as avoidance. Investigators have posed that corticostriatal circuitry may integrate previous learning contingencies and the behavioral state of the organism to integrate signals and select subsequent appropriate behavioral responses. This hypothesis is supported by the cortical processing of aversive experience; it is reasonable to conclude that this circuit plays a key role in the generation of defensive response via prefrontal-striatal projection neurons (Kirouac, 2021).

Ventral and dorsomedial regions of the striatum receive prominent PFC afferents (Cisler and Koster, 2010; Liljeholm and O'Doherty, 2012; Calhoon and Tye, 2015; Howland et al., 2022). The ventral striatum is known to be involved in learning and motivation (Dayan and Balleine, 2002; O'Doherty et al., 2004; Cauda et al., 2011; Porter et al., 2015). Motivation is often thought of in the context of addiction (Martin et al., 2002; Chambers et al., 2003), but can be included in anxiety research when reframed to the context of a motivation to avoid danger, or risk avoidance (Lago et al., 2017). This is particularly relevant as individuals diagnosed with anxiety disorders tend to possess abnormally high risk-avoidance levels, which could be attributed to ventral striatal dysfunction (Lago et al., 2017). Regarding circuit-level connectivity, the ventral striatum, which includes the nucleus accumbens (NAc) shell and core, receives input from orbitofrontal and anterior cingulate cortices in humans (Heimer et al., 2007; Ernst and Fudge, 2009; Bolstad et al., 2013; Porter et al., 2015). The ventral striatum, especially NAc, receives dense excitatory afferents from the PFC. NAc volume appears to be a predictor of anxiety symptoms following treatment (Burkhouse et al., 2020), while NAc deep brain stimulation decreases ratings of depression and anxiety (Bewernick et al., 2010). Many noradrenergic dopamine-beta-hydroxylase immunoreactive (DBH-ir) fibers were found in the shell but few were in the core regions (Berridge et al., 1997). A further study indicated that the primary source of NE afferents to the shell of NAc is from the A2 region, with lesser contribution from the A1 and LC (Delfs et al., 1998). Thus, LC-mediated NE release may influence NAc activity through PFC projection neurons. However, how PFC-NAc pathway is modulated by NE and which receptor subtypes are involved in the regulation of anxiety-like behavior remain to be determined.

PFC-PVT

The paraventricular thalamus (PVT) is a midline thalamic structure that integrates information from the motor, limbic, and cortical circuits in the brain (Sesack et al., 1989; Vertes, 2004; Gao et al., 2020, 2023; Iglesias and Flagel, 2021; Penzo and Gao, 2021). The PVT is often separated anatomically and functionally into two subregions: the anterior PVT (aPVT) and

posterior PVT (pPVT) (Li and Kirouac, 2012; Kirouac, 2015). Robust sources of input to this brain region include the IL and PL cortices (Li and Kirouac, 2012; Kirouac, 2015), as indicated through retrograde (Krout et al., 2002; Otake et al., 2002) and anterograde (Hurley et al., 1991; Canteras and Swanson, 1992; Vertes, 2004) studies in rodents. The PVT has been known to be a key node in the emotional processing network (Barson et al., 2020) and mediates behavioral responses to stress.

The aPVT receives information from the IL concerning motivational state and arousal. The pPVT receives input from both PL and IL subregions of the PFC, which is thought to communicate information about salient emotional stimuli (Otis et al., 2017, 2019).

Due to the known involvement of the PVT and the PFC in fear, anxiety, and arousal, this circuit may work to modulate behavioral responses to aversive and/or threatening stimuli, though more work is needed to confirm this hypothesis. Although gaps in knowledge surrounding PFC-PVT circuitry do exist, the dense connections between these regions and the behaviors they are known to regulate suggest a likely top-down influence of the PFC on the PVT. While NE signaling in the PVT has been shown to influence cellular responses to stress (Beas et al., 2018), an interesting avenue of future research will be determining how NE release in the PFC alters activity between the PFC and the PVT, and how this may relate to stress and pathological anxiety.

PFC-lateral septum

The lateral septum (LS) is a forebrain region implicated in various behaviors, including feeding, rewards, sociability, and fear. Alongside these functions, the LS has long been involved in the control of stress responses and anxiety (Sheehan et al., 2004). This brain region was once described as a homogenous structure, but has now been recognized as a heterogeneous region with different subregions, cell types, and microcircuits (Risold and Swanson, 1997). The LS can be characterized into four major subregions, dorsolateral septum (dlLS), dorsomedial septum (dmLS), ventrolateral septum (vlLS), and ventromedial septum (vmLS), each exhibiting differential effects on anxiety based on their unique afferent and efferent connections (Rizzi-Wise and Wang, 2021). For example, the dorsal LS is implicated in promoting anxiety (Thomas et al., 2013), while the activation of ventral LS regions reduces anxiety (Parfitt et al., 2017) and fear (Parfitt et al., 2017; Besnard et al., 2020). Phenotypes that arise from vLS activation suggest this region plays a role in suppressing negative affect (Rizzi-Wise and Wang, 2021), thus blunting the psychological severity of stressors (Sheehan et al., 2004). On the other hand, lesions to the LS produce "septal rage" or over-reactivity to stimuli and excessive fear response (Albert and Chew, 1980). Similarly, inhibition of individual LS neurons increases anxiety (Sheehan et al.,

There have been significantly fewer studies investigating PFC inputs to the LS. The IL subregion of the PFC sends dense projections to the intermediate parts of the LS, moderate inputs to the dorsal LS, and sparse inputs to the ventral LS

(Hurley et al., 1991; Canteras and Swanson, 1992; Vertes, 2004). One of the only studies investigating PFC modulation of the LS found that optogenetic activation of PFC terminals in the LS had overall anxiogenic effects, as shown by increased open arm avoidance and decreased open arm entry probability in the EPM, as well as increased freezing and decreased time spent in the center of the arena in the open field test (OFT) (Chen et al., 2021). Further, opto- and chemo-genetic inhibition of the IL-LSe pathway produces anxiolytic effects, as observed through decreased open arm avoidance, increased probability of open arm entry, and increased center occupancy in the OFT (Chen et al., 2021). These findings identify the LS as a key target of IL to enhance anxiety-related behavioral responses, suggesting a direct, local IL-LS synaptic connection to modulate anxiety and fear (Chen et al., 2021). However, this finding seems inconsistent with the idea of top-down prefrontal control of the proper behavioral response. Further studies in a IL-LS subcircuit- and cell-typespecific manner would provide novel insight into the role of IL-LS pathway in anxiety-like behaviors (Besnard and Leroy, 2022).

A model of NE modulation of PFC top-down control

Despite the well-known sensitivity of the PFC to changes in the LC-NE system (Arnsten, 1998), it remains almost completely unexplored how NE release differentially influences each of the PFC circuits mentioned above. Especially, if these distinct PFC projections express different adrenergic receptors and whether they are differentially modulated by LC activity and its released NE in the PFC (Figure 5). Nonetheless, some evidence suggests NE regulates distinct PFC populations. For example, adrenergic modulation shifts the dynamic properties of corticopontine (CPn) but not commissural (COM) neurons and increases the excitability of CPn neurons significantly more than COM neurons (Dembrow et al., 2010), indicating subcircuit-specific neuromodulation in the PFC. These findings describe some of the functional consequences of selective neuromodulation on behavioral states during goal-directed behavior (Dembrow and Johnston, 2014). Evidence of differential effects of NE signaling on varying subcircuit-specific PFC modulation, though limited, inspires the idea that other prefrontal circuits are uniquely modulated by NE in the PFC. Combining our knowledge of PFC anxiety-related circuits with the molecular and behavioral framework of general NE modulation in the PFC, we propose a model of adrenergic influence on prefrontal top-down control of anxiety (Figure 5).

In this model, we posit that controlled NE release in the PFC maintains optimal functioning of the PFC, eliciting control over other more emotionally-related limbic regions involved in anxiety (eg., amygdala, BNST, insula, striatum, PVT). We pose that this prefrontal top-down control integrates limbic responses with conscious planning and decision-making to elicit appropriate behavioral responses (Figure 5). Conversely, conditions of excessive NE release, evoked by unpredictable environmental threats or other perceived psychological stressors (such as those observed in anxiety disorders), may either weaken

or overactivate PFC projections to these anxiety-related brain regions. Given that excessive stimulation of ARs inhibits cognitive functioning (Arnsten, 1998) and may take the PFC "offline," it is likely that the loss of top-down control over some or all of these aforementioned brain regions would shift brain states to a mode of subcortical modulation and thus play a vital role in the generation of anxiety (Figure 5).

However, this model has yet to be tested directly, and understanding exactly which PFC circuits are impacted by excessive NE release is of great interest from a preclinical and clinical perspective. Altogether, there is a need for more research to elucidate the impact of NE on specific PFC circuits known to be involved in pathological anxiety.

It is also noteworthy to consider the reciprocal connections between the PFC and each or some of these brain regions, and how these regions may individually impact optimal prefrontal functioning in the context of NE signaling. While it remains unknown which AR receptors are expressed on specific PFC output populations, it is also unclear whether afferent inputs to the PFC from other anxiety-related brain regions (e.g., ventral hippocampus) also express AR receptors, which could further contribute to substantial modulation of PFC activity following NE release. Although PFC projection pathways have been the focus of this review, the influence of NE on distinct afferent inputs proves to be a critical area of research in circuit- and systems-based neuroscience. More work is needed to understand whether and how PFC inputs and outputs are uniquely engaged by NE to regulate anxiety-like behaviors.

Finally, it should be noted that given the reciprocal descending pathways from the PFC to the LC, any dynamic activity changes in the mPFC could also have a feedback effect on the LC neuronal activity. However, there are limited studies investigating prefrontal-LC projections, making the speculation of how these projections may affect anxiety-like behavior challenging. Nevertheless, it was reported that electrical stimulation of the PFC in anesthetized rats activated the LC through NMDA and non-NMDA mechanisms (Jodo and Aston-Jones, 1997). Given the PFC's role in attention via NE modulation (Arnsten, 1998, 2011; Berridge and Waterhouse, 2003 Morris et al., 2020), presumably it is possible that low level's of NE in the PFC can induce activation of the LC, which increases NE release to an optimal level to regulate sustained attention and decision-making. In contrast, a high level of NE release in the PFC, as would occur during stress or anxiety-evoking situations, can disengage optimal prefrontal functioning. Therefore, it is unlikely these prefrontal projections to the LC provide negative-feedback signals to provide top-down control to the LC to inhibit NE release during anxiety-like behavior. Even so, more research is needed on the neurochemical and behavioral effects of this descending pathway on anxiety-like behaviors.

Future directions

Preclinical experiments suggest that all NE receptor subtypes participate in anxiety-like processes. Given the extensive use of pharmacological agents that target NE receptors to treat pathological anxiety and the clear relationship between PFC dysfunction in the clinical population, revealing the intricacies of

BOX 2 Outstanding questions.

1. NE is known to modulate decision making and cognitive functions in the PFC, but the circuit-level mechanisms have been unexplored. Revealing which specific cell types and circuitry are affected by NE release in the PFC is an important and interesting avenue of future research

- 2. Sex differences are known to play a role in NE signaling and receptor expression in the PFC and related circuitry. Whether and how these sex differences contribute to the susceptibility or etiology of pathological anxiety still remains unknown.
- 3. PFC-NE plays a role in the functionality of the PFC and its ability to provide top-down control, yet the precise projection neurons and interneurons involved remains elusive.
- 4. The presence of $\alpha 1$ and $\alpha 2$ receptors have been identified in both excitatory and GABAergic neurons in the PFC. However, it is unknown if these receptors are colocalized on the same cells or if cells are constricted to receptor subtype specificity. Moreover, which adrenergic receptor subtypes are expressed on various PFC projection neurons, especially those efferent pathways known to be involved in the modulation of anxiety.
- 5. It is still unknown whether and how the development of pathological anxiety disorders alters NE release, adrenergic receptor expression, and/or sensitivity in PFC neurons.

NE receptor signaling in modulation of PFC circuit-level control of anxiety is crucial.

Overall, evidence supports a decisive role for NE and distinct PFC circuits in driving anxiety-related behaviors. Significant progress has been made in the last two decades in investigating the LC-NE system's direct influence on anxiety and other aversive behaviors. Despite these advances, more work is needed to bridge the gap between NE signaling and PFC circuit function in anxiety by revealing the precise circuit-level effects of NE release in the PFC. Although the field has yet to directly investigate NE-PFC influences on anxiety etiology, asking questions from a combinatorial standpoint of molecular signaling in conjunction with known circuit-based regulation of behavior, as in our proposed model, is now possible due to recent technological advances. For instance, particularly in rodents, new tools have provided extraordinary temporal and spatial resolution to investigate causal functions of neural circuits and have already yielded impressive results identifying discrete PFC circuits mediating specific anxious behaviors, including approach-avoidance, social deficits, and fear. Our model, though speculatory, can begin to be directly tested using tools such as the GRAB-NE biosensor to detect endogenous NE release in the brain, offering an unprecedented opportunity to uncover the temporal dynamics of NE signaling in the PFC and its resulting effects on behavior (Feng et al., 2019). These dynamics can be fine-tuned even further using the Cre-Lox system to restrict NE biosensor expression to specific PFC circuits and excitatory versus inhibitory PFC cell types. In addition, increasingly advanced computational data analysis, such as deep learning to analyze micro-behaviors, may reveal additional anxietylike behaviors in rodents that were previously overlooked by manual scoring. Moreover, retrograde tracing studies to visualize exactly where NE-modulated PFC-projection neurons are located, in conjunction with fluorescent in situ hybridization (FISH) for specific NE receptor subtypes will further pry into the unknown details of NE receptor expression on distinct PFC-circuits. With vigorous investigation using these new tools, we can begin to address our proposed model and many other outstanding questions that remain (see Box 2-Outstanding questions). Implementing a combination of these new and improved techniques is needed to truly uncover the precise dynamics of the LC-NE-PFC's role in anxiety, which is an exciting destination in the future of neuroscience research.

In addition, though sex-differences in anxiety etiology is not discussed in this review, this should not be overlooked. The US National Institute of Mental Health reports that the lifetime prevalence of anxiety disorders is two to three times higher in

women than in men (Yonkers et al., 2003; Grant et al., 2005; Kessler et al., 2006, 2009, 2012; Tolin and Foa, 2006; Leach et al., 2008) and women demonstrate distinctly lower treatment efficacy (Donner and Lowry, 2013). Whether and how sex hormones converge with NE signaling in the PFC to guide behavior, and how this may potentially mediate sex differences in pathological anxiety is another intriguing and important line of future research. Despite some recent progress, there is still a substantial delay in the conceptual idea that the field must study both males and females to effectively investigate and treat disorders across sexes. A future of inclusive data collection generates hope for filling the gap in knowledge involving the female brain and developing improved, comprehensive treatments for anxiety and other psychiatric disorders.

It is interesting to speculate that a particular neural circuit dysfunction could be casually involved in multiple psychiatric diseases, including anxiety. Further, given the substantial rate of co-morbidity and shared symptomology among various mental illnesses, the identification of distinct neurobiological mechanisms underlying these diseases is one of the most pressing needs and invigorating avenues of research into psychiatric disorders. Treating psychiatric disorders that disrupt these complex, intertwined neural systems may require a broad, circuit-level approach. A shift in how we consider the underpinnings of anxiety—such that the brain works in a circuit-dependent manner, where changes (including neuromodulatory influences) in each subregion affect the next—promises to remodel how anxiety disorders are treated.

Current technological advances for neuroscience experiments, particularly in rodents, have provided exceptional temporal and spatial resolution to investigate causal functions of neural circuits mediating specific anxious behaviors, including approachavoidance, social deficits, and fear. Combinatorial approaches with increasingly advanced computational data analysis, such as deep learning to analyze micro-behaviors, will directly aid researchers in answering these critical questions. In particular, the recent advent of biosensors to detect endogenous NE release in the brain offers an unprecedented opportunity to uncover the temporal dynamics of NE signaling in the PFC and its resulting effects on the behavior. In particular, using the Cre-Lox system to restrict NE biosensor expression to specific PFC circuits and cell types, we can begin to address some of the outstanding questions that remain (Box 2). Implementing a combination of these new and improved techniques is needed to truly uncover the precise dynamics of the LC-NE-PFC's role in anxiety, which is an exciting destination in the future of neuroscience research.

Author contributions

NB, NM, and W-JG wrote the manuscript. All authors contributed to the article and approved the submitted version.

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The influence of action on perception spans different effectors

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Perception and action are fundamental processes that characterize our life and our possibility to modify the world around us. Several pieces of evidence have shown an intimate and reciprocal interaction between perception and action, leading us to believe that these processes rely on a common set of representations. The present review focuses on one particular aspect of this interaction: the influence of action on perception from a motor effector perspective during two phases, action planning and the phase following execution of the action. The movements performed by eyes, hands, and legs have a different impact on object and space perception; studies that use different approaches and paradigms have formed an interesting general picture that demonstrates the existence of an action effect on perception, before as well as after its execution. Although the mechanisms of this effect are still being debated, different studies have demonstrated that most of the time this effect pragmatically shapes and primes perception of relevant features of the object or environment which calls for action; at other times it improves our perception through motor experience and learning. Finally, a future perspective is provided, in which we suggest that these mechanisms can be exploited to increase trust in artificial intelligence systems that are able to interact with humans.

KEYWORDS

object properties, reaching, grasping, eye movements, walking

Introduction

At the basis of a successful behavior there is the interplay between perception and action. Typically, perception informs the action mechanism regarding the features of the environment and this mechanism is responsible for changes in the environment. If, on the one hand, it is doubtless that perception influences the action, the influence of action on perception cannot be taken for granted to the same extent. Starting from such a consideration, this review aims to examine the influence of action on visual perception of different properties of objects (i.e., size, orientation, and location) focusing on the actions performed by different motor effectors such as the eye, the hand, and the leg. Since two phases can be distinguished when looking at the influence of action on perception, namely planning and execution, in the following sections we provide a separate overview of some of the studies that explore the effect of action planning on the perception of the object/stimulus, and of those that examine action execution and its effect on perception.

The effect of action planning on perception

As perceivers, we receive, on a daily basis, a wide variety of information concerning the features of the surrounding environment. As active players, we constantly explore this environment based on the sensory processing of those stimuli related to our goals/intentions and subsequent actions. For example, everyday tasks such as grasping a cup or the handle of a frying pan are highly precise actions that we perform automatically; however, these involve a complex sensorimotor approach, many aspects of which are still unknown.

An action, an intended and targeted movement, is distinguished by several sequential sections that organize its processing and work in close coordination with perception (Hommel et al., 2016). Within this processing (assessment of environmental information, location in three-dimensional space, and selection, integration, and initiation of the action), action planning represents a fundamental component (Hommel et al., 2016; Mattar and Lengyel, 2022).

Action planning is specified as a process which considers the execution of actions based on the environment and expected outcomes (Sutton and Barto, 1998; Mattar and Lengyel, 2022). Action planning could be referred to as the period between the decision phase and the initial impulse phase. During the action planning phase, the player generates an action goal (based on the temporal and spatial properties of the environment) which is then transferred to the motor system to achieve that specific purpose. That is, first the information is organized and subsequently integrated into a plan. This particularity provides plasticity and favors the adaptation to possible changes to the input information and goals (Mattar and Lengyel, 2022). For example, when grasping an object, it can be observed how the hand adjusts to the intrinsic properties of that object (Jeannerod, 1981), which hints at the relevance of action planning in the interaction between the environment and the final goal. In fact, input information is processed in parallel by pathways acting in a shared actionperception framework (Prinz, 1990; Hommel et al., 2001), within which planning itself has been observed to influence (Hommel et al., 2001, 2016; Witt, 2018).

Notwithstanding the considerable scientific literature on how planning contributes to cognitive processes, the current findings merely give us a glimpse of the long road ahead. Here, in the following sections, we outline the most important behavioral studies regarding the impact of action planning on perception.

The eye domain

Our visual system captures primordial information which guides our actions. Once the visual environment and objects of interest are defined, the visuo-spatial information is then transferred in order to plan, execute, and control those goal-directed actions (Hayhoe, 2017). The impact of vision on motor actions has always been a topic of great scientific interest (Prablanc et al., 1979; Desmurget et al., 1998; Land, 2006, 2009). Several

decades ago, groundbreaking studies were already describing how vision improves goal-directed movement accuracy (Woodworth, 1899; Bernstein, 1967). Since then, subsequent studies have sought to investigate how vision influences planning, execution, and control of movements.

Visual information greatly contributes to the action planning phase. During planning, the presence of visual feedback regarding the limb is paramount. For example, motor actions are more accurate when visual feedback is provided during action planning, regardless of whether the limb is visible or not during the action (Prablanc et al., 1979; Conti and Beaubaton, 1980; Pelisson et al., 1986; Velay and Beaubaton, 1986; Elliott et al., 1991, 2014; Rossetti et al., 1994; Desmurget et al., 1995, 1997; Coello and Grealy, 1997; Bagesteiro et al., 2006; Bourdin et al., 2006; Sarlegna and Sainburg, 2009).

Indeed, vision plays a key role in action planning since movements are apparently planned as vectors based on the extrinsic coordinates of the visual environment (Morasso, 1981; Flanagan and Rao, 1995; Wolpert et al., 1995; Sarlegna and Sainburg, 2009). Once visual information has been extracted, planning should consider those properties that will shape further actions. An example may be that of driving a car and approaching an intersection. Our visual system extracts information regarding the location and movement of other cars, pedestrians, and traffic signals at the intersection. Based on the extrinsic coordinates of the visual environment, during action planning we determine the appropriate vectors for our movements, such as accelerating, braking, or turning, that allow us to navigate the intersection safely and efficiently.

In a common framework, two stages within action planning have been suggested: the primary stage, in which vision is fundamental to determine the visuo-spatial attributes (target, limbs, and environment), and the secondary stage, in which the primary input is transformed into motor commands to generate the action (Sarlegna and Sainburg, 2009). Therefore, in a normal context, during action planning, vision provides the relevant information which facilitates the success of an action.

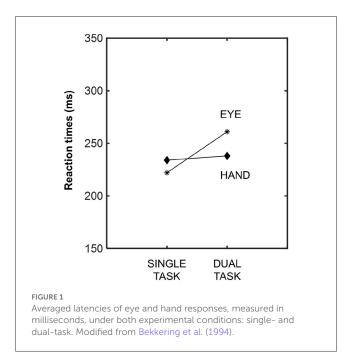
Acquiring visuo-spatial information would not be possible without eye movements. If a target falls in the peripheral visual field, eye movements assist in conveying the exact location of the target. Suppose we want to reach for an object. Considering the retinal spatial resolution, when a target of interest to be reached is identified, the region of highest retinal resolution should be focused on that target (Liversedge and Findlay, 2000; Land, 2006). To this end, before the reaching action begins, the eyes perform a saccadic movement toward the object and then fixate it constantly until it is reached by the hand. Within this brief scenario, the relevance of eye movements, which continuously support the coupling of vision and action, can be appreciated (Land, 2006, 2009; Hayhoe, 2017; de Brouwer et al., 2021).

Research into the interaction between the visual and motor systems has shown how the eyes constantly support and guide our actions in multiple dynamic tasks (Angel et al., 1970; Biguer et al., 1982; Pelisson et al., 1986; Land, 1992; Land et al., 1999; Neggers and Bekkering, 1999, 2000, 2001, 2002; Johansson et al., 2001; Patla and Vickers, 2003). For example, Land et al. (1999) demonstrated that eye movements are directed to those objects

involved in our daily actions. In Neggers and Bekkering (1999, 2000, 2001, 2002) studies, a mechanism of gaze anchoring during hand actions was elegantly demonstrated. They observed that during reaching movements observers did not make saccadic movements toward another target until the hand had arrived at the target of interest. Similar findings were reported by Johansson et al. (2001). They instructed participants to reach and grasp a bar which they subsequently had to move while avoiding obstacles and finally attach to a switch. They reported that gaze fixation was focused on those points that were critical to the action. That is, eye movements continuously guided the action to grasp, navigate, and attach the object (Johansson et al., 2001). In other studies, it was shown that fixation patterns differ when an object is grasped or viewed passively (Vishwanath and Kowler, 2003; Brouwer et al., 2009). Both studies showed that during visualization, fixation patterns were focused on the object's center of gravity, whereas during grasping, fixation was affected by the contact zone of the index and thumb digits. Interestingly, Brouwer et al. (2009) observed that saccadic reaction times were slower in the grasping task as compared to the visualization task. This outcome reflects that the onset of eye movement was dependent on action planning, i.e., in those conditions in which the eye and hand participated in the same process.

The eye reaction time latencies relative to the action have already been reported in several studies (Bekkering et al., 1994, 1995; Lünenburger et al., 2000; Pelz et al., 2001; Hayhoe et al., 2003). Bekkering et al. (1994) measured eye and hand motor response latencies using single- and dual-task methodologies. Like Brouwer et al. (2009), and as can be appreciated in Figure 1, saccade reaction time latencies were highest in the dual approach, i.e., when both the eye and hand simultaneously moved toward the visual target. Hand latencies were similar in both the single and dual tasks (Bekkering et al., 1994). Conversely, in another study, lower saccadic reaction time latencies were reported when the eye and hand moved simultaneously toward a common target (Lünenburger et al., 2000). Perhaps the type of planned action (pointing, reaching, grasping, etc.) is decisive within this interference effect. Longer processing times may be required according to the type of action planned, and, thus, eye reaction times could be affected differently (Brouwer et al., 2009). These findings demonstrate that these motor systems (eyelimb) are not independent from each other, and that they share synergistic processes when targeted to the same goal.

Recent studies have revealed how eye movements support selection and action planning toward a goal. Particularly, exploration of the eye-limb relationship in naturalistic tasks has revealed how eye movements provide continuous information from the visual environment, generating a context of intrinsic properties and spatial coordinates during action planning to effectively guide future movements (Zelinsky et al., 1997; Land et al., 1999; Pelz et al., 2001; Brouwer et al., 2009). In tasks involving jar-opening or hand-washing it has been observed that reaching actions are preceded by anticipatory fixations toward the target of interest (Pelz et al., 2001; Hayhoe et al., 2003). These fixations occur during action planning and help the observer to obtain decisive spatial information to assist in the future action (Hayhoe et al., 2003). Other activities, such as walking or driving over difficult and tortuous surfaces, have shown how visuo-spatial information derived from eye movements is primordial during action planning



(Land and Lee, 1994; Patla and Vickers, 2003; Land, 2006). For example, while walking, gaze fixation anticipates action by 0.8–1.1 s on average (Patla and Vickers, 2003; Land, 2006). This suggests that during planning, the visual system acts as an anticipatory system, in a feedforward manner, for the execution of the action.

Although previous studies focused on the role of the eyes as support in the planning of actions performed by other motor effectors, multiple studies have extensively examined the impact of eye motor planning on visual perception within the oculomotor system. These investigations have shown that spatial perception is enhanced at the location where the eye movement is intended to go, shortly before its execution (Hoffman and Subramaniam, 1995; Deubel and Schneider, 1996; Neggers et al., 2007). For example, research has shown that saccade target selection is influenced by object recognition (Deubel and Schneider, 1996), and that visual attention can influence the planning and execution of saccadic eye movements (Hoffman and Subramaniam, 1995). Additionally, a coupling between visuospatial attention and eye movements has been observed (Neggers et al., 2007), with attention often following the gaze. This coupling can be disrupted when transcranial magnetic stimulation is applied to the frontal eye fields, suggesting a causal relationship between attention and eye movements (Neggers et al., 2007). These outcomes may imply that the process of eye motor planning can have a significant impact on perception. Although the exact mechanisms underpinning this impact are not yet fully known, it is believed that the coordinated activity of multiple brain regions and systems, including the saccadic system, vestibular system, and attentional processes, is at play.

The hand domain

Over the past few decades, the scientific literature has provided compelling evidence as to how perception is biased by the planning of arm movements, such as reaching and grasping

(Musseler and Hommel, 1997; Prinz, 1997; Craighero et al., 1999; Wohlschläger, 2000; Hommel et al., 2001; Knoblich and Flach, 2001; Wühr and Müsseler, 2001; Hamilton et al., 2004; Kunde and Wuhr, 2004; Fagioli et al., 2007; Wykowska et al., 2009, 2011; Kirsch et al., 2012; Kirsch and Kunde, 2013; Kirsch, 2015). From the perceiver's point of view, it is intriguing to consider the fact that when planning a reaching or grasping movement toward an object, the perception of the object is somehow influenced. For example, when reaching for a cup of coffee, the perceiver's visual system considers the cup's location and orientation relative to the perceiver's body. The perceived properties of the cup may also be influenced by the planned action, as the perceiver's motor system may need to make adjustments based on these properties in order to successfully grasp the cup. This suggests that the motor system is not only involved in executing actions, but also in shaping perception based on the perceiver's intended actions. In fact, multiple perceptual aspects, such as orientation, size, luminance, location, motion, among many others, have been reported as target features that are directly influenced by action planning (Musseler and Hommel, 1997; Craighero et al., 1999; Wohlschläger, 2000; Zwickel et al., 2007; Lindemann and Bekkering, 2009; Kirsch et al., 2012). For example, studies by Kirsch have shown how planning itself interferes with distance perception and, therefore, with target spatial location (Kirsch et al., 2012; Kirsch and Kunde, 2013; Kirsch, 2015).

This action(planning)-perception interaction is dependent on whether the goal is related or not to the action. When there is a direct relationship between goal and action, perception is facilitated by the planning of the action, whereas when the two are independent, action planning interferes with perception (Hommel et al., 2016).

Several benchmark studies carried out in the 1990s and 2000s demonstrated various scenarios exhibiting facilitation and interference. Based on a set of five experiments, Musseler and Hommel (1997) reported the impact of action planning on the direction perception of a visual stimulus. Direction perception (right or left) was influenced by action planning concurrence (right or left button press). Specifically, identifying the direction of a right-pointing stimulus was more costly after planning a right button press (Musseler and Hommel, 1997). Given the common code (Hommel et al., 2001), action planning toward a concrete direction led to an interference scenario, i.e., the share-code weighting favored action over perception (Musseler and Hommel, 1997; Hommel et al., 2016).

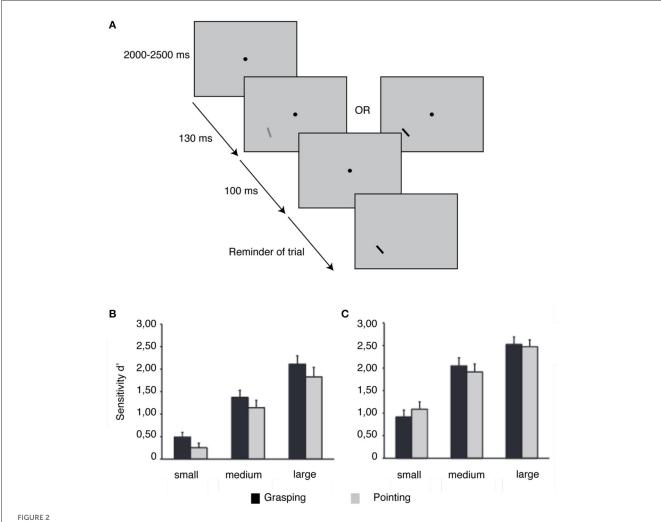
Subsequent studies corroborated the interaction between perception and action planning processes. In Wohlschläger (2000) study, observers had to report the perceived motion direction of projected discs while turning a knob in a designated direction. Hand motion direction biased subjects' motion perception. Under a similar experimental approach to that of Craighero et al. (1999), Lindemann and Bekkering (2009) instructed volunteers to reach, grasp, and subsequently rotate an x-shaped manipulandum following the visual go signal's onset. Here, a tilted bar (-45° or +45°) served as the visual go signal. Volunteers detected the onset of the go signal faster in the congruent conditions, in which the go signal, and action planning presented the same direction (Lindemann and Bekkering, 2009). These findings imply

that perception was facilitated in the direction in which the action had been previously planned. In contrast, like Musseler and Hommel (1997), Zwickel et al. (2007) reported action (planning)-perception coupling but in an interference scenario. In their study, reaction times were longer when movement deviations agreed with the action planning direction (Zwickel et al., 2007). Interference situations have also been reported by other authors (Schubö et al., 2001; Hamilton et al., 2004; Zwickel et al., 2010), indicating that the action (planning)-perception coupling is dependent on whether the perceived target is linked or not to the planned action.

Recent research has proven the relevance of the type of action planning in how perception is biased (Bekkering and Neggers, 2002; Fagioli et al., 2007; Symes et al., 2008; Wykowska et al., 2009, 2011; Gutteling et al., 2011). Bekkering and Neggers (2002) instructed observers to point at or grasp an object with a specific orientation and color. The authors found that while color errors were identical in both approaches, the number of orientation errors was lower in the grasping scenario (Bekkering and Neggers, 2002). Gutteling et al. (2011) asked participants to perform a grasping or pointing movement simultaneously with an orientation or luminance discrimination task (see Figure 2). Orientation sensitivity increased when planning a grasping action, as opposed to a pointing action. Size, location, and luminance have also been described as being perceptually dependent attributes of the type of action planning (Fagioli et al., 2007; Wykowska et al., 2009, 2011; Kirsch et al., 2012; Wykowska and Schubö, 2012; Kirsch and Kunde, 2013). Fagioli et al. (2007) revealed that planning a grasping action improved the ability to detect deviations in object size, while planning a reaching action facilitated the detection of location deviations. Studies by Wykowska et al. (2009) and Wykowska and Schubö (2012) corroborated the finding that planning to grasp improves size perception, while planning to reach enhances luminance perception.

All the above-mentioned scientific evidence seems to support the common coupling of action(planning)-perception. Planning an action primes those perceptual dimensions that can enhance one's own action (Hommel et al., 2001; Wykowska et al., 2009).

The majority of studies cited have shown that the motor system dynamically modulates the incoming perceptual information. However, these modulations have been observed when the perceptual information is intermixed with attentional and decisional mechanisms because they are strictly related to the motor response (i.e., Gutteling et al., 2011). Relevant literature was dedicated to understanding the temporal tuning of incoming perceptual information at very early cortical stages. To do this, different studies measured the contrast sensitivity of a brief visual stimulus that was not correlated with the action to be performed, and that was presented at different times during motor planning and execution. These studies used contrast sensitivity because it represents and reflects the activity of the primary visual cortex, since it has been demonstrated that the change of contrast visibility requires a modulation at this early cortical level (Boynton et al., 1999). Furthermore, it has recently been demonstrated that both sensory and motor processes are regulated by a rhythmic process that reflects the oscillations of neuronal excitability (Buzsáki and Draguhn, 2004; Thut et al., 2012). Combining all these

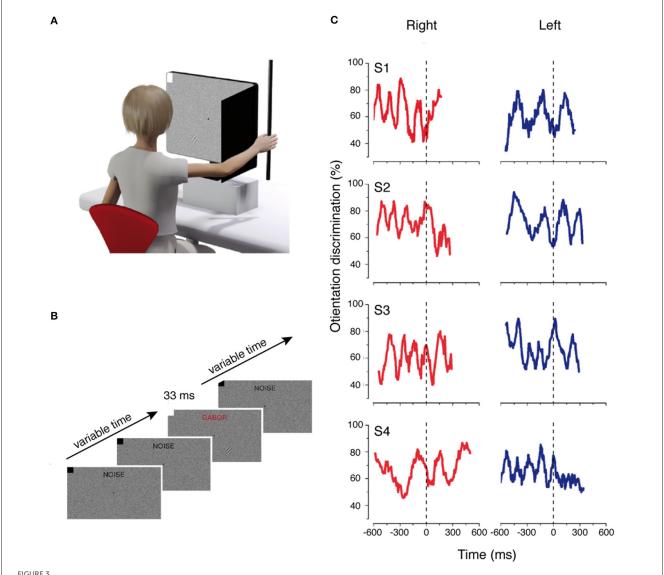


Effect of grasping and pointing planning on orientation and luminance detection. (A) Experimental approach. Experiments 1 and 2 used a similar stimulus display, which included a fixation spot and two bars. Participants were instructed to execute an action after a go-cue signaled by the appearance of the first bar. The second bar was either rotated slightly (Experiment 1) or differed in luminance (Experiment 2) from the first bar. (B) In Experiment 1, participants showed better orientation discrimination when planning a grasping action rather than when planning a pointing action. (C) Experiment 2 did not reveal any consistent change in luminance discrimination between grasping and pointing planning. Modified from Gutteling et al. (2011).

pieces of evidence, Tomassini et al. (2015) evaluated whether the rhythmic oscillations of visual contrast sensitivity were also present when synchronizing the perceptual information with the onset of a reaching and grasping movement. They found that the oscillations in contrast sensitivity emerged around 500 ms before movement onset, during action planning, even if perception was not related to the motor task (see Figure 3). These findings were extended in an electroencephalographic (EEG) study, in which the same group demonstrated that motor planning is combined with perceptual neural oscillations (Tomassini et al., 2017). The perceptual "action-locked" oscillations were also observed when the movements were performed with the eyes (Benedetto and Morrone, 2017; Benedetto et al., 2020). In this study, the results showed that saccadic preparation and visual contrast sensitivity oscillations are coupled, suggesting a functional alignment of the saccade onset with the visual suppression (Benedetto and Morrone, 2017).

The leg domain

The above-discussed research focuses on peripersonal space. However, it has been observed that the impact of action planning on perception can extend to the leg effector domain, resulting in facilitation effects on the perception of extrapersonal space. Several studies have shown that, when viewing objects in our extrapersonal space, we scale the perceived distance according to our intended motor action. For example, if we plan to walk a certain distance, we perceive the distance based on the amount of walking effort needed to traverse it, while, if we intend to throw a ball, the perceived distance is based on the amount of throwing effort required (Witt et al., 2004; Proffitt, 2006; Witt and Proffitt, 2008). The way we perceive our environment seems to be influenced by the specific actions we anticipate taking, with perception being adjusted based on an optimal cost-benefit principle (Proffitt, 2006). Recently, Fini et al. (2014, 2015a,b)



Rhythmic oscillations of contrast sensitivity synchronized with hand movements. (A) Experimental setup of the motor and visual tasks. (B) Example of trial sequence. Visual noise and fixation point were presented from the beginning of the trial to the end. At a random time from the start of the trial, a Gabor stimulus was displayed to the lower right or to the lower left of fixation. (C) Time course of the orientation discrimination responses for each participant aligned with the onset of the hand movement. Modified from Tomassini et al. (2015).

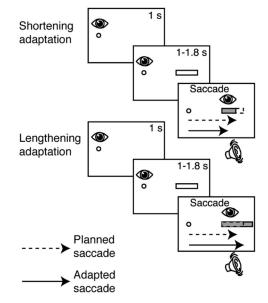
used a virtual paradigm to investigate the influence of anticipated actions on spatial perception. Participants were asked to judge the location of an object positioned at progressively increasing or decreasing distances from a reference frame. They noticed that participants perceived the target object to be closer to their own body when they intended to move toward it compared to when they had no intention of moving. This effect was not observed when the target object was compared to another static object (Fini et al., 2015a). Additionally, studies have demonstrated that when leg actions such as walking or running are primed, the portion of extrapersonal space judged as near in other-based coordinates is significantly expanded (Fini et al., 2017), together with an extension of peripersonal space during full-body actions such as walking compared to standing (Noel et al., 2015). These findings suggest that visual perception of the physical environment

beyond our body is heavily influenced by our actions, intentions, and physical abilities. Apparently, the main way of exploring the extended environment seems to be through locomotion, as it is the only way to cover distances and access information from more distant locations in the extrapersonal space compared to near extrapersonal locations, where information can be extracted from different sources (di Marco et al., 2019).

The effect of action execution on perception

Human ability to perform actions impacts the visual perception of objects/targets. This represents the framework within which the influence of action execution on perception is typically explained.

A Adaptation phase with modification of saccade amplitude



B Size perception modification measured by grip aperture

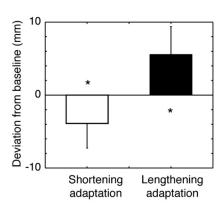


FIGURE 4

Size perception modification induced by saccadic adaptation. (A) Top row, Shortening adaptation condition. The fixation point was presented at the start of the trial. After 1 s, a bar appeared, but participants had to continue to focus on the fixation target. After a randomized time, an acoustic signal indicated the possibility of executing a saccade toward the bar. Then the bar was decreased in size by 30% of its length at the right border as soon as the saccade was detected. Bottom row, Lengthening adaptation phase. This condition was identical to the shortening adaptation condition, with the only difference being that the bar was increased in size by 30% during saccade execution. (B) Mean deviation of grip aperture from baseline in shortening adaptation (white column) and lengthening (black column) adaptation. The data were averaged across subjects and sizes. Error bars indicate SE. *p < 0.05, significant deviations from baseline (modified from Bosco et al., 2015).

The action-specific effects indicate all the effects generated from the ability to act on spatial perception (Proffitt, 2006, 2008). The first study suggesting that spatial perception was influenced by the ability to perform an action was carried out by Bhalla and Proffitt (1999). They showed that the perception of hill slant was influenced by the physiological potential. In fact, if the energetic costs required to climb them increased, the hills were estimated to be steeper. Following this work, several researchers have focused and expanded this concept beyond the physiological potential; however, these studies focus on other aspects of action. For example, softball players who were good at hitting the ball estimated it as being bigger compared to others (Witt and Proffitt, 2005; Gray, 2013). Similarly, archers who had a better shot than others estimated the target as bigger (Lee et al., 2012). Parkour athletes judged walls as lower compared to non-parkour athletes (Taylor et al., 2011), and good tennis players judged the net as being lower (Witt and Sugovic, 2010).

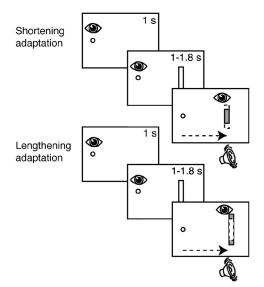
Another study examining a different branch of action-specific effects analyzed the affordance of the object, in other words, the possibility to act on or with an object (Gibson, 1979). Typically, the measurement of affordance perception is carried out by assessing the point at which an action is perceived as barely possible. For example, some studies have explored the width of a doorway that is perceived as being just possible to pass through, or the height of a step at which the affordance of stepping up is perceived (Warren, 1984; Mark, 1987; Warren and Whang,

1987). Other examples are studies in which people with broader shoulders perceived doorways to be smaller compared to people with narrower shoulders (Stefanucci and Geuss, 2009), or studies in which a target is presented beyond the distance of the arm's reach: the target is perceived as being closer when the participants use a reach-extending tool to reach the target and more distant when they reach without the tool (Witt et al., 2005; Witt and Proffitt, 2008; Witt, 2011; Davoli et al., 2012; Osiurak et al., 2012; Morgado et al., 2013). Given all these remarkable data, the next section focuses on the action-specific effects on perception as a function of the specific effector used, expanding the panorama to other investigation modes.

The eye domain

In the eye realm, the effect of saccade execution on perception has been investigated through saccadic adaptation and perisaccadic mislocalization mechanisms. Saccadic adaptation allows researchers to study how saccade amplitudes change according to changes in the post-saccadic target shift. This change can be either parallel or orthogonal to the main direction of the saccade. In other words, it is well established that saccade amplitudes adapt when a small target is horizontally shifted during saccade execution to another position in relation to

A Adaptation phase without modification of saccade amplitude



B Size perception modification measured by grip aperture

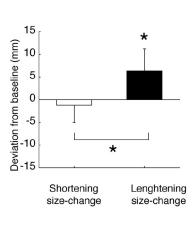


FIGURE 5

Size perception modification not induced by saccadic adaptation. (A) Top row, Shortening adaptation condition. The fixation point was presented at the start of the trial. After 1s, a bar appeared, but participants had to continue to focus on the fixation target. After a randomized time, an acoustic signal indicated the possibility of executing a saccade toward the bar. Then the bar was symmetrically decreased in size by 30% of its length as soon as the saccade was detected. Bottom row, Lengthening adaptation. This was identical to the shortening adaptation, with the only difference being that the bar was symmetrically increased in size by 30% during the execution of the saccade. (B) Mean deviation of size perception (grip aperture) from baseline for the shortening (white column) and the lengthening (black column) adaptation trials. The data were averaged across participants and sizes. Details as in Figure 4 (modified from Bosco et al., 2020). *p < 0.05, significance level.

the initial one (McLaughlin, 1967; Miller et al., 1981; Deubel, 1987; Watanabe et al., 2003; Hopp and Fuchs, 2004; Kojima et al., 2005; Ethier et al., 2008; Rahmouni and Madelain, 2019). Further studies investigated the possibility of the saccadic system sharing common coordinates with other domains. In fact, several researchers have demonstrated that the modification of motor variables induced by saccade adaptation leads to a concomitant modification of the perceived location of the target when the localization is executed by a pointing movement or by a perceptual report (Bahcall and Kowler, 1999; Awater et al., 2005; Bruno and Morrone, 2007; Collins et al., 2007; Zimmermann and Lappe, 2010; Garaas and Pomplun, 2011; Gremmler et al., 2014).

A particular application of the saccadic adaptation paradigm was developed using spatially extended targets that, during the saccade, systematically changed their horizontal size (Bosco et al., 2015), and in reading studies (McConkie et al., 1989; Lavergne et al., 2010). In particular, the manipulation used in Bosco et al. (2015) influenced the target visual perception. The modification of size perception occurred according to the direction of saccadic amplitude adaptation: if the saccade was adapted to a smaller amplitude, target size was perceived as being smaller; if the saccade adapted to a larger amplitude, target size was perceived as being larger (Bosco et al., 2015). The scheme of the adaptation phase paradigm and the consequent size perception modification measured by grip aperture of the hand is shown in Figure 4.

However, recent studies have shown that change in perception of visual features is present also without saccadic adaptation (Herwig and Schneider, 2014; Herwig et al., 2015, 2018; Valsecchi and Gegenfurtner, 2016; Paeye et al., 2018; Köller et al., 2020; Valsecchi et al., 2020). This phenomenon occurs with the following features: the perception of spatial frequency (Herwig and Schneider, 2014; Herwig et al., 2018), shape (Herwig et al., 2015; Paeye et al., 2018; Köller et al., 2020), and size (Valsecchi and Gegenfurtner, 2016; Bosco et al., 2020; Valsecchi et al., 2020). For example, Bosco et al. (2020) used a manipulation consisting in the systematic shortening and lengthening of a vertical bar during a horizontal saccade aimed to do not modify the saccade amplitude; by these conditions, they observed a significant difference in perceived size after the saccade execution (see Figure 5A for the scheme of saccadic adaptation paradigm in Bosco et al., 2020). This finding suggested that the modification of size perception does not rely on the modified saccadic amplitude induced by saccadic adaptation mechanisms (see Figure 5B, Bosco et al., 2020). In the study by Valsecchi et al. (2020), it was shown that saccadic adaptation and size recalibration share the same temporal development. However, size recalibration of the visual stimuli was also present in the opposite hemifield, but saccadic adaptation did not suggest that distinct mechanisms were involved. Although the modification of saccadic parameter induced by saccadic adaptation is not the causal mechanism for the modification of stimulus property perception, the shift of the target image from the periphery

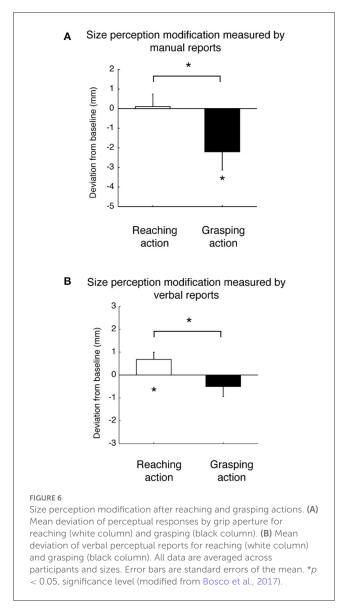
to the fovea, typically performed by a saccade, remains the potential cause of the observed object perception modification.

A considerable body of literature has shown that the visual stimuli briefly presented just before the onset of a saccade, or during it, are mislocalized and perceived as being closer to the saccade target (Matin and Pearce, 1965; Honda, 1989; Schlag and Schlag-Rey, 1995; Ross et al., 1997). In other terms, this mislocalization consists in a shift of apparent position in the direction of the saccade (Honda, 1989, 1995; Schlag and Schlag-Rey, 1995; Cai et al., 1997; Lappe et al., 2000) and a compression of positions onto the target location of the saccade (Bischof and Kramer, 1968; Ross et al., 1997; Lappe et al., 2000). The shift is attributed to a mismatch between the actual eye position during the saccades and the predicted position originating from an internal corollary discharge (Duhamel et al., 1992; Nakamura and Colby, 2002; Kusunoki and Goldberg, 2003; Morrone et al., 2005).

Interestingly, the compression effect is primarily observed parallel to the saccade direction (Ross et al., 1997), and also in the orthogonal direction (Kaiser and Lappe, 2004; Zimmermann et al., 2014, 2015), suggesting that a linear translation of the internal coordinate system is a reductive explanation. Additionally, nonspatial features such as the shape and colors of perisaccadic stimuli have also been investigated to evaluate the effect of perisaccadic compression. Specifically, the discrimination of shape (Matsumiya and Uchikawa, 2001) and colors (Lappe et al., 2006; Wittenberg et al., 2008) of visual stimuli is preserved, but they are not perceived in separate positions. Although the mechanism of this effect is still an open question, the general view describes the perisaccadic mislocalization as being related to mechanisms aimed at maintaining visual stability (Matin and Pearce, 1965; Honda, 1989; Schlag and Schlag-Rey, 1995; Ross et al., 1997; Lappe et al., 2000; Pola, 2004; Binda and Morrone, 2018).

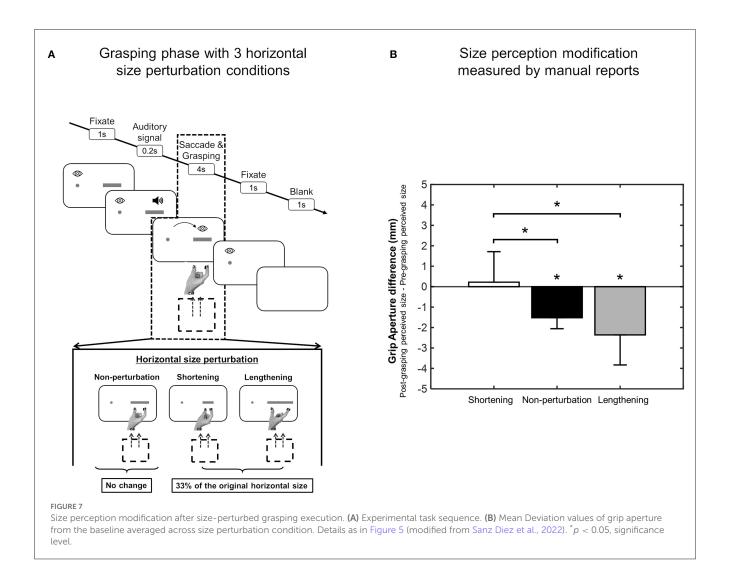
The hand domain

The execution of different types of hand movements can generate perceptual modifications of object properties relevant for that type of action, such as the perception of size and weight. In 2017, Bosco et al. (2017) investigated the direct effect of reaching and grasping execution on the size perception of a visual target. They found that the change in size perception was larger after a grasping action than after a reaching action and all participants perceived objects to be smaller after the grasping compared to the reaching. These results were consistent in both manual and verbal reports, as is shown in Figure 6 (Bosco et al., 2017). Sanz Diez et al. (2022) evaluated size perception after a grasping movement performed toward a visual target that changed in size during the execution of the movement. Although the perceptual phase before and after grasping execution applied to the same target that, in these two moments of the task, was identical in size, they found that, after the grasping action, reports regarding perceptual size showed significant differences that depended on the type of size change that occurred during movement execution. In fact, as shown in Figure 7, observers reported a smaller size perception when the visual target was lengthened during the grasping execution and no perception modification when



the visual target was shortened during the grasping execution (Sanz Diez et al., 2022). In both of the studies described above, the perceptual modification occurred according to the type of movement (i.e., reaching or grasping) and to the unpredictable changes of target size during the movement itself, suggesting that this modification can be considered to be a descriptive parameter of the previous motor action (Bosco et al., 2017; Sanz Diez et al., 2022).

An advantage of the effect of action execution on perception is represented by changes to the motor system obtained with skill learning. The formation and retrieval of sensorimotor memories acquired from previous hand-object interactions are fundamental for dexterous object manipulation learning (Westling and Johansson, 1984; Johansson and Westling, 1988). This allows the modulation of digit forces in a fashion that is anticipatory, i.e., before the lifting of the object (Gordon et al., 1993; Burstedt et al., 1999; Salimi et al., 2000). In a task requiring participants to lift an object while minimizing the roll caused by asymmetric mass

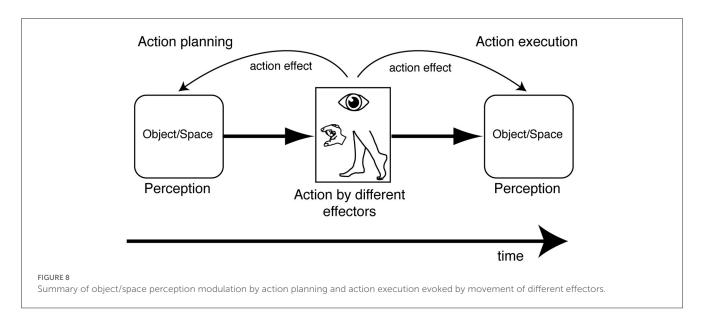


distribution of an external torque, the implicit learning after action execution led to minimization of object roll by a re-arrangement of digit positions (Lukos et al., 2007, 2008) and a modulation of the force distribution exerted by the fingers (Salimi et al., 2000; Fu et al., 2010).

Within this perspective, it is also useful to describe the sizeweight illusion (SWI), for the first time described by Charpentier (Charpentier, 1891). In fact, the SWI is visible when a subject lifts two objects of different size, but of equal weight, and reports the smaller object as being heavier. The SWI illusion is robust (Murray et al., 1999; Flanagan and Beltzner, 2000; Kawai, 2002a,b, 2003a,b; Grandy and Westwood, 2006; Dijker, 2008; Flanagan et al., 2008; Chouinard et al., 2009), and the effect is still present when the lifter knows that both objects are of the same weight (Flanagan and Beltzner, 2000). The SWI illusion has been thoroughly studied to understand the mechanism of signal integration for weight perception, and it is an example of how the sensorimotor system works in a Bayesian manner. According to this view, the nervous system combines prior knowledge regarding object properties learned by previous experience ("the prior") with current sensory information ("the likelihood"), to appropriately estimate object property ("the posterior") for action and perception functions (van Beers et al., 2002; Körding and Wolpert, 2006). In most cases, the combination of prior and likelihood generates correct perception and behavior, but perception can be misleading. In the case of SWI, for example, the prior is perceived higher than the likelihood, generating a perception that does not correspond with the actual physical properties of the object. However, the repetition of the lifting action recalibrates the perception of weight, and the force distribution is adjusted according to the real weight of the objects. Although there is still no consensus as to the process that gives rise to the SWI, an objective aspect is that the execution of the manipulation action on the objects has a pragmatic effect on weight and size perception.

The leg domain

Walking interaction leads to a perception-action recalibration, and it is typically investigated by the measurement of perceived size or perceived distance. This is because, according to the size-distance invariance hypothesis (Sedgwick, 1986), size and distance perception are strictly coupled. Brenner and van Damme (1999) found that perceived object size, shape, and distance are



largely independent. Although object size, shape, and distance estimations were similarly affected by changes in object distance perception, modifications in perceived shape caused by motion parallax did not affect perceived size or distance. This indicates their independence. Although the direct relationship between size and distance perception has been debated in this study, the judgements of distance and size have been shown to be tightly linked in other studies (Gogel et al., 1985; Hutchison and Loomis, 2006). Results showing an improvement in judgments of distances after the walking interaction were found by Waller & Richardson (Waller and Richardson, 2008). The same authors showed that distance judgments in a virtual environment were unaffected by interactions in which participants viewed only a simulation of visual walking (i.e., optic flow only). This suggested that a body-based movement is necessary. Furthermore, perceptual reports of distance increased in accuracy after participants performed a blind-walking task consisting in the receipt of visual or verbal feedback (Richardson and Waller, 2005; Mohler et al., 2006). The results showed the sufficiency of body-based interaction. Kelly et al. (2013) found that perceptual reports of object size improved after a walking interaction, because an increase in perceived distance was observed. The finding that perceptual reports regarding size improved after the interaction indicates that walking leads to a rescaling of space perception and not only to a simple recalibration of walked distance (Siegel et al., 2017). In open-loop blind walking tasks, calibration and recalibration of locomotion has been observed. In these tasks, an observer views a target on the ground and, after closing his/her eyes, he/she has to walk toward the target without seeing. In normal conditions, blind walking performance is quite accurate and reflects the perception of the target location (Rieser et al., 1990; Loomis and Philbeck, 2008). After manipulation of the rate of environmental optic flow in relation to the biomechanical rate of normal walking, observers undershot the target when the environmental flow was faster, and overshot the target when environmental flow was slower compared to the perception of normal walking speed (Rieser et al., 1995). Additionally, studies investigating the visual perception of egocentric distances showed that perceptual judgments (e.g., verbal reports) showed a systematic underestimation of egocentric

distances (Foley, 1977; Li and Giudice, 2013), while blindfolded walking toward a remembered target location was executed more accurately (Loomis et al., 1992; Li and Giudice, 2013). Although the former suggests that a systematic compression of physical distance is visually perceived, visually directed walking is not affected by this perceptual distortion.

Conclusions and future perspectives

A multitude of works have been presented showing the effect of actions performed with the eyes, the hands, and the legs on visual perception of objects and space using different approaches and paradigms. The action influence is present before and after execution of the movement, suggesting that visual perception, when it is integrated with the action, is "ready to act" (before execution) and is transformed by action execution (see Figure 8 for a summary). In both cases, the perceptual responses, collected in different ways, are parameters that describe the subsequent or previous motor responses. This suggests a mechanism which exchanges information between the motor and perceptual system when we are in a specific visuomotor contingency. At a behavioral level, we can take advantage of these aspects because they can be used as action intention predictors when they occur during action planning and, interestingly, as a postdictive component that specifies the previous motor experience when they occur after action execution. In this latter case, the postdictive perceptual component also updates the information that is necessary for a potential subsequent action. The use of the action-based perceptual information can be helpful in all those artificial intelligent (AI) systems that are used with motor assistive devices. In fact, the use of perceptual information during action planning can be implemented with other parameters (e.g., neural signals) to extract action intentions that exploit the residual motor abilities of different effectors that are necessary to give perceptual responses by pressing a button, for example, or extending only certain fingers and not others. The use of perceptual information after action execution can be implemented in AI systems that are able to communicate with

humans, with the objective of creating a mutual learning exchange. In fact, the modification of perception following the execution of a particular movement may be used as a feedback signal, in order to correct a subsequent motor response and compensate for the error due to previous AI action decisions. This allows the system to improve the outcome of the action and, consequently, increases the user's trust in the AI system.

Author contributions

AB: conceptualization, visualization, writing original draft, and writing—review and editing. SDP: visualization and writing original draft. MF: writing—review and editing. PF: writing—review and editing and funding acquisition. All authors contributed to the article and approved the submitted version.

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Conflict of interest

SDP is employed by Carl Zeiss Vision International GmbH.

The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be constructed as a potential conflict of interest.

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Hippocampal beta rhythms as a bridge between sensory learning and memory-guided decision-making

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A pillar of systems neuroscience has been the study of neural oscillations. Research into these oscillations spans brain areas, species, and disciplines, giving us common ground for discussing typically disparate fields of neuroscience. In this review, we aim to strengthen the dialog between sensory systems research and learning and memory systems research by examining a 15–40 Hz oscillation known as the beta rhythm. Starting with foundational observations based largely in olfactory systems neuroscience, we review evidence suggesting beta-based activity may extend across sensory systems generally, as well as into the hippocampus and areas well known for coordinating decisions and memoryguided behaviors. After evaluating this work, we propose a framework wherein the hippocampal beta oscillation and its diverse coupling with other brain areas can support both sensory learning and memory-guided decision-making. Using this framework, we also propose circuitries that may support these processes, and experiments to test our hypothesis.

KEYWORDS

beta oscillations, neural oscillations, decision-making, sensory learning, hippocampus

Introduction

When researchers studying olfaction started recording from the hippocampus in the 1990s and 2000s they found that hippocampal activity could oscillate coherently with activity in early olfactory regions. The rhythmic coupling between these structures was strongest in the 15–40 Hz frequency band–the frequency of a classic olfactory system oscillation known as the beta rhythm. Prior work had indicated that beta rhythms occurred in other early sensory systems, such as the visual and auditory systems, and work since then has reaffirmed the existence of hippocampal beta in contexts that seemingly have nothing to do with active olfaction.

At the core of systems neuroscience is the promise of illuminating relationships between typically distinct sub-disciplines. Thus the goal of this review is to examine and relate the literature describing beta rhythms in sensory systems to beta rhythms in

hippocampal processing. After briefly summarizing historical reports of beta, both in early sensory regions and the hippocampus, we will discuss new evidence suggesting cross-regional interactions between the hippocampus and a number of areas at beta frequencies. Based on these results, we will suggest that hippocampal beta is a distinctive rhythm that may have dual roles in sensory- and memory-guided behaviors.

Since this review will focus on sensory-cortical and hippocampal beta, as well as hippocampal beta coupling with other brain regions, we will not be reviewing all aspects of the beta rhythm. Instead, for reviews on beta rhythms in (primate) cortical information processing, we refer the reader to Spitzer and Haegens (2017) and Miller et al. (2018). To learn more about beta rhythms in motor systems, and how they become pathological in neurodegenerative diseases (see Stein and Bar-Gad, 2013; Singh, 2018; Barone and Rossiter, 2021). For general descriptions of how beta fits into circuit and system-wide oscillatory dynamics (see Kay et al., 2009; Kay, 2014; Kopell et al., 2014).

Before exploring the early work on beta, we should note that beta is not always defined in the same way, and its definition has changed over time. Fortunately, sensory systems work has been relatively consistent with its definition of beta as an often brief, 15–40 Hz rhythm. In contrast, early hippocampal research often separated rhythms into regular slow activity (often recognized as theta) and fast rhythms, which we would now call gamma, without consistent reference to their frequency content (Leung, 1992). To maintain consistency we will adopt the 15–40 Hz definition from the sensory systems literature in this review.

Early reports of beta in sensory systems

Reports of beta rhythms in mammalian sensory systems extend at least as far back as the 1940s, when Adrian (1942) reported breathing- and scent-related 15-20 and 30-40 Hz rhythms in the hedgehog and rabbit olfactory bulb, hedgehog piriform cortex, and lateral olfactory tract of cats. Amplitude modulated sounds were shown to evoke 15-30 Hz responses in parts of the canine auditory cortex (Tielen et al., 1969), and recordings from the visual cortex of dogs trained to detect sinusoidally modulated light also showed beta oscillations (Lopes da Silva et al., 1970). As quantification of coordinated activity between neural systems became more precise, researchers began describing how different areas interacted with one another (Boudreau, 1964; Abraham et al., 1973; Holsheimer et al., 1979; Bressler, 1984; Boeijinga and Lopes da Silva, 1989; Wróbel et al., 1994). For example, Boeijinga and Lopes da Silva (1989) showed beta coherence between the piriform cortex and entorhinal cortex in cats exploring two different smells, especially as they sniffed an odor associated with reward. Others suggested that beta activity in the visual cortex during attention to visual stimuli propagated to the lateral geniculate nucleus (Wróbel et al., 1994). It's unclear if there was consensus about general roles of the beta observed throughout sensory cortical areas. However, an attempt to summarize the role of beta oscillations specifically in visual processing suggested that inter-areal beta activity was a marker of attention, and posited that the same could be true of any sensory processing areas (Wróbel, 2000).

Early reports of hippocampal beta

Explicit observations of a hippocampal beta rhythm in early research were scarce, but there were several notable exceptions. First, Boudreau showed hippocampal auto- and cross- spectral peaks in the 15-20 Hz range of awake cats (Boudreau, 1966). Comparing theta and beta generation in the hippocampus and overlying neocortex of the rat, one group concluded that, while there were many similarities between hippocampal theta and beta, they also appeared independently of one another (Holsheimer et al., 1979). Soon after, a report in awake rats proposed three main hippocampal rhythmic states-theta or regular slow activity, irregular slow activity, and fast waves. While this research described irregular slow activity as occurring partially in the beta range, it also attributed much of the energy in the beta range to theta harmonics (Leung et al., 1982), which is somewhat at odds with the reports of Holsheimer et al. (1979). In sum, early work on hippocampal beta described its similarities to theta, but suggested there were grounds to think of it as a separate rhythm.

Beta coupling between the hippocampus and sensory cortices

A series of papers in the 1990s helped bridge the gap between sensory systems and hippocampal work by studying hippocampal and olfactory bulb processing in tandem. Hippocampal dentate gyrus recordings showed that 15-40 Hz "fast waves" were triggered when rats were coaxed to sniff toluene, xylene, or several predatormimicking odors (Vanderwolf, 1992; Heale et al., 1994). Though not quantified, the authors also claimed the dentate fast wave was not necessarily correlated with olfactory bulb beta. Similar results were also obtained by Chapman et al. (1998), who also showed beta in the entorhinal and piriform cortices. Other researchers described a series of bidirectional interactions between the dentate gyrus, olfactory bulb, entorhinal cortex, and piriform cortex throughout the course of an odor discrimination (Kay et al., 1996; Kay and Freeman, 1998). With respect to beta, they described a so-called "preafferent" beta signal, originating in the entorhinal cortex and sent to the olfactory bulb prior to olfactory stimulus presentation. Overall, these authors suggested that beta in limbic structures could bias attention in early olfactory areas to detect learned stimuli, but it was still hard to say how the hippocampus factored into this process.

Following up on these results, Martin et al. (2007) recorded from the olfactory bulb and dentate gyrus while rats learned to distinguish between different pairs of odors. They found increased beta power in both structures during odor sampling, but beta coherence reliably increased only when rats learned the distinction between new odor pairs. Re-examination of these results with different mathematical techniques suggested that beta coherence flowed from the olfactory bulb to the hippocampus during odor sampling (Gourévitch et al., 2010). Looking deeper into the link between intra-limbic beta activity during odor identification, Igarashi et al. (2014) showed strong coherence between the lateral entorhinal cortex and dorsal CA1 region of the hippocampus during odor sampling. These authors also showed that learning was accompanied by increased beta coherence between these areas,

which coincided with the formation of odor representations in cell populations. Further, they showed that error trials and changes of odor contingencies were accompanied by reduced coherence and reduced ensemble selectivity between areas. Together, these reports suggested that beta during sensory sampling can, but does not necessarily, coincide with beta in limbic structures, while increased entorhinal-hippocampal beta coupling tracks learning and task performance.

Building on olfactory-hippocampal beta coupling and early sensory systems work, one recent study demonstrated beta-based hippocampal interactions with non-olfactory sensory areas. To clarify how rhythmic activity was patterned across sensory cortices, Vinck et al. (2016) recorded from a primary somatosensory area (barrel cortex), primary visual cortex, perirhinal cortex, and dorsal CA1 of rat hippocampus. The strongest coupling between areas was in the beta range. This was different from local synchrony measures, which were strongest in the gamma range. Beta coupling was also stronger while animals were moving, but the authors did not study how rhythms correlated with other aspects of behavior. This study provided new evidence that the hippocampus could couple with a variety of cortical sensory regions in the beta frequency range, not just olfactory and higher-order limbic regions like the entorhinal cortex.

Though it's not yet clear how beta between the hippocampus and sensory cortices becomes coordinated, one possible candidate is through interactions with the basal forebrain (Figure 1). The basal forebrain has modular anatomical connections throughout the neocortex and with the hippocampus (Woolf, 1991; Záborszky et al., 2018). Further, beta-rhythmic basal forebrain local field potential (LFP) has been reported to change throughout learning (Quinn et al., 2010), and both cell assembly formation and oscillatory dynamics in the basal forebrain have been shown to occur at beta-rhythmic frequencies throughout the course of a trial in complex sensory-motor tasks (Tingley et al., 2015, 2018).

Hippocampal beta in learning and memory

Recent work has provided more details on how hippocampal beta relates to learning and memory. Using a task that combined sensory-guided behavior with sequence-memory, Allen et al. (2016) showed the magnitude of rhythmic hippocampal activity in the 20–40 Hz range was stronger when odors were presented in a correctly learned sequence. Additionally, the magnitude increase correlated with task performance. Importantly, because they presented the same odors for correct and incorrect sequences, the authors argued that changes in beta were tied to the sequences themselves and not sensory aspects of the odor identities. Similar results in the same paradigm further demonstrated that this elevated hippocampal beta response tends to occur late in the odor-sampling process, particularly for odors correctly identified as being presented in the correct sequence (Gattas et al., 2022).

Interested in characterizing the relationship between hippocampal cell classes and LFP dynamics with respect to behavior, Rangel et al. (2016) recorded from dorsal CA1 during an odor-place association task. Similar to Allen et al. (2016), they found that beta-rhythmic activity was most strongly related to

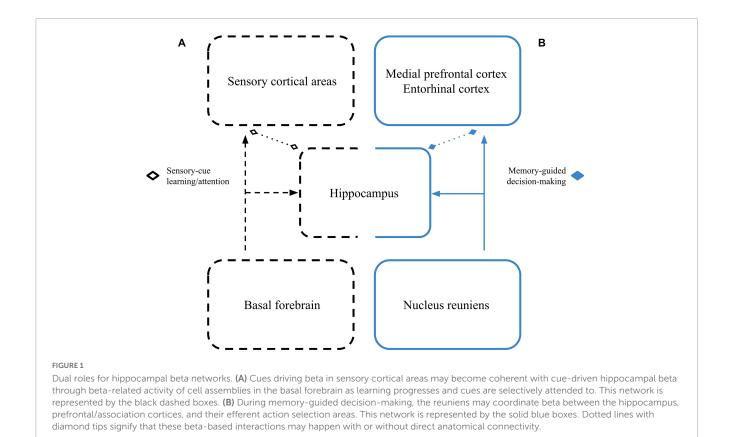
successful task performance. Specifically, the vast majority of putative interneurons and principal cells that phase-locked to the hippocampal LFP in the beta range did so only when animals chose correctly. Notably, beta-coherent principal cells were the only cells to selectively carry information about odor-place associations, and only during the period coinciding with their decision. From these data, the authors concluded that beta-rhythmic activity might be uniquely situated to process information required for memory-guided associations. This mirrors other findings that hippocampal LFP beta power increased in response to reward-predictive cues, concurrent with decreased theta, in a variety of cue-reward association tasks (Rangel et al., 2015).

While most research on hippocampal beta has come from studies using olfactory stimuli, Berke et al. (2008) demonstrated dorsal hippocampal beta power increasing in response to novel environments. These authors showed that strong beta oscillations in CA1 and CA3 emerged early in sessions where mice had been introduced to novel environments, with spiking phase-locked to the beta LFP oscillation, and spatial specificity in place cells emerging during the elevated beta period. These results provided evidence that the hippocampus could exhibit beta-rhythmic activity during behaviors that were not explicitly sensory-guided. In sum, work focused on hippocampal beta has shown that its prevalence extends beyond a simple role in olfactory learning by linking it with novelty (Berke et al., 2008), sequence memory (Allen et al., 2016; Gattas et al., 2022), and cue-reward associations (Rangel et al., 2015, 2016).

Beta coupling between the hippocampus and "non-sensory" areas

Showing that beta oscillations could link the hippocampus and non-sensory areas, Lansink et al. (2016) reported increased beta (and theta) activity between the hippocampus and ventral striatum during cue-driven navigation. Similar to Rangel et al. (2015), they showed that entry into a cued location associated with reward caused increases in hippocampal beta/theta LFP power and intra-hippocampal coherence. Additionally, spike timing in the ventral striatum showed beta-rhythmic phase-locking to the dorsal CA1 LFP, which, again, was stronger when the animal approached a cued reward. Therefore, the authors suggested that beta and theta rhythmic interactions between the dorsal hippocampus and ventral striatum were important when anticipating reward and guiding behavior based on learned associations to cues.

Although the hippocampus and medial prefrontal cortex (mPFC) are classically known for their theta oscillatory coupling (Jones and Wilson, 2005; Siapas et al., 2005; Benchenane et al., 2010; Hyman et al., 2010; Colgin, 2011; Gordon, 2011), recent studies have shown beta-based interactions between the two. In an odor-place association task, beta coherence between the mPFC and hippocampus increased as rats were sampling odors and making decisions about where they would navigate (Symanski et al., 2022). Cells that phase-locked to the local beta rhythm in either mPFC or hippocampus did so more strongly before correct decisions, but no clear differences in LFP coherence between areas was observed. It's worth noting that these authors also saw beta



coherence between both structures (mPFC and hippocampus) and the olfactory bulb during the same odor sampling and decision-making period, suggesting that this network is engaged during active sensation at beta frequency as well. This is somewhat at odds with prior reports showing only occasional coherence between the olfactory bulb and hippocampus during odor sampling, but in accordance with suggestions that different behaviors and behavioral strategies may alter beta dynamics (Gourévitch et al., 2010; Kay and Beshel, 2010; Frederick et al., 2016).

In another study using the previously mentioned olfactory sequence-memory task, Jayachandran et al. (2022) found that hippocampal beta during sequence-memory is coherent with mPFC beta. Accurate identification of correctly ordered sequences showed higher beta coherence than sequences that were incorrectly ordered or misidentified. Interestingly, these authors also found beta bursts in recordings from the reuniens that began just prior to beta in the mPFC and hippocampus, and showed that optogenetic stimulation of reuniens projections to the hippocampus caused beta in the hippocampus and mPFC.

Taken together, these results show that coordinated betarhythmic activity can exist between the hippocampus and areas not traditionally considered sensory processing regions, such as the mPFC and ventral striatum. Beta coupling between the hippocampus and mPFC seems to be linked to successful memory-based decision-making (Igarashi et al., 2014; Jayachandran et al., 2022; Symanski et al., 2022), beta-rhythmic activity between the ventral striatum and hippocampus is strongest during cue-triggered reward expectation (Lansink et al., 2016), and hippocampal-entorhinal beta seems to track learning (Igarashi et al., 2014). All of these results suggest that increased beta between

the hippocampus and higher-order cortical or action planning areas is important for successful memory-guided behavior.

Dual roles for hippocampal beta networks

What remains unclear is whether beta-based interactions between the hippocampus and sensory areas have the same characteristics as beta-based interactions between the hippocampus and "non-sensory" areas (Figure 1). The olfactory system, for example, seems to reliably exhibit beta oscillations during active sensation, but that activity is not always coherent with hippocampal beta activity (Kay and Freeman, 1998; Martin et al., 2007; Gourévitch et al., 2010), even when animals are engaging in a learned behavior. On the other hand, there are increases in beta coherence between the hippocampus and olfactory sensory areas during rule transfers to new stimuli (Martin et al., 2007; Gourévitch et al., 2010), and freely moving rats can show beta-rhythmic activity between the hippocampus and a variety of sensory areas even if they are not engaged in any structured task (Vinck et al., 2016).

Resolving this ambiguity will require more studies that record concurrently from the hippocampus and sensory areas during active sensation, as has been done in the olfactory system. Analogous tests of the visual system could be done using tasks that change which visual cues are associated with reward. Presumably, visual cortex and hippocampus would show beta during cue presentations, but coherence between areas would only significantly increase while learning cue-reward associations or after they change. The test could be made even stronger using a task

that switched reward contingencies between different modalities of sensory cue (e.g., visual and olfactory/auditory). If beta coherence between the hippocampus and sensory structures switched based on rewarded sensory modality, it would support the idea that beta coherence enables sensory-driven, cue-reward association. Additionally, if the cross-regional coherence increases were specific to transition periods, it would suggest that learned sensory cues per se do not drive the interaction, but the flexible contingency re-learning or attentional shift required to update behavior does.

We also have reason to believe that hippocampal beta coupling with non-sensory areas has relevance for task performance, learning, and memory (Igarashi et al., 2014; Lansink et al., 2016; Jayachandran et al., 2022; Symanski et al., 2022). The tasks from these studies, however, are all explicitly tied to sensory stimuli, and it's clear that hippocampal beta can occur under conditions not specifically locked to reward (Berke et al., 2008; Vinck et al., 2016). Recordings from hippocampus and areas linked to higher-order association and decision-making during tasks that do not require sensory-driven behavioral responses would help clarify how beta coupling unfolds between hippocampus and non-sensory areas. For example, spatial working memory tasks often require hippocampalprefrontal interactions (Floresco et al., 1997; Wang and Cai, 2006; Eichenbaum, 2017), but there do not seem to be experiments directly asking whether beta-based activity correlates with spatial working memory or decision-making. We would expect to see brief elevations in hippocampal-prefrontal beta coherence as decisions are made about where to navigate. Care should also be taken to ensure the task requires allocentric navigation. This would prevent simple cue-based strategy use, which we already suspect causes hippocampal beta.

Conclusion

We hypothesize that one role for hippocampal-based beta is to coherently oscillate with sensory areas and promote cuereward associations, while another is to coherently oscillate with decision-making and action selection areas, enabling successful memory-guided behavior. Continued study of neural coordination within and across sensory and memory systems could reveal new insights into the nature and significance of beta-based activity across disparate brain structures (Kopell et al., 2000).

Author contributions

JM, KK, and SM contributed to the conceptualization of the review. JM wrote the initial drafts of the document, proposed the model, and made the associated figure. All authors contributed to manuscript revision, read, and approved the submitted version.

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Conflict of interest

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How far neuroscience is from understanding brains

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The cellular biology of brains is relatively well-understood, but neuroscientists have not yet generated a theory explaining how brains work. Explanations of how neurons collectively operate to produce what brains can do are tentative and incomplete. Without prior assumptions about the brain mechanisms, I attempt here to identify major obstacles to progress in neuroscientific understanding of brains and central nervous systems. Most of the obstacles to our understanding are conceptual. Neuroscience lacks concepts and models rooted in experimental results explaining how neurons interact at all scales. The cerebral cortex is thought to control awake activities, which contrasts with recent experimental results. There is ambiguity distinguishing task-related brain activities from spontaneous activities and organized intrinsic activities. Brains are regarded as driven by external and internal stimuli in contrast to their considerable autonomy. Experimental results are explained by sensory inputs, behavior, and psychological concepts. Time and space are regarded as mutually independent variables for spiking, post-synaptic events, and other measured variables, in contrast to experimental results. Dynamical systems theory and models describing evolution of variables with time as the independent variable are insufficient to account for central nervous system activities. Spatial dynamics may be a practical solution. The general hypothesis that measurements of changes in fundamental brain variables, action potentials, transmitter releases, post-synaptic transmembrane currents, etc., propagating in central nervous systems reveal how they work, carries no additional assumptions. Combinations of current techniques could reveal many aspects of spatial dynamics of spiking, post-synaptic processing, and plasticity in insects and rodents to start with. But problems defining baseline and reference conditions hinder interpretations of the results. Furthermore, the facts that pooling and averaging of data destroy their underlying dynamics imply that single-trial designs and statistics are necessary.

KEYWORDS

understanding brains, neuroscience concepts, spatial brain dynamics, intrinsic activity, spontaneous ongoing activity, brain mechanisms, dendrites, axons

1. Introduction

Understanding how a system works, usually means to understand the mechanisms by which its elements interact. If the major interaction mechanisms are known and ideally described mathematically, one has a theory of the system. So, the reason why neuroscientists do not understand how brains and central nervous systems work is that there is no theory of brains and central nervous systems. A scientific theory of a central nervous system (CNS) is an experimentally based general set of explanations of how the elements in a CNS interact at all scales of observation, i.e., from the molecular to the macroscopic scale. At the molecular scale neuroscience is guided by the theory of molecular biology. Although molecular neuroscience does not have a mathematical framework, it identifies molecules, provides rules explaining genetic replication, transcription, synthesis, interactions,

and transformation of organic molecules. However, at the cellular, and especially supracellular scales of observation, neuroscience is far from having a guiding theory.

The purpose of this article is to identify why it is so difficult to build a theory of brains and point to domains where neuroscience seems stuck in that process. Indeed, experimental neuroscience produce a rapidly increasing number of results. Based on the current structure of (systems) neuroscience, I will argue, it is impossible to put all results together to a theory of a CNS. The reasons are not primarily lack of experimental data, nor lack of methods. So, those who expect a review of how far neuroscience has reached and expect to find a list of what we do not yet know, please stop reading here. Rather the reasons for lack of progress are obstacles inherent in current neuroscientific practice which hinder us from knowing more about brains.

In this paper I use a theory of science approach to locate weaknesses in neuroscientific practices.

Neuroscience works, as other scientific disciplines, with a scientific scheme (Figure 1). Normally theory would be at the top in Figure 1. However, in the absence of a guiding theory, neuroscientists form hypotheses guided by concepts. If a concept used in neuroscience does not match brain activities, neuroscience will not progress in that direction. This is the danger of not having a theory in which relations among concepts are defined without inconsistencies. Figure 1 may serve as a roadmap for this paper, dealing with obstacles in the neuroscientific process.

Within the realms in Figure 1, one can identify obstacles of progress. The obstacles of progress indirectly identify frontiers in (systems) neuroscience. In many cases, it is possible to give suggestions that could circumvent an obstacle, push it, or eliminate it. In this effort, I build on results provided by many wise colleagues during workshops aimed to understand how brains and central nervous systems work (see Acknowledgments). This article, however, is my personal extract.

2. Conceptual obstacles

2.1. Lack of neuroscientific concepts

Anyone studying neuroscience and reading textbooks and neuroscientific literature gets introduced to the concepts that neuroscientists use to explain how central nervous systems are anatomically constructed and how neurons work. Some concepts are rooted in reproducible experimental results from neuroscience itself: synapse, transmitter release, membrane currents, action potentials, ion-channels, excitation, inhibition, etc. Some concepts are more loosely used: top-down, bottom-up, dorsal and ventral streams, parallel processing, or recurrent processing with reference to anatomical schemes of connectivity.

Many concepts, however, are borrowed from other scientific disciplines (Figure 2). The concepts shown in Figure 2 are used to explain how the systems in their mother disciplines work technically and (often) mathematically. These borrowed concepts are used as analogies in neuroscience. But the borrowed concepts are not tailored to explain (more complex) biological systems such as brains. Logically, analogies cannot and do not explain how neurons collaborate to achieve the whole repertoire of CNS activities. Psychological concepts have been a rich source

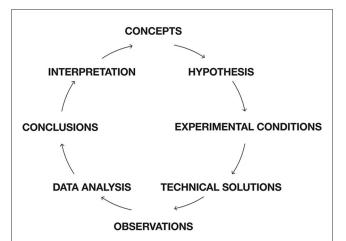


FIGURE 1

Scientific scheme for neuroscience. Roadmap for this paper. Instead of having theory on top, neuroscience have a set of concepts guiding hypothesis formation. Most of the obstacles for progress are conceptual. Conceptual glitches propagate to hypotheses, creations of experimental conditions, data analysis, and interpretations of results. First, concepts, which cannot efficiently relate to brain activities are identified. Then obstacles for models of brain functions based on brain structure and assumptions of connectivity are exposed. It is shown that cognitive tasks are not localized to specific sets of cortical areas. Unchartered issues and obstacles in understanding dendritic processing in single neurons and populations of neurons are discussed. Difficulties of distinguishing task related bran activities from spontaneous and intrinsic activities are discussed and so is the relation between autonomous and stimulus driven brain activities. The assumption that time is the independent variable for brain activities is analyzed and experimental results incompatible with this hypothesis are presented. Dynamic systems theory and models are blind to spatial interactions, limiting this approach. These obstacles are followed by suggestions to overcome them. Technically, experimental neuroscience is mostly challenged by revealing fast processes at the single neuron scale and limited by difficulties of including primates. Experimental practice neglects difficulties of finding true reference conditions, neglects the problematic assumptions that experimental animals always are naïve, and trials are statistically independent. Similarly, data are analyzed by bandwidth filters, temporal and spatial averaging removing important aspects of brain mechanisms. Finally, avoiding these many obstacles could make it easier to reliably interpret experimental results.

for importing brain functions into neuroscience. Psychological concepts are made to explain and link human behavior to particular social or environmental conditions, but not fitted to explain the mechanisms by which neurons produce this behavior.

Recently, dynamics and tools from dynamical systems theory are used to characterize the collective activities of neurons (see later). The analogies shown in Figure 2 are also used as assumptions, as part of scientific hypotheses, and to interpret experimental results. If we remove all analogies and metaphors as attempts to explain brain mechanisms in neuroscience, will we lose understanding of brains? Logically, the answer is no. But one may claim that brains have certain properties which could be labeled by psychological concepts. For example, brains can show attention. In this case, which is not the rule, it is possible to hypothesize and experimentally identify physiological mechanisms creating a prestimulus activity making it possible to detect, say near threshold stimuli (see later). When this is experimentally supported, it would be scientifically efficient to refer to this brain mechanism,

Concepts in neuroscience borrowed from other disciplines

feedback, gain (control theory)
signal, noise, signal energy, circuit (radio engineering)
computations, inout, buffers (computer engineering)
code, encoding, decoding, information, transmission (information theory)
input, output, readout (computer science)
dynamics, states, state space (physics)
attention, motivation, reward, representation, working memory and many
more (psychology)

FIGURE 2

Examples of concepts in neuroscience borrowed from other disciplines. These concepts are analogies explaining how other systems work. In neuroscience, these concepts are attempts to explain how brains work by explaining how other non-brain systems work. Analogies cannot explain brain mechanisms because they lack ontological connection to measurable brain variables. In other words, it is obscure how the concepts relate to brain variables. To remedy this, neuroscientists sometimes make new definitions of the concept. For example, gain gets re-defined as the relative increase in spike rate for a neuron. In other instances, raw data get transformed to comply with borrowed concepts. For example, oscillations are rare in *in vivo* measurements. The irregular field potentials and EEG recordings then gets filtered to produce band limited oscillations (see further under Experimental obstacles and data analysis). In short, the use of borrowed concepts implies unnecessary troubles and uncertainties in the whole neuroscientific process (Figure 1).

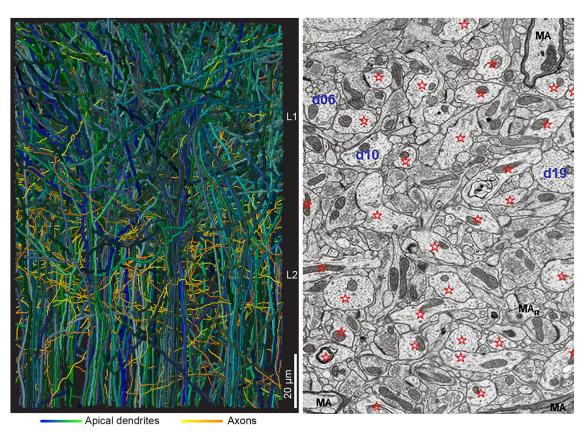


FIGURE 3

Interdigitating dendrites. (Left) Two hundred thirteen reconstructed apical dendrites from layer 2 (61 gray dendrites) and layers 3, 4, and 5 (152 dendrites) from mouse anterior cingulate cortex (from Karimi et al., 2020, with permission). In the volume, \sim 2,000 dendrites from adjacent neurons and multiple axonal branches from adjacent local and distal neurons will complete the picture. (Right) Electron microscopic image, $10 \times 12 \,\mu\text{m}$, from adult rat CA1 stratum radiatum, with dendrites identified by stars and d (number). MA, myelinated axon (from Harris et al., 2022, with permission).

rather than referring to a psychological concept with unclear ontological connection to brains. This replacement gives a precise definition that can be experimentally tested. Neuroscience should explore all possible conditions with no conceptual restrictions (see later). When we abandon the analogies, neuroscientists would be forced to analytically form concepts and hypotheses of brain mechanisms based on experimental results. Lack of concepts explaining collective interactions of neurons at all spatial scales of observation is a real obstacle for neuroscience.

Conceptual frontier 1: Develop concepts strongly rooted in experimental results explaining how neurons (and glia) interact at all scales.

2.2. Brain structure and models

Connectomics produce reconstructions showing the challenging microstructure of cortical networks (Figure 3). The challenge is to extract the functionally most relevant connectivity to build models of CNS activities. An alternative is to simulate the whole connectome. Currently insect (*Drosophila*) and mammalian connectomes available are partial connectomes showing synaptic connections of only a part of the CNS (Scheffer et al., 2020). So, in practice, simulations still evolve in a local network (for example Markram et al., 2016; Schmidt et al., 2018). Apart from the trouble of building the model, the model must also be validated against experimental results, which would be quite an undertaking.

So far CNS models have no lasting eigen activity. There are some relatively detailed models of cerebral cortex (Izhikevich and Edelmann, 2008; Kumar et al., 2008; Eliasmith et al., 2012; Markram et al., 2016; Schmidt et al., 2018). These models are started by injecting noise, stimuli, or Poisson spike trains. However, when the afferent stimulation ceases, the spiking activity dies out. Mammalian brains, and most likely also insect and zebrafish CNS, have eigen activity as ever-changing ongoing spiking and membrane currents no matter whether they are stimulated or not, awake or at sleep (Rudolph et al., 2007; Yap et al., 2017; Stringer et al., 2019; Davis et al., 2020; Marques et al., 2020; McCormick et al., 2020; Siegle et al., 2021; Willumsen et al., 2022).

Conceptual frontier 2: Build a brain model with modifiable, but everlasting ongoing changes of membrane potentials and spiking like that in mammalian brains.

2.3. Functions and CNS activities

Except in mathematics, the word function assumes activity to fulfill a purpose or obtain a goal. Following the line of thinking in the lack of concepts section, one ought to be careful reading purposes or psychology into CNS activities (Buzsaki, 2020). A more neutral description is CNS activities. CNS activities can be measured directly as changes of trans-membrane currents (which includes action potentials), transmitter release and binding, receptor induced biochemical changes, synthesis of brain specific proteins and other compounds, activity of transmembrane pumps

and transporters. CNS activities can be measured indirectly as field potentials, changes in magnetic fields (see technical obstacles). What people and animals experience, think, memorize, and how they behave, as a general hypothesis, are consequences of CNS activities at many scales. Arriving at a full description transcending all scales of observation it the task of neuroscience. This task meets further obstacles.

2.3.1. Are CNS activities carried out by separate loops, circuits, modules, or one large network?

The ideas that chains of neurons (sometimes organized in cortical-subcortical loops), micro-circuits, and modular organized cortical columns are responsible for brain activities have been criticized. The reasons were unrealistic simplifications of the actual synaptic connectivity neglecting actual dendritic and axonal anatomy (Figures 3, 4). These ideas also neglect divergence of connections to other structures than the members of the loops, micro-circuits, or columns (Alito and Usrey, 2005; Rockland, 2010, 2021; Foster et al., 2021; Shepherd and Yamawaki, 2021).

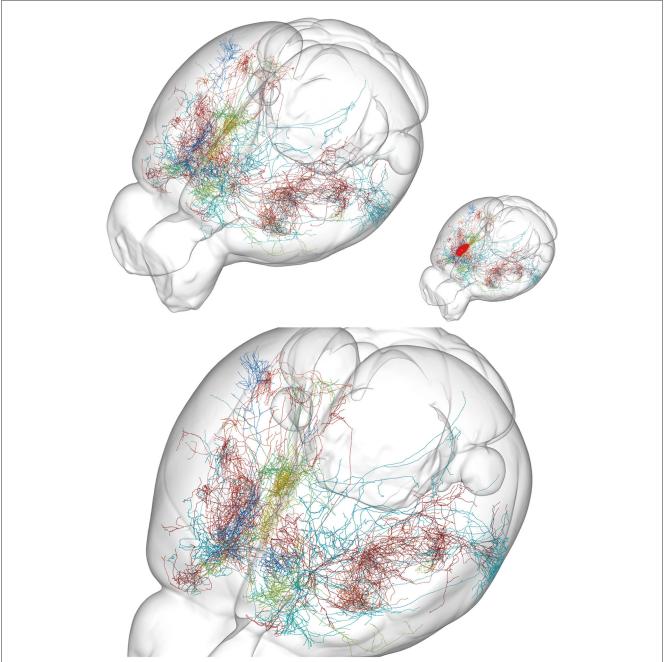
Studies of cortical neurons operating in vivo show widely spreading depolarizations, excitations, and spiking. These results leave no support for activity restricted to a circumscribable location, to a specialized microcircuit or to columns (see following sections). Rather the spreading mechanisms may relate to the actual neuron anatomy with interdigitating multiple dendritic and axonal branches (Figures 3, 4). In a CNS perspective, large populations of neurons spike in many areas of cortex, sectors of basal ganglia, thalamus, other parts of the diencephalon, brain stem nuclei, cerebellum, and spinal cord, even during simpler tasks (Steinmetz et al., 2019; Wagner et al., 2019; Li and Mrsic-Flogel, 2020; Peters et al., 2021; Grün et al., 2022). Moreover, diencephalic and mesencephalic nuclei contribute significantly to choices and specific behaviors, showing that brain activities are results of interacting brain stem, cerebellar, basal ganglia, thalamic, and cortical networks (Figure 5).

Conceptual frontier 3: Rather the crucial issue is whether the whole CNS is active, and if not, which (biophysical) mechanisms determine how far depolarizations and spiking spread in CNS?

2.4. Single neuron activities

2.4.1. Action potentials are for interaction: the bulk of processing in neurons take place in the dendrites

As axons only conduct action potentials, the post-synaptic current transformations, processing, and plasticity in a neuron takes place in its dendrites (and in soma constituting the smaller part). Processing of synaptic excitatory post-synaptic potentials (EPSPs) in dendrites is complex (Figure 6). Roughly, excitatory transmitters elicit a localized EPSP in the post-synaptic spine, spreading only sparsely into the local dendrite. However, synaptic EPSPs, close in space and time, may open Ca²⁺ channels and NMDA channels in the dendrites to produce Ca²⁺ spikes or Ca²⁺



Examples of axon anatomy. Ten axons targeting prelimbic area in the mouse. The prelimbic area is small, located at the rostral and mesial surface of the frontal lobe (approximate location red in insert). (**Top**) Overview of the mouse brain. (**Bottom**) Close view. Each axon targeting the area branches at successive positions to produce an exponentially increasing number of axonal branches. An axon can have 1,000 branches (Wu et al., 2014). A single action potential (AP) in the initial part of such an axon then at each branch point give rise to two APs, one traveling in each branch. With no failures (Alcami and El Hady, 2019) this gives around 500 action potentials traveling in the roughly 500 terminal branches. Although several branches of one axon target the prelimbic area, many of its branches also end in several other cortical areas. From the MouseLight database, http://mlneuronbrowser.janelia.org. Axons belong to the following single neurons in series AA: 0138, 0241, 0344, 0397, 0402, 0802, 0842, 0883, 0897, and 1425. Four axons originate from motor cortex layer 2/3, two from motor cortex layer 5, one from adjacent anterior cingulate cortex, one from visual association area AM, one from ventral anterior nucleus of thalamus, and one from the intralaminar rhomboid nucleus of thalamus. The finest axonal branches (Figure 3) are not visible with this method.

plateau potentials and NMDA spikes or NMDA plateau potentials. These spikes and plateau potentials can propagate locally in one or a few adjacent dendrites without propagating to the soma and generate action potentials (Larkum et al., 2022; Moore et al., 2022; Stuyt et al., 2022). Depending on the spatial interactions, the plateau

potentials or larger spikes can also propagate to the soma and elicit an action potential (Otor et al., 2022).

Another scenario is that synaptic EPSPs close in space and time to distal dendrites may produce Ca^{2+} plateau potentials or NMDA spikes in many or all apical dendrites. Alternatively, this

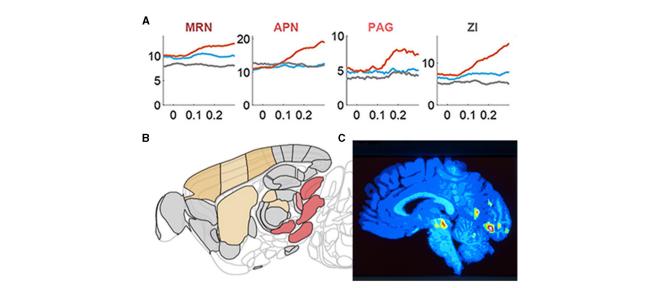
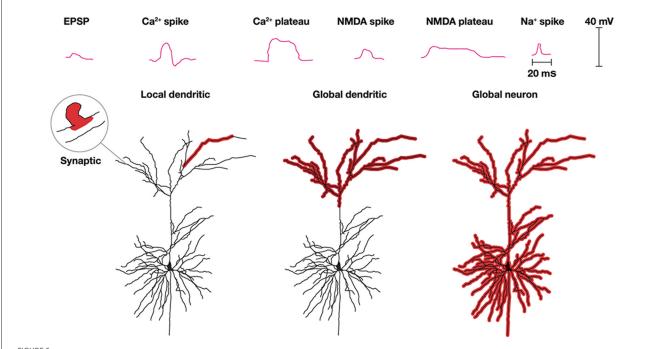


FIGURE 5

Brain stem nuclei participate in cognitive tasks. (A) Y-axis: population mean firing rates in task go trials (orange), task missed trials (blue), and passive sensory stimulation (gray). X-axis time 0 s stimulus onset/ target onset that the mice must bring into the center of the field of view. Note the different pre-stimulus rates in the midbrain reticular nucleus (MRN) and the zona incerta (ZI) and how these nuclei and the anterior pretectal nucleus (APN) and peri-aqueductal gray matter (PAG) become engaged in the action selection. (B) Sagittal section of the mouse brain showing these nuclei (red-brown) in the right brain stem specifically engaged in the right motor response (action selection; adapted from Steinmetz et al., 2019) with permission. (C) Sagittal section of the human brain showing the right side of the brain stem when normal subjects with their right humb or right index finger respond to a faint increase in a visual or somatosensory stimulus, respectively. The color-coded significant increases in regional cerebral blood flow are located in the right midbrain reticular nucleus (and in the visual cortex; adapted from Kinomura et al., 1996) with permission.



FIGURE

Dendritic processing. Post-synaptic processing can be an EPSP localized to a single synapse and a small part adjacent dendrite. Na^+ , NMDA, and Ca^{2+} spikes and NMDA, and Ca^{2+} plateau potentials with limited progress depolarize one or a few dendrites. Multiple spikes and plateau potentials with larger spatial progress depolarize all apical (shown) or all basal dendrites (not shown) or globally excite all dendrites and the soma (Modified from Stuyt et al., 2022) with permission.

can happen in basal dendrites. Neither of these processes may lead to any action potentials, but nevertheless induce or restore plasticity in the active dendrites (d'Aquin et al., 2022). Similarly, apical or

basal dendrites, at least in pyramidal excitatory neurons, may stay globally depolarized for up to a few seconds without this leading to a spike (Larkum et al., 2022; Stuyt et al., 2022). In addition to

the Ca²⁺ and NMDA spikes, dendrites can also produce smaller Na⁺ spikes (spikelets) locally in the dendrites without this leading to action potentials (Goetz et al., 2021).

Propagation of dendritic spikes and plateau potentials to the soma often induce action potentials (Larkum et al., 2022; Moore et al., 2022; Stuyt et al., 2022). The combination of apical-somatic plateau potentials and action potentials may elicit a back-propagating action potential to many or all apical or basal dendrites. This is a mechanism that is also likely to induce or modify the plasticity of the dendrites.

The single (pyramidal) neuron can support several processes in parallel with or without spiking. Consequently, an action potential could be the result of many different dendritic processes.

Conceptual frontier 4: Understand the local and global in vivo processing in dendrites of single neurons and their consequences for emission or withholding action potentials. This also addresses the question of which processing leads to the spike emitted.

With rare exceptions (Mel, 1993; Jones and Kording, 2022) dendritic processing is an important fact that is neglected in models of CNS networks (Shepherd and Grillner, 2018).

2.5. Larger scale network activities

2.5.1. Spontaneous and task-related activity

During an experimental task, e.g., 40% of the neurons in the brain and mesencephalon may increase their spiking, and up to 20% of neurons decrease their spiking, whereas the remaining 40% of the neurons do not change their ongoing spiking (Steinmetz et al., 2019; Siegle et al., 2021). However, a large proportion of neurons (up to 40% of all neurons) may not spike at all (Shoham et al., 2006; Barth and Poulet, 2012; Wohrer et al., 2013). These non-spiking neurons could also participate in the task, for example by depolarizing or hyperpolarizing their dendrites (Roland et al., 2006, 2017; Mohajerani et al., 2010; Esteves et al., 2021; Liang et al., 2021). In the future, it might be possible to estimate the proportion of neurons participating in a task in mammals by changing their transmembrane currents (see technical obstacles). For spiking, the above results might be illustrative. Thus, there are task related activities, but most studies report many spiking neurons seemingly unrelated to tasks (Urai et al., 2022). In the literature this is often called spontaneous activity.

The usual distinction is between task related activity and "spontaneous ongoing activity," i.e., CNS activities that may coexist, but are unrelated to task and task behavior. This distinction must be made for any of the activity variables measured (spiking, synaptic, postsynaptic activity variables as defined in section 3). In practice the distinction is often set by sorting the neurons in two groups. One group for which changes in measured variables correlate with parameters of the task. The other group for which this is not so. This strategy may overlook neurons which are necessary for solving the tasks but unrelated to the stimulation and behavioral parameters (see later). The spontaneous activity may be seemingly random fluctuations of the measured variables in space

and time. For example, the continuous local spatial and temporal irregular changes from slight excitation to slight inhibition prior to the stimulation as in Supplementary Video 1. This CNS activity is easy to distinguish from task CNS activity. However, during the experiment there may be neurons supporting intrinsic (cognitive) CNS activities un-related to the task (Figure 7). Separating task related activity from such "spontaneous" or more precisely self-organized intrinsic cognitive activity is difficult and may only be possible under assumptions. For example, two tasks depending on activities engaging the same part of the CNS network interfere and cannot be performed simultaneously (Herath et al., 2001) (Figure 7).

Conceptual frontier 5: Separate self-organized intrinsic activity in CNS from task dependent activity.

This may require examination of the whole CNS (Figure 5). Larger scale CNS activities may also be classified according to their causes. The questions raised in this section are all related to how brains and a central nervous systems self-organize their activities.

2.5.2. Are brains driven or autonomous?

Until recently, neuroscience has been mainly oriented to explain how changes in the surrounds and behavioral conditions change transmembrane currents (including action potentials) and synaptic efficacy in brain neurons. Recently, there is accumulating evidence contesting this view that spiking and post-synaptic dynamics in brains are predominantly externally driven (Figure 7) (Millner, 1999; Fried et al., 2011; Buzsaki, 2019; Steinmetz et al., 2019; Cowley et al., 2020; Marques et al., 2020; Clancy and Mrsic-Flogel, 2021; Grün et al., 2022). The alternative is self-organized intrinsic activities. *Intrinsic* activity is independent of external stimuli, internal stimuli, demands and tasks, which also distinguish it from CNS activities related to bodily internal functions such as thirst, hunger, and sexual desire.

Brains are not in direct contact with the surroundings. Strictly, all spikes generated in a central nervous system are intrinsically generated. Brains can self-organize their everchanging intrinsic activity to generate slow waves, spindles, sharp wave ripples, faster irregular membrane fluctuations, dreams, and, in awake conditions, thoughts, plans, strategies, overt behavior, and (some brains) language (Figure 7). Even in primary visual and auditory cortical areas, only 5%-15% of the spikes carry information about the surround (Richmond and Optican, 1990; Heller et al., 1995; Olshausen and Field, 2006; Keyser et al., 2010; Urai et al., 2022). Similarly, the correlation of spike trains with external visual stimuli is low, typically around 0.1 in the primary visual cortex (Eriksson et al., 2010). These results are well known and indicate that 85%-95% of the spikes in a brain are autonomous. A recent large-scale study showed that external stimuli and various experimental conditions could modify fluctuations in the (multidimensional) human cortical field potential, but not perturb the underlying dynamics generating the fluctuations (Willumsen et al., 2022).

Conceptual frontier 6: describe and classify CNS activities by how they engage the CNS network by changing CNS activities

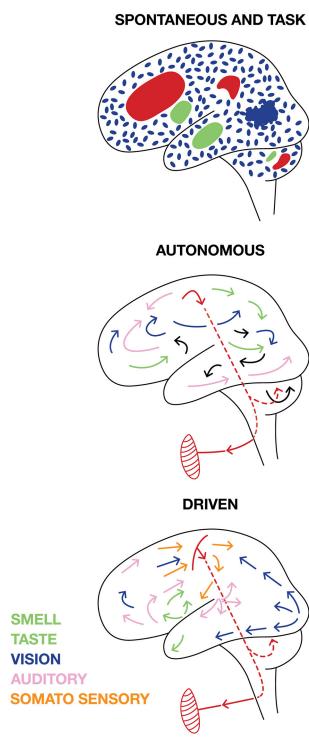


FIGURE 7

Cartoon illustrating different views on brain activities. SPONTANEOUS activities are independent of external signals and TASK activities. Spontaneous brain activity can be (blue) fluctuating irregular "background" activity spatially independent at scales < 1 mm³ when the brain is awake, but idle and not producing any motor activity. In other parts of the brain, INTRINSIC cognitive activities (green) not leading to any behavior engaging the network in several parts from the microscopic to macroscopic scales may co-exist with the TASK activity (red). AUTONOMOUS. The brain could be autonomous with self-organized intrinsic activities engaging the network at all scales that external stimuli and demands cannot change, but only slightly modify. The autonomous brain self-organizes motor behavior (symbolically pictured as a muscle).

FIGURE 7 (Continued)

DRIVEN. Task related activity and external sensory stimuli and internal stimuli from the body drive brains away from spontaneous activity into sensory and cognitive activities at all scales, which eventually result in some motor behavior.

(defined in section 3). (Referring to sensory input, behavior, and psychological concepts may have limited explanatory power).

On the other hand, in awake conditions, focused attention and exclusion or suppression of own (intrinsic) activities can entrain field potentials partly or globally over the cerebral cortex. For example, in humans and other primates exposed to rhythmic visual or auditory stimuli, each stimulus produces a single timelocked oscillation. These time-locked oscillations can spread, with different lags, to cover the whole cortex (Besle et al., 2011; Gomez-Ramirez et al., 2011; Spaak et al., 2014; Merchant and Averbeck, 2017; Willumsen et al., 2022). Also, unexpected stimuli may elicit spreading excitation and spiking globally over cortical areas (Ferezou et al., 2007; Salkoff et al., 2020). Thus, under such circumstances, cortical networks are largely externally driven.

Most likely, brains have a certain degree of autonomy. In addition, brains regulate their sensitivity to external sensory impact. Autonomy may be distributed over different CNS structures and be differentially regulated in each structure. Even respiratory inspiration can be voluntarily modulated. Similarly, in subjects planning a motor effort, the motor system can increase the heart rate and blood pressure in advance of the motor action (Pfurtscheller et al., 2013).

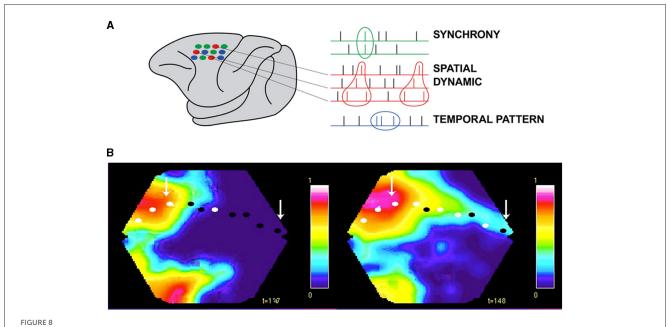
Conceptual frontier 7: Measure regulation of CNS autonomy.

2.5.3. How does intrinsic activity in brains emerge?

Conceptual frontier 8: Find principles for how intrinsic activity in brains emerge.

Drosophila and zebrafish larvae possess neurons (P1 neurons and dorsal raphe neurons, respectively) which by increased spiking mobilize several structures to produce complex behavior lasting minutes. The number of neurons triggering these behaviors is less than 100 (Jung et al., 2020; Marques et al., 2020). Details of how the trigger neurons recruit a large part of the CNS are still lacking. The changes in spiking and recruitment of many populations of neurons are examples of an intrinsically organized activity spreading to large parts of a CNS.

From mammals, there are examples of how the spiking of one or very few neurons can change the behavior and performance of an animal (Romo et al., 1998; Houweling and Brecht, 2008). However, in these examples, the animals were engaged in a task; therefore, they do not qualify as intrinsic activity (see also the text later). But the fundamental questions are still pending. For example, how many neurons are required to generate intrinsic dynamics? How many neurons are required to generate intrinsic dynamics leading to overt behavior? Dreaming is yet another example



Spatial dynamics of spiking. (A) Small groups of individual neurons spike in the same spatial order in single trials from the macaque pre-motor and motor cortex (in contrast to synchrony and temporal patterns, Grün et al., 2022). (B) Excitatory sweeps elicited by spiking exciting the dendrites post-synaptically in a spatial order. Left: Excitatory sweep, 122 ms after the appearance of an object moving in the field of view, in areas 19/21 and feedback to areas 17/18. Right: Significant spiking in areas 17/18, mostly in layers 3 and 5, shown by the white spots and excitatory sweep here at 148 ms, ahead of the retinotopical mapping of the moving object (arrow to bright red). The spiking estimating where the object will be mapped in the future (right arrow) and hence where its position in the field of view will be. See the full spatial dynamics in Supplementary Video 2 (isoflurane anesthetized ferret, Harvey et al., 2009).

of intrinsic brain activity. How dreams start is unknown, i.e., how changes in spiking and transmembrane currents organize to produce dreams.

Conceptual frontier 9: Reveal how changes in crucial variables (membrane potentials, transmembrane currents, and spiking) evolve to encompass larger populations of neurons in multiple structures of the CNS.

2.6. Is time an independent variable for CNS operations?

An independent variable is a variable that does not depend on other variables. Time is invented by humans. Time is composed of equal units that add linearly. Time is an independent variable in Newtonian physics, but in the theory of relativity and quantum mechanics, time is not an independent variable (Rovelli, 2018). Time in neuroscience is usually regarded as an independent variable for fundamental brain processes. As external observers, scientists can timestamp every spike. Similarly, one can create mathematical functions of other measured fundamental (dependent) variables, potentials, transmembrane currents, transmitter releases, and plasticity variables using time as the exclusive independent variable. From a scientific point of view, the question is whether time is the only independent variable for operations in neurons and for CNS processes.

Conceptual frontier 10: Examine if time is an independent variable for any activity of neurons and brains.

2.6.1. Experimental results incompatible with time as independent variable in brain activities

Spike trains have traditionally been analyzed with time as the independent variable. This could be a list of the times spikes are emitted from neurons according to an external (computer) clock or transforming the spike train to a continuous rate function of time. However, claiming that all activities in brains all evolve according to external clock time only (i.e., with time as the independent variable) is a strong hypothesis that can be proven wrong. Regarding spike trains as temporal codes carrying information to be decoded by the brain is assuming that this type of brain activity depends on time as the independent variable (Figure 2). Decades have been spent to find temporal patterns carrying the code (Barlow, 1961; Bialeck et al., 1997; Rao and Ballard, 1999; Dayan and Abbott, 2001; Bassett et al., 2020). Also simultaneously recorded neurons have been analyzed for synchrony (Gray and Singer, 1989; Abeles, 1991; Singer et al., 2019).

Working in the premotor and motor cortex of the monkey, Sonja Grün and associates, using rigorous statistics, observed that the same set of neurons in every single trial fired in the same spatial order while the monkey reached out and grasped an object (Grün, 2021; Grün et al., 2022). Subsets of 2–6 neurons elicited from 2 to 6 spikes always in the same spatial order (Figure 8A). These spatial sequences were specific to the components of the reaching task, i.e., related to the cue, delay, preparation, reaching, and grasping (Grün, 2021; Grün et al., 2022). These results show spatial dynamics at the microscopic and single neuron scale. These results cannot be explained as a brain activity using clock time as the independent variable. In contrast, they demonstrate that the timing and order of

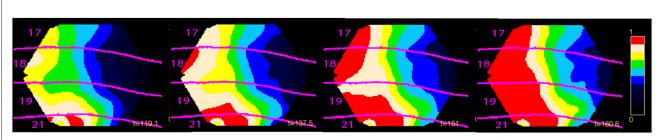
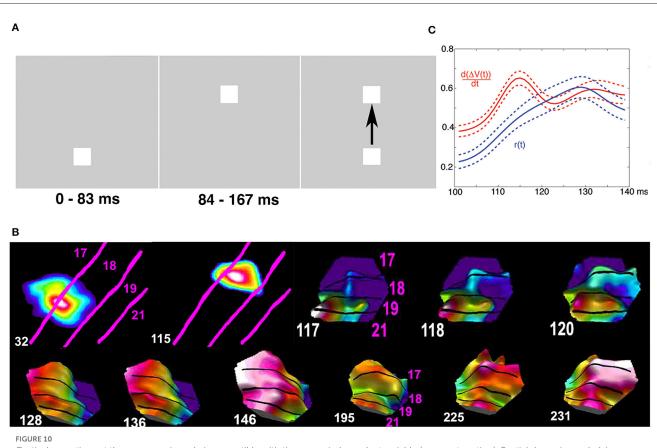


FIGURE 9

Moving visual object and phase alignment. Object moving downwards from time 0 ms. Phase plot of depolarisation in areas 17, 18, 19, and 21 from six ferrets aligned by their cytoarchitectural borders. Note the leading depolarization in areas 19 and 21 at 119 ms (left). Feedback 137 ms and phase alignment canceling the delays between areas 160.8 ms (right) (Harvey et al., 2009).

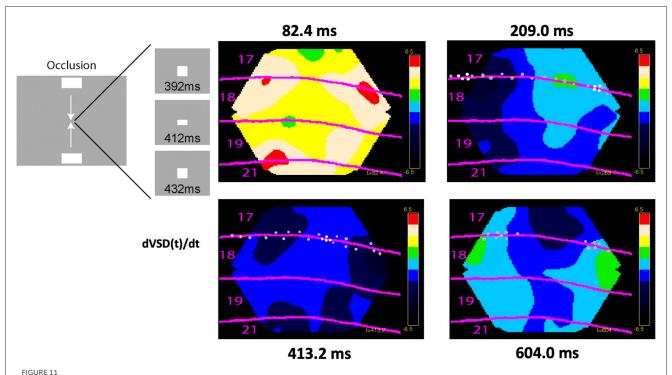


Cortical operations at the mesoscopic scale incompatible with time as an independent variable (apparent motion). Spatial dynamics underlying apparent motion illusion. (A) At time 0 ms, the lower object appears. Spiking (not shown) and (B) excitation increases map the lower object retinotopically at area 17/18 border at 32 ms. At 83 ms, the upper object appears, and the lower object disappears. The upper object gets mapped at 115 ms retinotopically at a different spatial location along the 17/18 border. At 117 ms, the spiking induces a directed excitation along the 19/21 border (like that for moving objects in Figure 8B) and a feedback excitation to the 17/18 border in between the mapping of the now-extinct lower object and the new upper object. (C) At 118 ms, this elicits a directional excitation $d[\Delta V(t)]/dt$ and spiking r(t) at the 17/18 border progressing 120 ms to 160 ms in between the former object mapping site and the new (top right). (B) The feedbacks then quench the delays between areas, and the cortical excitation proceeds in phase from 146 ms over the 4 areas. The processing in the cortex smoothed space and time and converted two external spatial and temporal distinct objects to one moving object (A) (top; modified from Ahmed et al., 2008, licensed under CC BY-NC 2.0).

the spikes depend on the spatial positions of the collaborating single neurons.

Another example violating time as the independent variable in brain processing is when the retinotopic mapping of a moving object co-exists with the mapping of the prediction of its future external position in the visual areas (Figure 8B and Supplementary Video 2).

If an external object moves in the field of view, it is mapped, with different delays, in each retinotopically organized visual area (Supplementary Video 3). So, initially, multiple versions, separated in space and time in the brain, exists of one and the same object. However, higher visual areas convey excitatory feed-back sweeps to lower visual areas aligning the excitation phase between the areas. This cancels their initial separation in brain time and produce



Cortical spiking, excitation, and inhibition at the mesoscopic scale incompatible with time as an independent variable. Excitation, inhibition, and spiking in ferrets exposed to two bars moving to occlude one another in the center of the field of view at 412 ms. Dots show significant spiking and white dots maximal spiking rates, otherwise conventions as in Figure 10. Notice the predictive excitations of the future retinotopic mappings of the objects in areas 17/18 and 19/21 at 82 ms, the maximal spiking at the cortex representing the center of the field of view at 413 ms in an inhibitory regimen of cortical layers 1–3 (data from Harvey and Roland, 2013).

unified motion of the object in retinotopical visual areas. This is likely to contribute the experience to perceive only one object moving in the field of view (Figure 9).

Brains do not always process stationary objects that are separate in time and space as stationary in time and space (Figure 10A). When first a stationary object appears at one position in the field of view, this is mapped in its retinotopical position in visual areas as explained above. If the first object then disappears and a second stationary object is flashed at another position in the field of view, the second object is mapped (correctly) in its different retinotopical position in the first visual area (Figure 10B). However, the mapping of the second object in higher visual areas elicits spatial-temporal excitatory dynamics smoothing the mapping of the previous object with the present object in brain space (Figure 10B). After this fusion to one object, its dynamics in space and time in the brain is identical to that of a moving object. This elicits the illusion that the first object moved to the new position (Figure 10). Thus, external objects stationary and separate in space and time by brain processing become united to one moving object (apparent motion).

In vision, there is a delay between the appearance of an object until the spiking increases in the first visual area: the retino-cortical delay (Supplementary Video 1). Figure 11 shows how excitatory, inhibitory, and spiking mechanisms in space and time in the brain can quench the perceptual delay by maximizing spiking in the cortex when two oppositely moving objects occlude one-another in the field of view. In the examples shown in Figures 8–11, the ferrets were anesthetized (isoflurane) showing that these brain dynamics were automatic.

These examples demonstrate that all brain activities cannot be explained as evolving with clock time as the independent variable. The examples also illustrate that spiking at the microscopic scale and postsynaptic depolarizations, excitations and inhibitions at the mesoscopic scale evolve with time and space as mutually dependent. The idea of time as an independent variable for brain processes has been criticized from different theoretical points of views (Buzsáki and Tingley, 2018; Gao, 2020; Le Bihan, 2020). For example, interpreting both the meaning of brain responses as measured against the clock in the computer and the meaning of the clock units-might be a fundamental confound in current experimental approach (Buzsáki and Tingley, 2018). Unnecessary assumptions conceptually restrict neuroscience from developing further.

2.6.2. Stationarity

It is often assumed, or claimed, that brain variables end up in some form of stationarity. If this happens, the variable has the same probability distribution over time, i.e., mean, variance, and autocorrelation are invariant over time. If time is not an independent variable for brain processes, the stationarity concept loses its importance in neuroscience. Although stationarities are convenient and simplify mathematics and statistics, are they necessary for understanding brain activities? One may ask then, if the concept of stationarity as defined is invalid for brains, how do brains determine whether external objects are stationary? For vision, Supplementary Video 4 might give a clue. Some 90 ms

after the appearance of a stationary object, the spiking, despite continuously changing rates, is confined to the retinotopic map of the object in the primary and secondary visual areas (see also Lamme, 1995). This cannot be explained by statistical and dynamical systems definitions (e.g., fixed point) of stationarity. This is another kind of stationarity, an example of a brain spatial stationarity.

2.6.3. Dynamical systems theory explaining brain activities

A dynamical system is composed of a state space and rules describing the evolution of the system over time in this state space. Treating central nervous systems as complex dynamical systems as complex dynamical systems has had some success explaining collective operations of neurons. In vivo studies of different spiking networks in the cerebral cortex but also spinal, hypothalamic, and thalamo-cortical networks show the collective spiking dynamics of the network neurons progress as trajectories along low-dimensional, stable manifolds in state space (Churchland et al., 2010; Gallego et al., 2017; Lindén et al., 2022). On the postsynaptic side, field potential, MEG, and EEG studies show state space dynamics like that of strange (chaotic) higher dimensional attractors (Babloyantz and Destexhe, 1986; Stam, 1996; Baria et al., 2017; Willumsen et al., 2022). This dynamic may be identical for all local networks in the human cerebral cortex. However, since the trajectories expand and contract, the dynamic is incompatible with the mathematical definition of attractors (Strogatz, 2018; Willumsen et al., 2022).

Importantly, to be a truly higher dimensional (chaotic) dynamical complex system, the CNS must show sensitivity to initial conditions (Strogatz, 2018). This means that one must determine the initial conditions for a CNS. This requires that for "one point in time," say within a fraction of a ms, we must know how many variables there are at each point of each neuron (say a point is a membrane surface of 0.1 µm2) and which order they have (e.g., higher derivatives of the variables as a result of spatial interaction; Figure 6). We must know exactly where and in which axon or axonal branches action potentials are and know the conduction velocities of each branch (Figure 4). Moreover, as we cannot be sure whether a neuron only has spontaneous ongoing unorganized activity or participates in intrinsic or task-related organized activity, we must know the values of all these variables for all neurons of the CNS within this ms. To define an initial condition in a CNS having ever-ongoing changes of its variables at all spatial scales seems impossible.

Dynamical systems analysis gives the temporal evolution of the collected neurons or local network and neglects spatial interactions. However, one can preserve the locations of the neurons in the data and instead observe the spatial evolution as trajectories in state space (neglecting the temporal evolution) (Roland et al., 2017). Both these approaches thus have limitations. As shown here, dynamical systems theory might not always fit brain activities. The examples in section 2.6.1 show that one can directly observe and measure spatial temporal interactions in the cerebral cortex, instead of analysing temporal and spatial trajectories in abstract state space.

2.7. Spatial dynamics, a general hypothesis

The fundamental mechanism of interaction in CNS of most species is spatiotemporal: each neuron sends action potentials through all axon branches to its two-three orders of magnitude more numerous target neurons (Figure 4). This fundamental mechanism creates spatial dynamics in the network of neurons. Postsynaptically, the spatial progress of currents in the dendrites determine plasticity and spike production (Figure 6, section 4.1). Spatial dynamics is a general hypothesis that can be tested experimentally. The hypothesis states that changes in activity variables (section 3) propagate through the network of neurons that makes up a central nervous system. These propagations reveal spatial and temporal interactions underlying CNS activities at different scales (Roland, 2017; Grün et al., 2022). The forces driving the spatio-temporal interactions thus are transmembrane currents, receptor driven, and biochemical. The word dynamics refer to these biophysical and biochemical forces driving the interactions. Thus, spatial dynamics is not related to dynamical systems theories and do not carry any further assumptions about brain activity variables and their interactions.

2.7.1. Spatial dynamics at different scales of observation

Spatial dynamics is not a new idea. Tasaki et al. (1968) used a voltage sensitive dye to follow the course of an action potential. Spatial dynamics has been slowly progressing since then but boosted by recent techniques permitting simultaneous measurements of CNS activity variables in large parts or a whole CNS (see technical obstacles). Figures 8-11 and Supplementary Videos 1-4 are concrete examples of spatial dynamics of spiking and postsynaptic changes in excitation and inhibition leading to visual object perception and the apparent motion illusion. Spatial dynamics of spiking and postsynaptic activities operate in single neurons (Figures 6, 8A) small groups of neurons (Figures 8B, 11), and larger populations of neurons (Figures 8B-12). Spatial derivatives are needed to distinguish different forms of postsynaptic processing at the network scale (Supplementary Videos 1, 5). Spatial dynamics of the activity variables progress though the low-dimensional geometry of a CNS and are therefore wellsuited to reveal mechanisms of neuron interactions at the population (mesoscopic) scale. Its challenge is to find principles to form theories of interactions between multiple neurons.

Conceptual frontier 10: Use spatial dynamics to find principles of interactions of neurons at all scales of observation.

2.7.2. Cortical spatial dynamics

Spatial dynamics in the cerebral cortex relate directly to detection, prediction, perception, illusions, retrieval, and consolidation of memories in rodents, carnivores, and primates (Grün et al., 2022) (Figures 8–12). Here it is not the purpose to review spatial dynamics, only to give some concrete examples.

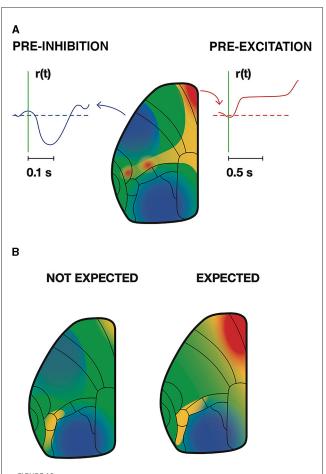
Postsynaptic excitations propagating over dendritic fields may have many shapes and speeds (Supplementary Videos 1–5) (Xu et al., 2007; Mohajerani et al., 2010; Denker et al., 2018; Dickey et al., 2021). Broad postsynaptic net-excitations followed by local net-inhibitions give the impression of a wave propagation though the cortical network. The different forms of (mesoscopic) postsynaptic changes have different roles in brain activities. For example, frequency-modulated sounds elicit a depolarization sweep over the relevant tonalities in the first and secondary auditory areas (Horikawa et al., 1998; Farley and Norena, 2013; Horikawa and Ojima, 2017). Retinal excitatory sweeps induced by a saccade elicit a cortical sweep in V1 matching the direction of motion over the retinal photoreceptors (Slovin et al., 2002).

Waves in different directions appear in mesoscopic recordings of current changes in upper layers of cortex with fast voltage indicators (Prechtl et al., 1997; Senseman, 1999; Roland et al., 2006, 2017; Xu et al., 2007; Mohajerani et al., 2010; Denker et al., 2018; Davis et al., 2020) (Figures 9-11), or in genetically labeled pyramidal excitatory neurons, or as changes in glutamate release (Berger et al., 2007; Song et al., 2018; Abadshi et al., 2020; Zhu et al., 2021). The examples in Figures 8B-11 and Supplementary Videos 1-5 were recordings from isoflurane anesthetized ferrets receiving a visual stimulus. Although the visual stimulus initially drives the cortical neurons after some 28 ms, the cortex does not produce a spatial pattern of the stimulus in each visual area. Rather autonomous cortical spiking and postsynaptic spatial dynamics take over producing lateral spreading excitation, feedback waves and local inhibitions. This dynamics after some 90-120 ms converge to a spatio-temporal "interpretation of the visual surround" in the visual areas. Similarly, the moving visual stimulus initially likely drives the retinotopical depolarization, but autonomus spatial dynamics take over and produce predictive depolarizations and spiking and further spatial dynamics (Supplementary Videos 2, 3).

Conceptual frontier 11: form hypotheses of how different forms of spatial dynamics distinguish different organized CNS activities.

2.7.3. Learning dependent spatial dynamics in awake animals

In animals trained to perform a task, intracellular Ca²⁺ can stay increased for longer periods, while in other areas intracellular Ca²⁺ stays decreased for longer periods. These changes are learning and task dependent (Gilad and Helmchen, 2020; Salkoff et al., 2020; Clancy and Mrsic-Flogel, 2021; Liang et al., 2021) (Figure 12). The optical signals reporting these changes stem mainly from the upper, supragranular, layers of cortex. However, there are several examples of discrepancies between spiking and mesoscopic post-synaptic activity, even in supragranular layers. This could be spiking under inhibitory regimes (Orsolic et al., 2021) (see also Figure 11), or no spiking under excitatory post-synaptic regimes, pre-excitation (Roland, 2010) (Figure 12). These discrepancies are in accordance with the earlier mentioned observations that dendrites may be well depolarized without giving rise to



Trained mice inhibit and excite relevant cortical areas prior to stimulation and motor response. (A) At the time indicated by the vertical green line, a weak whisker stimulus is given. Intracellular Ca²⁺ and spiking rate, *r*(*t*), decreased in pyramidal neurons in motor and visual areas, but increased in anterior cingulate and pre-motor cortex. However, the mouse must wait 1,000 ms until a beep tells that it can obtain its reward by licking (redrawn from Esmaeili et al., 2021, licensed under CC-BY 4.0). (B) Mice continuously watch a moving grating for a sustained change in speed and respond by licking their reward. At periods when such a change was unlikely, this elicited moderate intracellular Ca²⁺ increases in premotor and motor areas in contrast to when the change was expected. Note the intracellular Ca²⁺ decrease in pyramidal neurons' primary visual cortex and increase in visual association areas in advance of the stimulus change (redrawn from Orsolic et al., 2021, licensed under

action potentials or apical dendrites inhibited while neurons are spiking (section 3.1).

Conceptual frontier 12: Measuring the spatial dynamics in CNS structures and relate this to measures of excitation and inhibitory spatial postsynaptic dynamics in the same structures and vice versa.

Generally, spatial dynamics are causal. In naïve animals weak or moderate stimuli may not give rise to a local excitation and spiking in primary sensory areas. If it does, the excitation and spiking do not progress to other areas and structures. This contrasts with well-trained animals. In trained animals, failure of a trial specific spatial dynamics to progress from the

primary sensory area to other areas and subcortical structures leads to failure to respond (Gilad and Helmchen, 2020; Salkoff et al., 2020; Esmaeili et al., 2021; Orsolic et al., 2021). Thus, spatial dynamics is likely to propagate such that changes in the activity variables propagate from microscopic scales to engage larger parts of a CNS. However, this does not exclude more restricted local forms of spatial dynamics. Details of how spatial interactions evolve in and between subcortical structures are not known (Figure 5).

Conceptual frontier 13: reveal the spatial dynamics of subcortical structures at all spatial scales.

3. Technical obstacles

The lack of techniques to follow the course of action potentials through a CNS is often claimed the reason for the lack of progress in systems neuroscience (Bargmann et al., 2014). Given the premise that many parts of a CNS, the brain stem, thalamus, basal ganglia, cerebellum, and the brain itself do seem to participate even in simpler tasks, global access to a CNS seems a must. The axonal diameters of primate cortico-cortical axons range from 0.2 to $4\,\mu m$ (Liewald et al., 2014). This gives conduction velocities up to 35 mm ms $^{-1}$ (Waxman and Bennett, 1972). In addition, the relevant sampling space in humans range from synapses 0.5 μm^3 to a human brain hemisphere 700 cm 3 , i.e., 14 orders of magnitude. In comparison, Zebrafish larvae with their translucent CNS and 100,000 neurons with slower axonal conduction of action potentials seem an ideal species for studying spatial CNS dynamics.

The physiologically relevant techniques are electrophysiological, magnetic, and optical. Applications of these techniques in multiple recordings simultaneously from CNS are well described in recent reviews (Engel and Steinmetz, 2019; Cardin et al., 2020; Moreaux et al., 2020; Machado et al., 2022; Urai et al., 2022). So here the focus is on limitations that cannot be solved by combinations of electrophysiological and optical techniques.

Modern multi-electrodes can in principle access all parts of the CNS, yielding spiking from 20,000 to 100,000 neurons simultaneously in animals, and humans with sampling frequencies >20 kHz (Jun et al., 2017; Steinmetz et al., 2019; Paulk et al., 2021). Spike recordings do not reveal the type of neurons involved (excitatory glutamatergic, inhibitory GABAergic, and glycine-ergic sub-types). Moreover, extracellular spike recordings are blind to the dendritic contributions.

Optical recordings can capture dendritic contributions in relevant space-time scales, with voltage-sensitive dyes or genetically encoded voltage sensors (GEVI) with sampling rates op to 2 kHz (Roland et al., 2017; Song et al., 2018; Villette et al., 2019; Moreaux et al., 2020). Intracellular Ca²⁺ changes in single dendrites and single synapses can be detected with recent GCaMP reporters, which are able to capture changes currently at 20 ms scale (50 Hz). This captures slow spatial dynamics, but not the fast (Ferezou et al., 2007; Muller et al., 2016; Grün et al., 2022) (Figures 8–12, Supplementary Videos 1–5). The local interdigitation of dendrites from thousands of neurons (Figure 3) implies that post-synaptic

transformation by individual neurons cannot be resolved with one-photon, two-photon, or three-photon optical recordings, because it is difficult to match the active dendritic branches with the right neuron. Labeling all dendritic and axonal terminal branches with voltage sensors gives an overcrowded picture in which this problem takes immense dimensions. In addition, it is a challenge to trace action potentials in thin axonal branches and their origin from neurons in other areas (Figures 3, 4).

Technical frontier 1: Reveal the spatial dynamics in axonal branches and of synaptic and dendritic processing and connect this to the appropriate neurons.

Genetically encoded voltage sensors specifically expressed in only one-subclass of neurons make this problem easier to tackle (Abdelfattah et al., 2019; Piatkevich et al., 2019; Villette et al., 2019). In these neurons, one can follow the depolarizations, hyperpolarizations, and progress of action potentials in single trials *in vivo* with 1 kHz sampling rates. It is possible to implant fiber optics and even optical probes providing excitation light and detection of fluorescence along multiple sites on the same probe. However, recordings of dendritic excitation and inhibition dynamics are restricted to the narrow space along the implanted optic probe (Moreaux et al., 2020).

At high resolution, it is possible to selectively examine subclasses of excitatory and inhibitory neurons. However currently, no coherent recordings of a whole insect or mammalian CNS is possible at any spatial scale (Piatkevich et al., 2019; Villette et al., 2019; Cardin et al., 2020; Moreaux et al., 2020; Machado et al., 2022; Urai et al., 2022). Moreover, the genetic incorporation of reporters of membrane current changes, and contributions from neuron subclasses is limited to a few species.

Technical frontier 2: Including primates is so far out of reach for comprehensive spatial dynamic recordings.

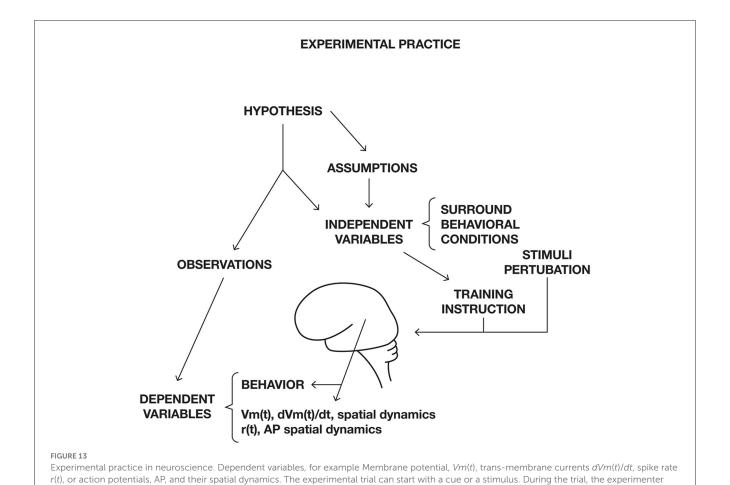
It is difficult to envisage a noninvasive technique for primates with physiologically relevant sampling frequency. Perhaps, novel MEG-techniques with quantum field sensors and improved depth resolution may develop into tomographic MEG for primate brains (Bezsudnova et al., 2022).

4. Experimental obstacles

Ordinarily, experiments are performed on a CNS to test a hypothesis. The hypothesis is the prediction of the outcome of the experiment. Sometimes, the hypothesis can be quite general. In most experiments, the experimenter determines and manipulates the independent variables. For example, controlling the surround to minimize confounding factors and specifying the behavioral conditions (see conceptual frontier 5; Figure 13).

4.1. Baseline and control conditions

Animals must be trained to perform tasks. In the example in Figure 12A, deflection of the whisker at an early stage of



measures dependent variables, for example spike trains and membrane currents or membrane potential changes. The recorded dependent variables

are then compared to recordings of the same dependent variables during a baseline or control condition.

training will give no change in intracellular Ca²⁺ in the cortex. After many training trials, intracellular Ca²⁺ and spiking will increase in the primary sensory (barrel) cortex and spread to the secondary sensory cortex and from there to the premotor and motor cortex (Esmaeili et al., 2021; Gallero-Salas et al., 2021). Thus, the prerequisite for the task-induced spatial dynamics is successful learning.

When mice have learned a task, spiking increases prior to the experimental trial in CA3 of the hippocampus, dentate gyrus, basal ganglia, zona incerta, substantia nigra, midbrain reticular formation and anticipatory Ca²⁺ increases may appear in specific cortical areas (Steinmetz et al., 2019; Salkoff et al., 2020; Orsolic et al., 2021) (Figure 12). Humans are usually verbally instructed to perform experimental tasks. If they understand the instruction, the regional cerebral blood flow increases in cortical areas engaged in the processing of the sensory stimuli, prior to the experimental trial (Figure 14).

Awake-trained animals and humans are not naïve. In contrast, they are specifically engaged in performing the task *prior* to the experimental trial. Prior to the experimental trial, spatial dynamics evolves in the brain stem, hippocampus, basal ganglia, and cortex. This experimental-related preparatory spatial dynamic probably fine tune the excitability in structures and cortical areas relevant for

executing the task (Roland, 1981; Steinmetz et al., 2019; Gilad and Helmchen, 2020; Salkoff et al., 2020; Esmaeili et al., 2021; Orsolic et al., 2021) (Figures 12, 14). These preparatory spatial dynamics may explain how micro-stimulation of singe neurons can control the choice of an animal (Romo et al., 1998; Houweling and Brecht, 2008). Changes in brain variables in most cases are measured relative to a biased pre-stimulus or pre-trial measurements in which the CNS structures to investigate are already active or specifically inhibited.

Experimental frontier 1: Which reference should measurements from brains have?

Historically, the field of human brain imaging tried to establish a commonly agreed reference, a defined rest condition. This is a behavioral reference, during which there are no changes in sensory input and no voluntary motor activity, and with physiologically defined reference values of blood pressure, heart rate, galvanic skin response, and EEG pattern (Roland and Larsen, 1976). But the rest condition is also a consequence of an instruction. The assumption that this "rest state" is stationary and valuable as a reference for trials done immediately before or after the rest measurement is most likely false. So, if there are no external or internal stationary references, how should we measure changes in spiking and currents

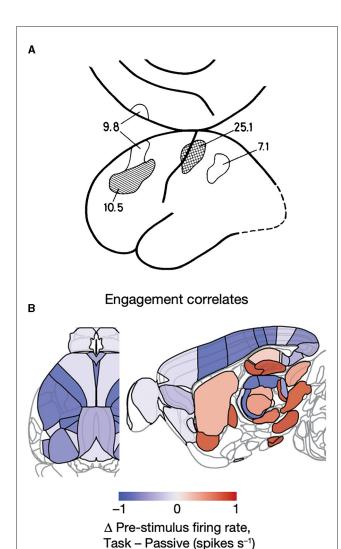


FIGURE 14

Pre-trial CNS activity. (A) Regional cerebral blood flow increases in percent in prefrontal, primary, and parietal somatosensory areas prior to a single trial in which the subject expects a threshold stimulus on the tip of the right index finger compared to physiological defined rest condition (see text) (Roland, 1981). (B) Changes in spiking rates prior to experimental trials. Spiking prior to trials (indicating task engagement) of neurons in visual, somatosensory, primary motor, retrosplenial, ACA cortex, and posterior thalamus (LP, PU) correlates negatively with the engagement, but the spiking in nucleus accumbens, globus pallidus ext., CA3 of the hippocampus, dentate gyrus, parafasicular nucleus of thalamus, midbrain reticular formation, and substantia nigra correlates positively with task engagement, if "passive" visual stimulation is taken as baseline condition (from Steinmetz et al., 2019).

and magnetic signals from brains? Also, how should we interpret the measured changes?

A practical solution is that one could measure where and when changes in membrane currents, magnetic fields, and spiking occur without any internal or prior brain reference. This could also be done during the training of the animals and while humans receive the task instructions.

Experimental frontier 2: Distinguish different operations in the brain, for example by their spatial dynamics at all scales and in single trials.

Theoretically, at least, one could get a rough classification of brain activities to start with. Secondly one could relate these data to other changes in brain variables in space and time.

4.2. Experimental design, single trials

Single-trial design and analysis is mandatory because brains organize behavior with differences in single trials. The spiking dynamics reflects a single-trial variability (Riehle et al., 2018; Steinmetz et al., 2019; Cowley et al., 2020; Salkoff et al., 2020; Williams and Linderman, 2021). Spatial spiking dynamics is a single-trial dynamics (Grün et al., 2022).

Averaging across neurons, single trials, single areas, or other CNS structures hides the underlying spatial dynamics (Riehle et al., 2018; Davis et al., 2020; Grün et al., 2022). The concepts behind this praxis, behind the experimental design, and behind the interpretation of results are influenced by the separation of time and space. For example, this holds for concepts such as representation, spike pattern, temporal codes, maps, place cell, and synchrony.

The assumptions underlying temporal and spatial averaging, multi-trial statistics, and statistical independence of trials are most likely wrong. So, neuroscientists are forced to design single-trial experiments and analyze single trials statistically (Lee et al., 2010; Rey et al., 2015; Williams and Linderman, 2021).

Experimental frontier 3: Single-trial statistics.

Current single-trial statistics make use of a dynamical systems approach. The key to observe differences between single trials is to record simultaneously from many positions/neurons. Often, spike data, membrane, and field potentials are of lower dimensionalities than the number of neurons/positions recorded. So, first one needs to estimate the true dimensionality of the data at hand.

Dimensionality is the number of dimensions one needs to get an exhaustive description of the dynamics of variables in state space. There are several methods by which one can find the dimensionality of time series data. The best method is the Grassberger and Procaccia (1983) method (Camastra, 2003). The end-product is a trajectory of the single-trial behavior in a multidimensional state space of the found true dimensions. Trials with different dynamics evolve in partly different parts of this multidimensional state space (Churchland et al., 2010).

The drawback of this method is that the dimensionality of the state space must be constant for all single trials (Spaak et al., 2017; Willumsen et al., 2022).

5. Obstacles in interpretation and explaining CNS operations

In experimental neuroscience, scientists usually measure changes in some dependent brain variables induced by experimental manipulations of independent variables (Figure 13). The measured changes in the observed dependent variables, spiking, membrane potentials, field potentials, magnetic and electrical fields, blood flow, and BOLD signals are interpreted

related to external, optogenetic, or direct brain stimulation, particular behaviors, rewards, memory retention, overt behavior, and changes in performance. Careful analyses of the measurements often show that only minor proportions of the variance or information in the data can be explained as related to stimuli, motor behavior, reward behavior, and performance (Urai et al., 2022). This opens several fundamental questions for the interpretation of CNS measurements.

Summarizing the conclusions from the analysis of the barriers hampering progress, the premises for the interpretation of experimental results in systems neuroscience are:

- 1. Lack of reference or baseline conditions.
- 2. The continuously changing spiking and changing transmembrane currents everywhere in a CNS implies that one cannot apply a classical cause-effect analysis: if A, t_1 then B, t_2 .
- 3. Central nervous systems, in contrast to complex dynamical systems, have no clear initial state definition, neither locally nor globally. This implies that we cannot explain the future states of the system from local or global initial states.
- 4. Neither can we assume any pre-existing dimensional state space, because dimensionalities change concurrently in many locations in a CNS. This implies that dynamical systems theory may be of limited value.
- 5. Time is probably not an independent variable for CNS operations. In a CNS, dynamics are space and time dependent, i.e., spatial dynamics. This implies that pooling data from different neurons or locations and temporal and spatial averaging destroy the spatial dynamics. Repeated observations show that spatial dynamics can vary from trial to trial. This in turn implies that conclusions must be drawn from the outcomes of single trials. Moreover, since external clock time does not uniquely relate to the activities of neurons, other types of causality, e.g., Granger causality, are of no help. Assumptions of statistical stationarities of spiking or transmembrane currents are most likely invalid.
- Referring to external input or motor, behavioral, output has limited explanatory power, because many CNS processes are intrinsic and relatively autonomous.
- 7. Separating task related activities from spontaneous and intrinsic cognitive activities in a CNS is still difficult.
- 8. For experiments in humans, introspection is invalid to explain CNS activities, because brains produce experience and motor activity as results of processes lasting from some 120 ms to more than 1,000 ms (Fried, 2022). These spatial dynamics processes, which initially are logically in-accessible, must arrive to some stage of organization before the human subject can report.
- 9. Current neuroscience is limited to observe spatial dynamics in discrete parts of CNS only.

Theoretical frontier 1: How can we reliably interpret our results? Theoretical frontier 2: How can we reliably explain our results? Theoretical frontier 3: How can we start to make theories of brains?

A scientific brain theory would be an experimentally based general explanation on how the elements in brains interact at all scales of observation under all conditions. A theory must serve as a conceptual structure in which gaps of knowledge and inconsistencies can be isolated. It must offer rules and coherent explanations, to some extent encompassing different scales of observation. With the recent technical advances, neuroscience now is free to explore complex brain tasks and conditions in many species. Hopefully, scientists could use their experimental results to find principles which could be part of a brain or CNS theory.

Author's note

Despite a century of anatomical, physiological, and molecular biological efforts scientists do not know how neurons by their collective interactions produce percepts, thoughts, memories, and behavior. Scientists do not know and have no theories explaining how brains and central nervous systems work. The usual explanations are that scientists lack methods, techniques, and efficient data analysis to obtain this goal. These are no longer the main reasons. The main obstacles for systems neuroscience seem to be conceptual. That is lack of concepts rooted in solid experimental results, unnecessary assumptions, and focus on analogies from other disciplines (information theory, computer science, physics, and psychology). Brains cannot be understood treating time and space as independent variables. Methods are now available for measuring spatial dynamics at microscopic to mesoscopic scales, also in single trials. This paper summarizes the conceptual, theoretical, statistical, and experimental practice obstacles which need to be eliminated to efficiently use and interpret results with these new methods.

Data availability statement

The original contributions presented in the study are included in the article/Supplementary material, further inquiries can be directed to the corresponding author.

Author contributions

The author confirms being the sole contributor of this work and has approved it for publication.

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Conflict of interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Supplementary material

The Supplementary Material for this article can be found online at: https://www.frontiersin.org/articles/10.3389/fnsys.2023. 1147896/full#supplementary-material

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SUPPLEMENTARY VIDEO 1

Single trial recording of temporal derivative of the voltage signal (showing excitation and inhibition) over visual areas 17, 18, 19, and 21 (see Figures 7, 8). From -180 ms to +20 ms the movie shows spontaneous un-organized spatial fluctuations. From 21 to 200 ms organized spatial excitation and inhibition dynamics in response to a $3^{\circ}\times3^{\circ}$ stationary square at 0 ms, exposed for 133 ms.

SUPPLEMENTARY VIDEO 2

Statistically significant (p < 0.01 after Bonferroni correction) depolarization in visual areas of a ferret in response to a bar moving downwards starting in the peripheral field of view. The retina is stationary. Note that the bar then is mapped as moving excitation over the cortex. However, at 104 ms the neurons in area s 19/21 compute an excitation far ahead of the bar mapping. After feedback to areas 17/18 this repeats here. The black holes show the electrode penetration sites along the border between areas 17 and 18 corresponding to the vertical meridian. When the spiking at any layer of the cortex becomes statistically significant (p < 0.01) the hole turns white. Note the mapping of the future bar trajectory when the bar representation on the cortex has reached the left white arrow (155 ms). Note also how the object mapping, defined by the hot spot in area 17/18 actually follows the cortical route predicted already at 160 ms. Animal 410 (from Harvey et al., 2009).

SUPPLEMENTARY VIDEO 3

Three-dimensional visualization of derivative of the voltage signal showing excitation (orange to red) and inhibition (dark green to blue) in areas 17, 18, 19, 21 of a ferret to an object moving down from time 0 ms in the field of view. For localization of area borders (see Figure 9) (from the top areas 17, 18, 19, and 21). Note the non-linear spatial dynamics, feedback from areas 21 and 19 to 18 and 17 at 115 ms, predictive excitation 135-195 ms and inhibition chasing the excitations from 500 ms (from Harvey et al., 2009).

SUPPLEMENTARY VIDEO 4

Spiking in layer 4 of areas 17 and 18 of 8 ferrets. Electrode positions are marked with white circles. Color scale shows the proportion of trials giving rise to significant increases (compared to pre-trial baseline). Note that significant spiking gets restricted to the retinotopic mapping after 90 ms (time on top) (from Roland et al., 2017).

SUPPLEMENTARY VIDEO 5

Spatial derivatives in areas 17, 18, 19, 21, to a $3^{\circ} \times 3^{\circ}$ stationary square at 0 ms, exposed for 250 ms. Compare with Supplementary Video 1.

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Updating perspectives on spinal cord function: motor coordination, timing, relational processing, and memory below the brain

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Those studying neural systems within the brain have historically assumed that lower-level processes in the spinal cord act in a mechanical manner, to relay afferent signals and execute motor commands. From this view, abstracting temporal and environmental relations is the province of the brain. Here we review work conducted over the last 50 years that challenges this perspective, demonstrating that mechanisms within the spinal cord can organize coordinated behavior (stepping), induce a lasting change in how pain (nociceptive) signals are processed, abstract stimulus-stimulus (Pavlovian) and response-outcome (instrumental) relations, and infer whether stimuli occur in a random or regular manner. The mechanisms that underlie these processes depend upon signal pathways (e.g., NMDA receptor mediated plasticity) analogous to those implicated in brain-dependent learning and memory. New data show that spinal cord injury (SCI) can enable plasticity within the spinal cord by reducing the inhibitory effect of GABA. It is suggested that the signals relayed to the brain may contain information about environmental relations and that spinal cord systems can coordinate action in response to descending signals from the brain. We further suggest that the study of stimulus processing, learning, memory, and cognitive-like processing in the spinal cord can inform our views of brain function, providing an attractive model system. Most importantly, the work has revealed new avenues of treatment for those that have suffered a SCI.

KEYWORDS

spinal cord injury, recovery, learning, pain, plasticity, metaplasticity, ionic plasticity

Introduction

The study of the vertebrate central nervous system (CNS) has traditionally focused on the brain, with many adopting a systems approach wherein distinct functional capacities are linked to a particular neural structure. In this view, encoding spatial relations is ascribed to the hippocampus, executive function to the prefrontal cortex, and fear to the amygdala. Often implicit is a form of hierarchical control, wherein higher neural systems in the forebrain integrate sensory signals and organize motor commands that are relayed to lower-level processes in the brainstem and spinal cord, which are charged with faithfully executing the orders (Gallistel, 1980). In this scenario, the spinal cord functions as a conduit, relaying neural

impulses to/from the brain, a capacity linked to the outer band of ascending/descending fibers (white matter). Little heed is paid to the inner region of the spinal cord (the central gray), which is seen as a kind of mechanical switchboard, driving ascending fibers and motoneurons in response to afferent sensory signals, modulated by descending fibers. While the central gray is recognized to have some capacity to organize simple (spinal) reflexes, such as withdrawal from a noxious stimulus, complex behavior, learning, and a sense of time are seen as the province of the brain.

Work by the lead author early in his career took a systems approach akin to that outlined above and characterized spinal cord mechanisms as operating in an unconditioned (unlearned) manner (Grau, 1987a,b; Meagher et al., 1989, 1990; McLemore et al., 1999; Crown et al., 2000). His trainees have systematically deconstructed this view, providing evidence that the spinal cord can learn, time, and integrate signals, yielding behavioral outcomes comparable to those taken as evidence of "cognition" in brain-dependent tasks (Allen et al., 2002; Grau, 2002; Grau et al., 2022). While these observations ran counter to prevailing views in psychology, they paralleled discoveries in the area of physiology, where researchers had recognized decades ago that neural circuits within the spinal cord can organize action and rhythmic behavior (Sherrington, 1906; Brown, 1914; Stuart and Hultborn, 2008). Building on this work, researchers showed that the isolated adult spinal cord could be trained to step and that the brain can induce a lasting change in behavior (a kind of memory) by modifying the action of a spinal circuit (Wolpaw and Lee, 1989; Edgerton et al., 1997; Patterson, 2001a). By the late 1990's, a foundation had been laid, leading a group of us (J. W. Grau, M. M. Patterson, V. R. Edgerton, and J.R. Wolpaw) to organize a small conference to bring together the researchers who had questioned the traditional view of spinal cord function. The talks outlined the foundation for a revised view of spinal cord function, one that recognized the computational power of the spinal cord (Patterson, 2001b). From this view, the processing/integration of sensor signal and the execution of organized motor response is distributed across the nervous system, with local systems governing key functions, yielding a structure that is more heterarchical in nature (McCulloch, 1945; Cohen, 1992). In this paper, we will review these discoveries and provide an overview of what has been subsequently learned, referencing current reviews for additional details.

A key feature of the studies we will review is that the results do more than transform our view of CNS function—the results have clinical import, informing treatment for those who have suffered a spinal cord injury (SCI). The traditional view of the spinal cord suggested a bleak future for those with a SCI. If the system is hardwired, and has little capacity to organize behavior, an injury that cuts communication with the brain leaves little hope for recovery. If, in contrast, spinal cord systems can support key behavioral functions (e.g., stepping) with little input from the brain, discovering how to engage these systems offers some hope for recovery. Likewise, if systems within the spinal cord have some capacity for plasticity, this might be harnessed to encourage the adaptive rewiring of surviving circuits in response to neuronal growth and implants designed to span an injury.

In the sections that follow, we introduce key scientific discoveries and how these have impacted clinical treatment. The material is organized into sections, each of which highlights a particular set of findings, with a focus on those that challenge the traditional view of the spinal cord as an immutable relay of neural signals. While we will endeavor to highlight key findings, the scope of work conducted over the last five decades exceeds what can be reviewed here. For that reason, we will present a more personal perspective and refer the reader to other sources for additional details. We also recognize that readers will have varying backgrounds in key areas, with some having little knowledge of how the spinal cord is organized while others have less background on topics related to learning and memory. To address the former, we begin with an overview of the spinal cord and how it is organized. To address the latter, care is taken to unpack key concepts.

Structure of the spinal cord

Anatomy

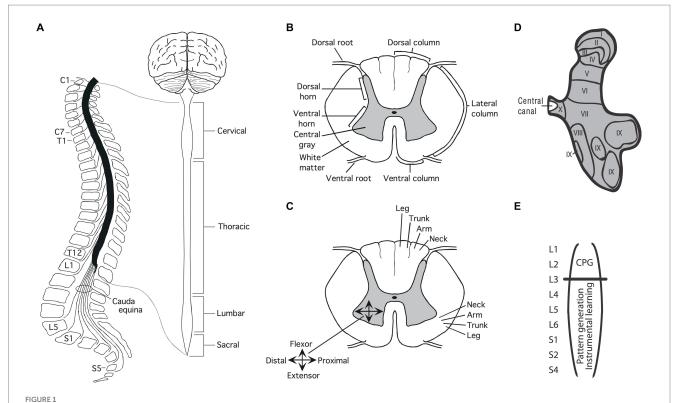
The soft tissue of the spinal cord is housed within a bony covering that is broken into segments (vertebrae) that are connected by fibrous tissue (ligaments), allowing for some flexibility (Figure 1A). Anatomists have divided the length of the spinal cord into 4 regions (Martin, 1996). The upper (rostral) region (immediately below the skull) is known as the cervical spinal cord, followed by the thoracic, lumbar and sacral. Within each region, the segments are numbered along the rostral to caudal (tail) axis. For example, C1-C7 for the cervical region and T1-T12 for the thoracic. Between the vertebrae, sensory nerves enter the spinal cord on the dorsal (toward the back) side while motor nerves exit from the ventral (toward the abdomen) side.

A cross-section of the spinal cord reveals two distinct regions: an outer ring of myelinated ascending/descending axons (white matter) and an inner region (gray matter) composed of cell bodies, dendrites, interneurons, and glia (Figure 1B). Unlike the brain, which is largely composed of projection neurons, the central gray is predominantly interneuronal, bolstering its integrative capacity (Hochman, 2007).

Regions of the central gray can be differentiated on the basis of the types of neural input they receive, their axonal projections, cell types, and function, yielding a laminae (layered) structure (Kirshblum et al., 2002). Laminae I to IV lie within the dorsal horn and receive input from cutaneous sensory neurons (Figure 1D). Laminae V-VII lie within the intermediate region; V and VI integrate proprioceptive signals related to movement and limb position, while laminae VII acts as a relay between the midbrain and cerebellum. Laminae VIII and IX lie in the ventral horn and coordinate/drive motor output. Additional subdivisions are suggested by research examining gene expression within the interneurons of the central gray (Jessell, 2000; Lee and Pfaff, 2001; Delile et al., 2019), which has revealed a myriad of distinct cell types that may subserve distinct functions.

Development

Development brings an orderly distribution of fibers within the central gray (Figure 1C). For example, in the ventral region motor neurons innervating proximal muscles lie toward the medial (central) region while those deriving distal muscle groups are distributed in the lateral (side) ventral horn (Kirshblum et al., 2002; Grau et al., 2006). In addition, there is a division of labor across segments of the spinal cord. For example, neurons within the caudal (below L3) lumbosacral



Anatomy of the spinal cord. (A) Gross anatomy of the spinal cord. Cross-sections of the spinal cord illustrating major structures (B), functional organization (C), and laminae (D) Adapted from Grau et al. (2022). (E) Research suggests that the central pattern generator (CPG) that drives the rhythm of stepping lies in the rostral lumbar region (L1-L2; Cazalets et al., 1995; Magnuson et al., 1999). The structures needed for instrumental learning, and that underlie the development of a learning deficit after uncontrollable stimulation, lie within the lower lumbosacral (L3-S2) spinal cord (Liu et al., 2005).

region coordinate the motor activity needed to generate lower-limb flexion/extension while neurons in the rostral lumbar (L1-L2) spinal cord contain a neural oscillator [a central pattern generator (CPG)] that drives rhythmic stepping behavior (Grillner and Zangger, 1979; Kiehn and Kjaerulff, 1998; Magnuson et al., 1999; Kiehn, 2006; Pocratsky et al., 2017).

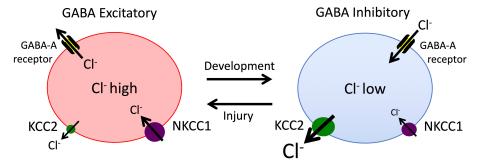
The basic architecture of the spinal cord central gray is laid down early in development, encouraged by diminished gammaaminobutyric acid (GABA) mediated inhibition (Ben-Ari, 2002, 2014). The neurotransmitter GABA primarily affects neural activity by engaging the ionotropic GABA-A receptor, which allows the anion Cl⁻ to cross the extracellular membrane (Figure 2). The direction of Cl- flow depends upon its intracellular concentration, which is regulated by two co-transporters, KCC2 and NKCC1, that control the outward and inward flow of Cl-, respectively (Kaila et al., 2014; Medina et al., 2014). In the adult CNS, there is a high concentration of membrane-bound KCC2. This moves Cl- out of the cell, which maintains a low intracellular concentration. Under these conditions, when the GABA-A receptor is engaged, Cl- flows into the cell, producing a hyperpolarization that inhibits neural firing. But early in development, there is little KCC2 expression, which allows Cl- to accumulate within the cell. Now, engaging the GABA-A receptor allows Cl- to flow out of the cell, producing a depolarization that enhances neural excitability. It has been suggested that during early stages of development, this heightened excitation promotes the emergence synaptic circuits (Ben-Ari, 2002, 2014). Later in

development, KCC2 expression is up-regulated, which dampens neural excitability, which could help preserve established neural circuits over time. The up-regulation of KCC2 has been linked to the maturation of descending fibers from the brainstem (Viemari et al., 2011).

Neurons within the white matter likewise develop in an orderly manner, laying down ascending/descending fiber tracts that serve distinct functions (Kirshblum et al., 2002). These fibers do more than relay signals to/from the brain; they also relay signals across distinct regions of the spinal cord. For example, the cervical and lumbar regions of the spinal cord are connected by propriospinal neurons that enable the coordination of fore/hind limb movement. Silencing these neurons disrupts left–right limb coupling/coordination (Pocratsky et al., 2020).

Early views of spinal cord function presumed that that axons within the white matter are hardwired in adults with little capacity to change, and unlike peripheral neurons, have little capacity for growth after injury (Patterson, 2001b). Research over the last 25 years has shown that this view is wrong on two counts. First, axons within the white matter demonstrate sprouting in adult animals and can re-innervate the central gray (Fouad et al., 2001; Vavrek et al., 2006). Second, while progress has been slow, researchers have shown that axonal growth can be fostered and produce functional re-innervation (Zheng and Tuszynski, 2023). These studies are complemented by work aiming to replace damaged neurons and glia, to rewire the spinal cord, re-establish the myelin sheath of surviving axons within the

A Regulation of intracellular Cl⁻ by KCC2 and NKCC1



B Influence of GABA release on nociceptive signaling

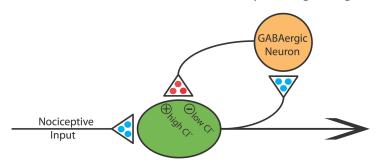


FIGURE 2

The release of GABA can have either an inhibitory (hyperpolarizing) or excitatory (depolarizing) effect depending upon the intracellular concentration of Cl⁻. (A) The co-transporters KCC2 and NKCC1 regulate the outward and inward flow of Cl⁻, respectively. In adult animals (right), the outward flow of Cl⁻ through the KCC2 channel maintains a low concentration of the anion within the cell. Under these conditions, engaging the GABA-A receptor allows Cl⁻ to enter the cell, which has a hyperpolarizing effect. Early in development, and after a rostral SCI, the levels of KCC2 are much lower and, as a consequence, there is a rise in the intracellular concentration of Cl⁻. Now, engaging the GABA-A receptor allows Cl⁻ to exit the cell, which has a depolarizing effect. (B) Nociceptive stimulation (input) will engage GABAergic neurons within the spinal cord that regulate neural excitability. In adult uninjured animals, the low intracellular concentration of Cl⁻ will cause GABA to have an inhibitory effect, which will dampen neural excitability. After injury, the reduction in membrane-bound KCC2 would transform how GABA release affects nociceptive circuits, causing it to have a depolarizing [excitatory (+)] effect that could contribute to the development of nociceptive sensitization and spasticity. Excitatory (glutamatergic) transmitters are indicated in blue and inhibitory (GABAergic) transmitters are colored red. Adapted from Grau et al. (2014).

white matter, and use cell implants to replace lost tissue (Fischer et al., 2020).

Peripheral innervation

Peripheral sensory signals are conducted by pseudounipolar neurons that have their cell bodies within the dorsal root ganglia (DRG), with a left/right pair at each vertebral level (Kirshblum et al., 2002). These neurons have two axon-like fibers, one of which projects to the periphery while the other innervates the spinal cord central gray. Myelinated (A) fibers carry signals tied to limb position (proprioception), touch, and fast pain. Unmyelinated (C) fibers transmit signals related to slow, burning, pain. A-fiber function can be further subdivided on the basis of its receptive ending. Sensory neurons can also be distinguished on the basis of chemicals that engage the fiber type. For example, a subset of pain (nociceptive) fibers express the transient receptor potential vanilloid 1 (TRPV1) receptor that is engaged by capsaicin (Willis, 2001), the active ingredient of chili peppers. Research exploring gene expression within sensory neurons has suggested additional subdivisions and provided

the methodology needed to selectively engage or inhibit distinct fiber types (Iyer et al., 2016; Cowie et al., 2018; Takeoka and Arber, 2019; Guo et al., 2022; Kupari and Ernfors, 2023).

Skeletal muscles are innervated by motor neurons that have their cell bodies in the ventral horn, with axons that engage muscle contraction through the release of chemical transmitters at the neuromuscular junction (NMJ; Sanes and Lichtman, 2001). Traditionally, the primary transmitter at the NMJ in adult vertebrates has been assumed to be acetylcholine (ACh).

The peripheral nervous system (PNS) also regulates involuntary functions, such as heart rate, blood pressure, and digestion, by innervating smooth muscles and organs. Neurons from the parasympathetic NS, which fosters relaxation after periods of danger, include a number of cranial nerves and projections from the lower (sacral) region of the spinal cord (S2-4; Kirshblum et al., 2002). A state of arousal (fight-or-flight) is driven by the sympathetic component, which projects from the upper thoracic (T1) to the lumbar (L2-L3) segments of the spinal cord to ganglia that form a bilateral sympathetic chain that lies just ventral and lateral to the spinal cord tissue. These ganglia are inter-connected across segments, enabling coordinated output to peripheral processes. Surprisingly little is known about how

signals within the sympathetic chain are coordinated or how they are affected by on-going processes (e.g., injury, inflammation).

Injury

How a physical injury to the spinal cord affects function will depend upon its nature and locus. In the laboratory, researchers often cut (transect) the spinal cord in the upper thoracic (e.g., T2) region to elucidate what lower-level systems within the lumbosacral spinal cord can do minus communication with the brain (Grau et al., 2006). One consequence of a spinal transection is the loss of descending fibers that quell neural excitation, enabling the sensitization of nociceptive activity in the dorsal horn (Sandkuhler and Liu, 1998; Garraway and Hochman, 2001; Gjerstad et al., 2001; Huang et al., 2017; Grau and Huang, 2018). The loss also disrupts the regulation of sympathetic activity, which allows noxious stimulation to drive uncontrolled bouts of sympathetic activity, leading to accelerated heart rate, respiration, and sweating, a phenomenon known as autonomic dysreflexia (Krassioukov et al., 2003; Rabchevsky and Kitzman, 2011; Eldahan and Rabchevsky, 2018). Overtime, this uncontrolled activation of spinal sympathetic circuits worsens, which may be explained in part by the observation that the sympathetic circuity undergoes prolific axonal sprouting and plasticity after SCI (Noble et al., 2018).

While a large proportion of preclinical work is done using rats, key discoveries regarding the organization and function of motor systems have been made with a number of other species, including cats, zebrafish, and the lamprey (Cohen, 1992). In recent years, the development of mice that have distinct genetic anomalies, that enable researchers to selectively disrupt or express particular genes, has fueled the use of this species.

In humans, a complete transection is relatively uncommon, limited to injuries such as gunshot wounds. More commonly, the spinal cord is damaged by a deformation/bruising (contusion injury) that causes an acute tissue loss. The initial damage to the spinal cord initiates a pro-inflammatory cascade (list) that fosters additional tissue loss (secondary injury) over a period of hours to days (Crowe et al., 1997). Naturally, the effect of a contusion injury will depend upon both its severity and locus. A thoracic injury will lead to an insensitivity of stimuli below the waist and an accompanying motor paralysis of the lower limbs (paraplegia). Injuries in the cervical region will disrupt the ability to use the upper limbs, producing a tetraplegia (aka quadriplegia). Because a high-level tetraplegia will affect respiration, individuals may require a ventilator.

Neurons in the spinal cord can coordinate complex behavior

Fifty years ago, most assumed that neural assemblies within the spinal cord can, at most, orchestrate simple reflexive behavior, such as a withdrawal from a noxious stimulus (Ladle et al., 2007). Beyond this, it was known that there was some coordination across limbs. For example, after a thoracic transection, flexion of one hind leg elicits an extension of the contralateral limb (crossed extension reflex; Sherrington, 1906). Likewise, it was known that rhythmic behavior could be elicited by the application of stimuli to the hind limbs in animals that had undergone a rostral transection (Sherrington, 1906).

Further analysis showed that alternating flexor-extensor activity can occur without sensory input, implying the existence of a neural oscillator [central pattern generator (CPG)] within the spinal cord (Brown, 1914; Shurrager and Dykman, 1951; Lundberg, 1969). While research in this domain has traditionally characterized CPG activity in terms of a half-center model (Stuart and Hultborn, 2008; Cote et al., 2018), wherein rhythmic behavior is linked to excitatory/inhibitory pools of neurons linked in a reciprocal manner, recent data suggest an alternative view built upon a low-dimensional rotation of neural activity within the spinal cord (Linden et al., 2022).

It was initially assumed that the spinal CPG was a servant of the brain, which regulated its operation through descending fibers. Supporting this, researchers showed that coordinated stepping can be elicited by the local application of a drug (e.g., a noradrenergic agonist) that emulates neural activity in the descending pathway that drives locomotion (Forssberg and Grillner, 1973). From this perspective, while it was acknowledged that the spinal systems organized details of the muscular output, the brain served as the executor. It was within this climate that Rossignol, Edgerton, and their trainees, tried the seemingly impossible—to reestablish the capacity to step in adult spinally transected animals using behavioral training without drug therapy (Forssberg and Grillner, 1973; Grillner and Zangger, 1979; Forssberg et al., 1980; Smith et al., 1983; Edgerton et al., 1992; Hodgson et al., 1994; de Leon and Dy, 2017). Each day, spinally transected cats had their hindlimbs positioned on a treadmill while the upper body was supported. Of course, little hindlimb movement was observed at first, with the hindlegs dragged behind as the treadmill moved beneath. Yet, with some behavioral support (e.g., lifting the hind quarters and/or stimulating the perineum) and weeks of training, the animals slowly recovered the capacity to step. Further, as stepping returned, it adjusted to variation in treadmill speed. Minus input from the brain, or pharmacological intervention, neural systems within the spinal cord could be trained to step. It is presumed here that this training did not "teach" the animals to perform coordinated stepping, but instead reawakened a dormant circuit in the lumbosacral spinal cord.

An interesting feature of the spinal locomotor system is that it can gate afferent stimulation on the basis of step cycle. If the dorsal surface of the hind paw encounters an obstacle as the leg is lifted (swing phase), a flexion is elicited; if the same stimulus is applied while the leg moves rearward (extension), the leg is extended (Forssberg et al., 1977; Forssberg, 1979). And if an obstacle is repeatedly encountered at the same place during the swing phase, the magnitude of the flexion response gets stronger over trials and this effect remains for a number of steps after the obstacle is removed, suggesting a kind of learning (Edgerton et al., 1997, 2004). Such coordinated stepping requires: (1) a CPG with an adjustable frequency; (2) a pattern-formation network to shape the excitatory/inhibitory signals; and (3) the capacity to adapt to a changing environment (Windhorst, 2007). The spinal cord is not a simple reflexive machine.

Subsequent work built on these observations with the hope of fostering the recovery of locomotor performance (de Leon and Dy, 2017). Researchers found that the application of brain-derived neurotrophic factor (BDNF) or serotonin (5HT) to the lumbosacral spinal cord enhances stepping behavior (Rossignol et al., 1998; Lopez-Garcia, 2006; Boyce and Mendell, 2014). So too does electrical stimulation applied to the dorsal (epidural) surface of the spinal cord, an effect that seems related to the activation of afferent neural activity

(Harkema et al., 2011; Angeli et al., 2014; Harkema et al., 2022). Remarkably, epidural stimulation can also enable voluntary movement in humans.

More recent work has revealed that step training can have a therapeutic effect that impacts other pathologies too, for example, counter chronic pain (Cote et al., 2014; Detloff et al., 2014; Tashiro et al., 2015). The benefit of training and exercise has been linked to increased expression of KCC2, which helps re-establish GABA-dependent inhibition. In the dorsal horn, this can counter the sensitization of pain (nociceptive) pathways that drive chronic pain (Huang et al., 2016). In the ventral horn, enhanced inhibition can reduce the over-excitation of motor circuits (spasticity) that often emerges after SCI, which could enable locomotor performance (Boulenguez et al., 2010).

Training can also promote the adaptive rewiring of spinal circuits. A particularly interesting example of this is provided by a paradigm wherein animals receive bilateral hemisections at different regions of the thoracic spinal cord. Each hemisection cuts all ascending/descending fibers for one side of the body; together, all fibers are cut. What is of interest is that an interneuronal bridge can form between the spared fibers from opposite sides, restoring communication across the injury, bringing some recovery of sensory/motor function (Courtine et al., 2008; Courtine and Sofroniew, 2019). The development of this neuronal bridge is encouraged by locomotor training and treatments that help restore GABA-dependent inhibition (Chen et al., 2018).

Brain systems can induce a lasting modification in spinal cord function

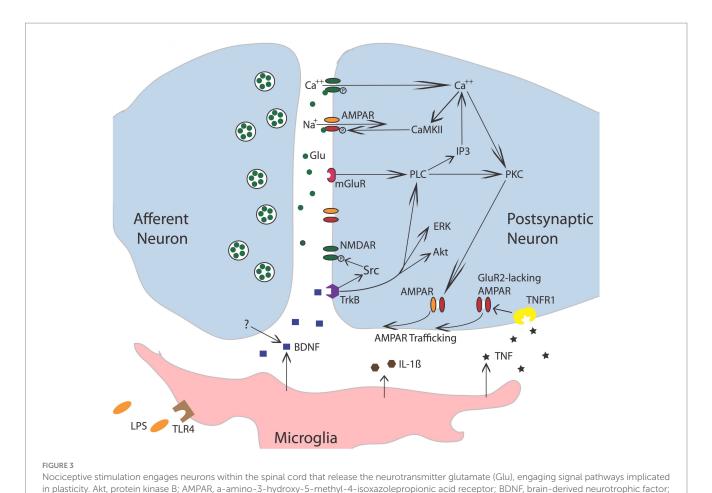
It has been known for decades that brain systems can modulate spinal reflexes through descending tracts. This effect can be studied in the laboratory using an electrical analog of the stretch reflex—the Hoffman reflex (H-reflex). Wolpaw and his colleagues trained monkeys to alter the magnitude of the H-reflex by rewarding animals with fruit juice for exhibiting a change (e.g., a stronger) in reflex magnitude (Wolpaw and Lee, 1989; Wolpaw and Carp, 1990). Here, brain-dependent processes encode that there is a relationship between the behavioral response (e.g., exhibiting a stronger H-reflex) and the outcome (fruit juice), a kind of learning known as instrumental conditioning (aka operant learning). With training, they found that animals exhibited a change in H-reflex amplitude, demonstrating regulation of the spinal reflex by brain processes. After extended training, Wolpaw transected the spinal cord rostral to the region that mediates the reflexive response. Remarkably, the alteration in H-reflex magnitude remained, implying that brain-dependent processes can bring about a lasting alteration (memory) in the spinal cord. Interesting, how this spinal memory is laid down appears to depend more on the duration of conditioning than on the number of training trials (Wolpaw, 2018), implying that the modification that underlies the modification of the spinal circuit involves a kind of timedependent consolidation.

Further evidence that brain systems can induce a lasting modification in spinal cord function comes from work examining the phenomenon of spinal fixation. This was first described by DiGiorgio (1929), who showed that a cerebellar lesion produced a hindlimb postural asymmetry, involving the flexion of one limb and the

extension of the other, in anesthetized animals. More interestingly, this brain-injury-induced asymmetry remained after the spinal cord was transected. It was naturally hypothesized that the cerebellar damage induces an alteration in the spinal circuitry through descending fibers. Like other examples of memory, the development of spinal fixation was disrupted by drug treatments that block the NMDA receptor (NMDAR) or protein synthesis (Patterson, 2001b). The NMDA receptor is of interest to those studying learning and memory because activating it requires both presynaptic transmitter release and a strong postsynaptic depolarization (Bliss and Collingridge, 1993; Morris, 2013), providing a form of coincidence detection (a Hebbian synapse). Engaging the NMDAR allows Ca++ to flow into the cell, which activates signal pathways that amplify the post-synaptic response to transmitter (glutamate) release (e.g., by trafficking AMPA receptors to the active zone of the synapse; Figure 3). Given many well-studied forms of brain-dependent learning and memory depend upon NMDAR-mediated plasticity, evidence that pretreatment with a NMDAR antagonist blocks the development of spinal fixation suggested a commonality in signal pathways and function—that neurons within the spinal cord are plastic and that this process depends upon neurochemical mechanisms analogous to identified within the brain.

Subsequent work has implicated peripheral processes in the induction of spinal fixation. The first evidence for this came from studies examining the potential role of endogenous opioids. Systemic treatment with drugs that engage the kappa or mu opioid receptor induce a lasting flexion in the left hind leg while administration of a delta opioid agonist produce flexion on the right side (Chazov et al., 1981; Bakalkin, 1989; Bakalkin and Kobylyansky, 1989). Perhaps most surprising, Lukoyanov and colleagues showed that a unilateral brain injury can induce postural asymmetry even when it is preceded by a spinal transection, implying that the alteration in motor behavior does not necessarily depend upon descending fibers (Lukoyanov et al., 2021). They posited that the brain may be impacting spinal cord function by means of a blood borne factor. To explore this possibility, they induced a unilateral brain injury in rats and then collected the animal's serum. When this serum was administered to uninjured rats, it induced a comparable postural asymmetry. An even more remarkable outcome was obtained when pregnant dams were given a unilateral brain injury. Offspring from injured rats exhibited postural asymmetry and this effect too survived a spinal transection (Carvalho et al., 2021). These spinally-mediated alterations have been linked to distinct patterns of gene expression within the spinal cord.

The recognition that spinal circuits are inherently plastic raises a computational problem, because many systems may share a structural component. The hierarchical view of CNS function gains simplicity by assuming lower-level components function in a mechanical manner, assuring that execution of a command reliably elicits a particular motor response. Flexibility in this system was attributed to executive systems within the most rostral regions of the forebrain (e.g., prefrontal cortex). Recognizing that lower-level processes are plastic raises two inter-related problems. First, the higher-level system that evoked the modification would need to adjust the output, to compensate for variation in the vigor of the response elicited by a descending signal. To address this issue, Wolpaw has suggested that behavioral systems seek a form of *negotiated equilibrium* (Wolpaw, 2018). A similar view was suggested by Turvey, who proposed that higher processes "enter into 'negotiations' with lower domains in order



CaMKII, calcium/calmodulin activated protein kinase II; ERK, extracellular signal-regulated kinase; GluR2, glutamate receptor 2; IL-1b, interleukin-1 beta; IP3, inositol 1,4,5-trisphosphate; mGluR, metabotropic glutamate receptor; NMDAR, N-methyl-D-aspartate receptor; PKC, protein kinase C; PLC, phospholipase C; TrkB, tropomyosin receptor kinase B; TNF, tumor necrosis factor; TNFR1, TNF receptor 1. Adapted from Grau et al. (2014).

to determine how the higher representation [of an action] shall be stated" (Turvey, 1977; Gallistel, 1980).

The second and more thorny issue stems from the way in which complex behavior is often assembled, with multiple systems sharing common components. Within such a system, a modification that profits the execution of one behavioral process would impact multiple systems, potentially causing a maladaptive consequence. This challenge, together with the recognition that "lower-level" processes may often have considerable computational power, has led some to propose that behavioral processes such as locomotion have an organizational structure that is better described as heterarchical, wherein "each level of the system contributes to the output, and each level helps to shape the final output of the system, and each is shaped in turn by the others" (Cohen, 1992). Here, the structure involves more of a *relative hierarchy* (Gallistel, 1980), wherein the ranking of units is labile rather than fixed, with the order of subordination context dependent.

Building on these views, Wolpaw has suggested the concept of a *heksor*, which he defines as "widely distributed network of neurons and synapses that produces an adaptive behaviour and changes itself as needed in order to maintain the key features of the behaviour" (Wolpaw and Kamesar, 2022). Such a view appears broadly consistent with the behavior systems approach, which is designed to address the flexibility of motivated behavior (Timberlake and Lucas, 1989;

Timberlake, 1990; Grau and Joynes, 2001). Timberlake's approach recognizes that aberrant environmental conditions, that enlist incompatible processes, can sometimes cause a kind of mis-behavior to emerge. For example, when a pigeon experiences a colored light paired with grain, conditioning brings about approach to the light. If the light is then presented at a distance from the grain, the pigeon will approach the light even though this has the mal-adaptive consequence of lessening access to grain (Jenkins, 1973). While both Wolpaw and Timberlake assume systems are designed to yield adaptive outcomes, only the behavior systems view recognizes that is not always the case.

Noxious stimulation can sensitize nociceptive fibers in the spinal cord

The prototype of a spinal reflex is the withdrawal response elicited by the application of a noxious stimulus applied to the distal region of an extremity, the *nociceptive withdrawal response* (Ladle et al., 2007). The classic view of this behavior is that it reflects an innate response, that is wired early in development by genetic factors. At a coarse level, this appears to be true, with the expression of trophic factors within the spinal cord guiding the innervation of sensory fibers, so that they connect to the interneurons needed to drive an adaptive withdrawal response (Granmo et al., 2008). However, this early pattern of

innervation reflects a crude/floating somatotopic map, encompassing a diffuse array of connections that has the potential to drive multiple muscles. During early postnatal development (P8-14), the termination pattern is tuned by spontaneous motor activity. This can emerge because spontaneous motor activity produces sensory signals (from skin deformation) that are paired in a Hebbian manner, enabling the selective strengthening of particular sensory-motor connections, a phenomenon known as somatosensory imprinting (Petersson et al., 2003; Waldenstrom et al., 2003; Schouenborg, 2008). Interestingly, this tuning can be prevented by pretreatment with a drug that blocks the NMDA receptor (Granmo et al., 2008). Further, in the absence of descending fibers, the tuning is not maintained. Supporting this, a thoracic transection can both prevent and eliminate somatosensory imprinting, increasing the likelihood that a noxious stimulus will elicit an inappropriate approach rather than withdrawal (Schouenborg et al., 1992; Levinsson et al., 1999).

While behavioral studies had shown that stimulus exposure can impact the vigor of a spinal nociceptive reflex, this phenomenon was not extensively studied until the 1990s, when it was recognized that the sensitization of nociceptive pathways in the spinal cord may contribute to the development of chronic pain (Woolf, 1983; Woolf and Thompson, 1991; Willis, 2001; Latremoliere and Woolf, 2009). Nociceptive sensitization develops in response to inflammation or peripheral injury and can bring about an increase in the magnitude of perceived pain (hyperalgesia). In addition, there is often an accompanying transformation in the perception of mechanical stimulation, causing a light touch to elicit pain (allodynia). These phenomena can be studied in an animal model by applying an irritant (e.g., capsaicin) to one hind paw. To assess the development of an allodynic-like response, plastic monofilaments that vary in thickness/ force (von Frey stimuli) are applied to the planter surface of the paw and the stimulus force that engages a withdrawal response is recorded. What is typically found is that treatment with capsaicin enhances reactivity to mechanical stimulation, causing animals to exhibit a withdrawal response to filaments that induce a weak deformation of the skin, below the threshold for engaging nociceptive fibers. Importantly, the amplification of reflexive withdrawal is often accompanied by an enhancement in brain-dependent measures of pain [e.g., a stimulus-elicited vocalization or aversion to an environment (context) that has been paired with mechanical stimulation] (Huang and Grau, 2018). What is remarkable is that the amplification of mechanical reactivity, as measured by a withdrawal response to non-noxious stimulation, is observed in animals that have undergone a rostral spinal transection (Huang et al., 2016), implying that the alteration is due, at least in part, to an intra-spinal modification. Notice here that a change in pain perception arises due to a phenotypic shift in sensory function, that causes signals that normally generate mechanical sensations to elicit pain (Neumann et al., 1996). Contrary to what is sometimes assumed, afferent sensory function is not fixed.

The idea that modifications outside the brain can impact pain processing is supported by electrophysiological studies. Early work had shown that electrical stimulation of sensory fibers at an intensity that engages unmyelinated nociceptive (C) fibers causes a progressive increase in the duration of discharge that fades over the course of minutes (windup; Mendell and Wall, 1965). Subsequent research revealed that a prolonged activation of C-fibers, induced by the application of the TRPV1 agonist capsaicin, inflammation, or nerve

injury, can induce a lasting increase in neural excitability (central sensitization) within the spinal cord dorsal horn (Woolf, 1983; Woolf and Thompson, 1991; Willis, 2001; Latremoliere and Woolf, 2009). Subsequent cellular work linked the modification of nociceptive circuits in the dorsal horn to neurochemical systems analogous to those known to underlie learning and memory in the brain (Ji et al., 2003; Figure 3). For example, inducing a lasting modification depends upon the NMDA receptor and an increase in AMPA receptormediated excitation. At a cellular level, the neural over-excitation is accompanied by enhanced expression of the immediate early gene c-fos and the activation (phosphorylation) of extracellular signal-regulated kinase (ERK). And like many examples of brain-dependent synaptic plasticity, the development of nociceptive sensitization is regulated by BDNF (Pezet et al., 2002; Merighi et al., 2008; Smith, 2014; Huang et al., 2017). Further parallels have been identified by Sandkuhler and his colleagues, who showed that electrical stimulation of nociceptive fibers can induce a form of long-term potentiation (LTP), and that this effect too is blocked by pretreatment with an NMDAR receptor antagonist (Liu and Sandkuhler, 1997; Liu et al., 1998; Sandkuhler and Liu, 1998; Sandkuhler, 2000).

Further work has shown that neural excitability within the dorsal horn is regulated by serotonergic fibers that descend through the dorsolateral funiculus (DLF), which dampen neural excitability by engaging the 5HT-1A receptor, inhibiting the development of nociceptive sensitization and spinally-mediated LTP (Gjerstad et al., 1996; Liu and Sandkuhler, 1997; Sandkuhler and Liu, 1998; Crown and Grau, 2005). Supporting this, bilaterally cutting fibers in the DLF at the thoracic level fosters the development of enhanced mechanical reactivity after capsaicin treatment and increases the expression of cellular indices of nociceptive sensitization in the dorsal horn (e.g., c-fos and pERK; Ji et al., 1999, 2003; Latremoliere and Woolf, 2009). Clinically, the observations imply that a SCI that damages these descending fibers would foster nociceptive sensitization and the development of chronic pain.

More recent work has revealed that SCI enables the development of nociceptive sensitization within the spinal cord by reducing GABAergic inhibition (Huang et al., 2016). As noted above, SCI reduces the expression of the co-transporter KCC2 caudal to injury. This reduces the intracellular Cl⁻ concentration, which attenuates the hyperpolarizing (inhibitory) effect of GABA, removing a brake on neural activity that fosters neural excitation. This alteration in GABA function can be countered by pharmacological treatments that lower the intracellular concentration of Cl⁻and by application of drugs that engage the 5HT-1A receptor, which up-regulates the expression of KCC2 (Huang and Grau, 2018). Likewise, as noted above, training and exercise can up-regulate KCC2 expression, which counters the development of chronic pain after SCI (Cote et al., 2014; Tashiro et al., 2015).

Interestingly, in the absence of SCI, local inflammation within the spinal cord can also induce a depolarizing shift in GABA that fosters nociceptive processing. This effect appears linked to the activation of microglia and the release of BDNF, which reduces KCC2 expression in uninjured animals (Coull et al., 2005; Lu et al., 2009; Beggs and Salter, 2013). Here the effect of BDNF is opposite to what has been reported after SCI, where BDNF has been shown to increase KCC2 expression caudal to injury and counter the development of nociceptive sensitization (Huang et al., 2017). These divergent effects have been linked to the activation of the TrkB receptor by BDNF and

the downstream engagement of Shc, which can impact KCC2 expression in opposite ways depending on levels of phospholipase C- γ (PLC- γ ; Rivera et al., 2004, 2005). When PLC- γ is present, Shc downregulates KCC2. However, in the absence of PLC- γ , engaging Shc increases KCC2 expression. Because PLC- γ levels are high in uninjured adult animals, BDNF-induced Shc signaling will cause a reduction in KCC2 expression, bringing an increase in neural excitability that would foster nociceptive sensitization. SCI reduces PLC- γ , which would transform how BDNF affects KCC2 expression. Now, engaging Shc signaling would up-regulate KCC2 expression, re-establishing GABA-dependent inhibition and quelling neural excitation. Interestingly, locomotor training may re-establish GABA-ergic inhibition because it increases the expression of PLC- γ (Tashiro et al., 2015).

Just as those studying the brain have often assumed that systems within the spinal cord are fixed, those exploring spinal cord plasticity have sometimes assumed sensory fibers behave in a mechanical manner, with the afferent input reliably tied to the extent of injury. Recent findings suggest that this view too needs to be updated—that nociceptive sensitization after SCI may be attributable, in part, to the sensitization of afferent nociceptive neurons (Yang et al., 2014; Walters et al., 2023). As noted above, the cell bodies of afferent neurons are contained within the DRG, which lie proximal to the spinal cord tissue within the epidural space. Under natural conditions, the sensory fibers designed to detect tissue damage/injury would only be engaged by peripheral events—because damage to the spinal cord would be lethal. SCI sets up a non-natural situation wherein the central projections innervate damaged tissue, which can engage retrograde signals that activate the sensory neuron, causing these neurons to exhibit on-going spontaneous activity (at about 1 Hz). This aberrant activity could drive pain circuits in the spinal cord in the absence of peripheral damage, to foster neuropathic pain (Bedi et al., 2010; Yang et al., 2014; Walters, 2018; Walters et al., 2023). The activity could also fuel the development of LTP, amplifying the elicited response. These changes have been shown to be persistent, with on-going activity observed in TRPV1 sensitive neurons weeks after SCI. Further, because the extracellular signals related to injury are diffusely distributed, aberrant activity may arise in adjoining regions, fostering both above-level and below-level pain. Support for this general view comes from studies demonstrating that the development of spontaneous activity within DRG nociceptive neurons is correlated with behavioral indices of neuropathic pain (Bedi et al., 2010). More importantly, silencing a voltage gated Na+ channel (Nav1.8) that is exclusively expressed on nociceptive afferents attenuates both the development of spontaneous activity and behavioral signs of neuropathic pain after SCI (Yang et al., 2014).

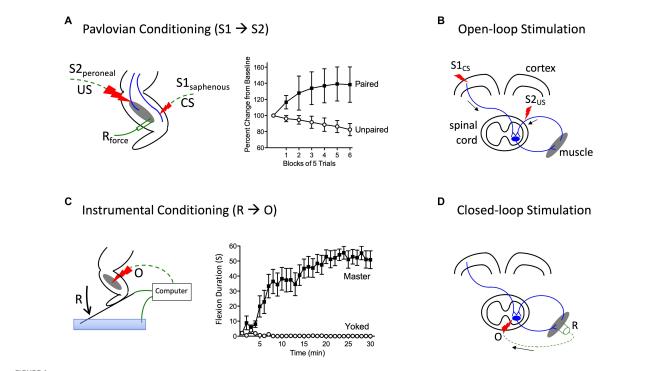
Neurons within the spinal cord are sensitive to stimulus—stimulus relations

The findings reviewed above show that engaging nociceptive fibers can sensitize neural excitability within the spinal cord, a modification that enhances behavioral reactivity and pain signaling. Because noxious stimulation has a lasting effect, and is attributable to a single event, it constitutes an example of single stimulus (non-associative) learning (Grau, 2014; Grau et al., 2020). Bolstered by data demonstrating that this effect is mediated by signal pathways

implicated in brain-dependent memory (Ji et al., 2003), the phenomenon is widely accepted and recognized to have implications for the treatment of chronic pain (Latremoliere and Woolf, 2009). What has proven more controversial is whether the spinal cord can encode an environmental relation, either between two stimulus events (*Pavlovian conditioning*) or a response and an outcome (*instrumental conditioning*). As we will see, this controversy arose in large measure because learning has been historically couched in associative terms, a process most assume requires a brain (Grau et al., 2022).

Prior to initiating his classic studies detailing the role of the cerebellum in learning (Thompson, 1986), the neurobiologist Richard Thompson and his students explored whether neural processes within the spinal cord could support a simple form of Pavlovian conditioning (Thompson, 2001). With P. Groves, Thompson had previously detailed the circumstances under which stimulation causes a spinal reflex to decline (habituate) or grow stronger (sensitize), laying the foundation for the dual process model of these phenomena (Groves et al., 1969; Groves and Thompson, 1970; Patterson, 2001a; Thompson, 2001). To examine whether spinal neurons are sensitive to stimulus-stimulus (S-S) relations, stimuli were applied below the waist in animals that had undergone a thoracic transection. Weak stimulation to the saphenous nerve was used for the to-be-trained cue [the conditioned stimulus (CS)], which initially generated a weak flexion response (Figure 4A). This CS was paired with more intense stimulation of the peroneal nerve, which generated a robust unconditioned (unlearned) flexion response prior to training and served as the unconditioned stimulus (US). They found that pairing the events endowed the CS with the capacity to elicit a stronger flexion response [the conditioned response (CR)], relative to animals that experienced the CS and US in an explicitly unpaired manner. Importantly, the training had a lasting effect and group differences were evident when animals were tested under common conditions, demonstrating that mechanisms caudal to the spinal transection are sensitive to S-S relations. Further work showed that learning depends upon the temporal order in which the stimuli were presented, with a forward CS→US relation yielding learning while a backward (US-CS) relation did not, and that presentation of the trained CS alone causes the learned response (CR) to wane (extinction; Durkovic, 2001). And here too, pretreatment with a NMDA receptor antagonist disrupts learning (Durkovic and Prokowich, 1998).

Subsequent studies showed that introducing a S-S relation also affects how spinal neurons process nociceptive signals. In uninjured animals, a cue (the CS+) that has been paired with a noxious shock (the US) produces an inhibition of nociceptive processing (an antinociception) relative to a cue (the CS-) that was never paired with the US (Fanselow, 1986). In intact animals, this conditioned antinociception is mediated by brain processes, which can inhibit nociceptive processing within the spinal cord through descending pathways (McNally et al., 2011). This conditioned antinociception is often assessed by recording the latency to exhibit a spinal nociceptive reflex, tail withdrawal from a thermal stimulus (the tail-flick test). Using this test, we examined whether a conditioned antinociception could be established without input from the brain, in rats that had undergone a thoracic (T2) transection (Joynes and Grau, 1996). Weak stimulation to one hind leg, at an intensity that induced a moderate antinociception, served as the CS and was paired with an intense tailshock (the US). After 30 trials of training, the paired CS (CS+) elicited antinociception relative to a cue that was presented an equal number



Methods for instituting a Pavlovian (S1→S2) and instrumental (R→O) relation. (A) In rats that have received a rostral (T2) transection, pairing electrical stimulation of the peroneal nerve [S2; the unconditioned stimulus (US)] with weak stimulation of the saphenous nerve [S1; the conditioned stimulus (CS)] amplifies the response elicited by S1 relative to animals that experience S1 and S2 in an unpaired manner (Durkovic, 2001). (B) Electrical stimulation of the motor cortex (S1) can engage surviving descending (corticospinal) fibers after SCI. Pairing S1 with epidural stimulation, which engages sensory afferents, in a Pavlovian manner (open-loop stimulation) enhances motor performance after SCI (Harel and Carmel, 2016). (C) Spinally transected rats (Master) that receive noxious electrical stimulation of the tibialis anterior muscle [the outcome (O)] whenever the leg is extended [the response (R)] exhibit a progressive increase in flexion duration that reduces net exposure to the noxious stimulus. Animals that receive stimulation independent of leg position (Yoked) do not exhibit a change in flexion duration (Grau et al., 1998). (D) An instrumental (R-O) relation can also be established using electrophysiological methods (closed-loop stimulation). For example, after SCI, surviving corticospinal neurons can evoke a small evoked (electrical) muscular response (the R). Stimulating the motor neurons (the O) when a R is detected can strengthen motor performance after SCI (McPherson et al., 2015). Error bars indicate the standard error of the mean.

of times in an explicitly unpaired manner (the CS–), providing further evidence that neurons within the spinal cord are sensitive to S-S (Pavlovian) relations.

We then went on to explore whether the system could support a number of phenomena traditionally accounted for in terms of attention. For example, it is known that pre-exposure to the CS alone prior to training undermines the development of a conditioned response, a phenomenon known as *latent inhibition* (Lubow, 1973). Likewise, when animals experience a stimulus compound composed of cues that differ in noticeability (salience), learning about the more salient cue typically *overshadows* learning about the weaker stimulus (Pavlov, 1927). We found that presenting a CS alone prior to training, or in compound with a more salient cue, attenuated conditioning in spinally transected rats, providing evidence for both latent inhibition and overshadowing (Grau et al., 1990).

More recent work has used a form of stimulus-stimulus learning to promote motor performance after SCI by pairing epidural stimulation with activity in descending motor pathways (Figure 4B). In rats this can be achieved by applying electrical stimulation over the cervical dorsal root entry zone at an intensity that is subthreshold for eliciting a forelimb response (Mishra et al., 2017). Descending fibers can be engaged by electrically stimulating the cortex at a site that elicits a motor evoked potential (MEP) within the bicep. Instituting

this S-S (Pavlovian) relation, which engineers refer to as *open loop* stimulation, amplifies the MEP. Importantly, the effect becomes stronger with repeated pairing and has a lasting effect. It was posited that pairing mattered because it engages a form of *spike-timing dependent plasticity* within the spinal cord (Dan and Poo, 2004). An analogous effect has been induced in humans by activating descending fibers in the corticospinal pathway using transcranial magnetic stimulation (TMS) to engage the cortical region that innervates the leg (Urbin et al., 2017). When TMS was paired with activity in the common peroneal nerve, it amplified the MEP elicited by cortical stimulation. Interestingly, evidence suggests that this example of S-S learning also depends upon a form of NMDAR-mediated plasticity (Donges et al., 2018).

Neurons in the spinal cord are sensitive to response-outcome relations

Other studies have provided evidence that neural systems within the spinal cord are sensitive to response-outcome (R-O) relations (Grau et al., 1998). This was shown using rats that had undergone a thoracic (T2) transection. Electrical stimulation (shock) was then

applied to the tibialis anterior muscle at an intensity that elicited a flexion response (the R). Animals in one group (master) received shock (the O) whenever the leg was extended (Figure 4C). Animals in a second group were experimentally coupled (yoked) to rats in the master condition and received stimulation at the same time, but unrelated to limb position (uncontrollable shock). Application of response-contingent (controllable) shock to master rats caused a gradual increase in flexion duration. Animals in the yoked condition exhibited a mechanical response to shock, but did not exhibit an increase in response duration—the index of learning. Importantly, training with controllable shock induced a lasting increase in flexion duration that was evident when animals were tested under common conditions. Further analysis revealed that the change in flexion duration was reinforced by the onset of shock, not its offset (Grau et al., 1998).

The key difference between the master and yoked animals is that the former receives shock when the leg reaches a particular position. The fact that only response contingent shock produces a change in response duration implies that the consequence of shock is modulated by cues related to limb position—proprioceptive cues that indicate either the leg angle (muscle length) or a vector that describes the momentary change in limb position at the time of shock onset (Grau et al., 2012). In either case, learning (the increase in response duration) emerges when the noxious stimulus occurs in a regular (the same) proprioceptive context. As we have noted elsewhere (Grau et al., 2012, 2022), an implication of this analysis is that a response-outcome relation (limb position at the time of shock onset) can be inferred from sensory cues, allowing the organism to directly perceive the relation between proprioceptive cues indicative of body location (the response) and the onset of noxious stimulation (the outcome; Gibson, 1979). To appreciate this, consider the feedback associated with tapping one's finger against a table. The outcome (mechanical feedback related to hitting the table) occurs in a regular proprioceptive context (the downward movement of the finger), allowing the immediate perception of the relation. This account contrasts with a more cognitive view that presumes that the events (the R and the O) that underlie instrumental learning are independently transmitted to the brain, which then derives the underlying (R-O) relation.

At a neurochemical level, spinally-mediated instrumental learning depends upon a form of NMDAR-mediated plasticity, which is modulated by BDNF (Allen et al., 2002; Joynes et al., 2004; Gomez-Pinilla et al., 2007). Further, the strength of the learned response is positively correlated with cellular indices of synaptic plasticity (e.g., CaMKII, CREB, and synapsin I expression).

Above, we described how a form of Pavlovian conditioning (open-loop stimulation) can be used to promote rehabilitation after SCI. An alternative procedure (*closed-loop stimulation*) builds on a form of instrumental conditioning by instituting a R-O relation (Figure 4D). For example, McPherson assessed whether this type of training would benefit recovery of forelimb function in rats that had received a cervical injury (McPherson et al., 2015). A tractable R was obtained by monitoring electromyographic (EMG) activity within a muscle of the impaired limb. When EMG activity (the R) was detected, an electrical pulse (the O) was applied to the cervical spinal cord at a site that drove motor behavior. This R-O training fostered behavioral recovery and had a lasting effect that was evident weeks after training was terminated. Again, the learning was related to a form of

spike-timing-dependent plasticity that fostered synaptic connectivity between surviving corticospinal fibers and motoneurons.

A neurofunctionalist account of learning

Evidence that neural systems within the spinal cord can encode environmental relations was met by researchers within the field of learning with some skepticism, forcing those studying spinal cord plasticity to lay out the defining criteria for learning and address alternative interpretations of the results (Joynes and Grau, 1996; Grau et al., 1998; Grau and Joynes, 2001; Grau, 2014). Two issues proved central: (1) does the experience (training) have a lasting effect; and (2) are the consequences of training evident when animals are tested under common conditions? For both Pavlovian and instrumental learning, these criteria have been met (Grau, 2014; Grau et al., 2020, 2022).

Those seeking to preserve a brain-centric view of learning may acknowledge spinal cord systems are sensitive to environmental relations, but deny that this reflects a form of associative learning, suggesting instead that the learning involves a modification of a pre-existing response tendency rather than a *de novo* association (Grau et al., 2022). The implicit claim is that *true learning* is associative in nature. From this perspective, simple invertebrates and neurons in the spinal cord may be sensitive to Pavlovian and instrumental relations, but this learning depends upon simpler processes that are built upon pre-existing response tendencies. The conclusion is that these examples of learning do not represent a challenge to the traditional view that associative learning requires a brain.

While there are a number of issues lurking here, the core complaint is tied to the formation of a de novo link (Gormezano and Kehoe, 1975). From this view, associative learning enables organisms to build a storehouse of knowledge encoding new environmental relations—to build a model of the world. To study this process, researchers have sought paradigms wherein the events have no pre-existing tendency to elicit the to-be-trained behavior. For example, an auditory cue (a tone) may be paired with an air-puff to one eye, establishing a conditioned response (eyeblink) to the tone. Here it is suggested that the tone had no discernable behavioral effect prior to training, implying the learning involved the formation of a new link. As detailed elsewhere (Grau et al., 2022), a problem with this approach is that further probing routinely reveals that the presumably "neutral" CS has some capacity to elicit the to-be-trained response. Indeed, current neurobiological accounts of eyeblink conditioning, the prototype of associative learning, assume that the CS-US link is biologically prepared (by a pre-existing connection within the cerebellum; Thompson, 1986).

Likewise, while learning to press a bar (the R) for food (the O) may appear an arbitrary relation for a rat, further analysis has revealed that this example of instrumental learning is built upon pre-existing response tendencies (Timberlake and Lucas, 1989; Timberlake, 1990). Observations such as these suggest that the ideals of associative learning may be seldom achieved in studies of animal learning. Of course, there is considerable variation in the extent to which biological preparedness constrains learning and it is true that learning within the spinal cord is highly prepared. Conversely, forms of learning mediated by the hippocampus, which

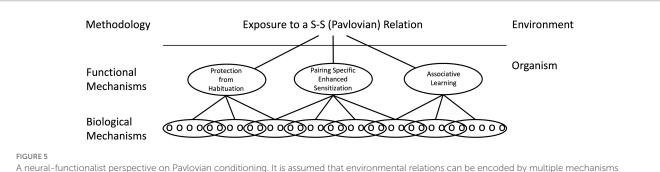
can encode relations across gaps in time, a spatial map, and what, when, and where an event occurred (episodic memory), are much less constrained. But none of this necessarily implies a qualitative change in the underlying processes. Indeed, at a neurochemical level, commonality appears the rule (Ji et al., 2003; Latremoliere and Woolf, 2009).

While common neurobiological processes may be involved, how the consequent circuits support learning can differ. The assumption here is that the same environmental puzzle (e.g., encoding a stimulusstimulus relation) may be solved in multiple ways, by systems that have distinct functional properties (Grau and Joynes, 2005a,b). For example, pairing a CS with a US can alter a CS elicited response by slowing the rate of habituation to the CS (protection from habituation), enhancing a pre-existing CS-elicited response (pairingspecific enhanced sensitization), or build upon a new neuronal connection (associative learning; Figure 5). While each mechanism may be governed by some common rules (e.g., a dependence on contiguity, stimulus competition), the underlying processes can be distinguished at a functional level (e.g., by comparing the magnitude of the CR elicited by the trained CS to a cue that is novel). Likewise, there is considerable evidence that R-O relations can be encoded in multiple ways, with learning in some situations reflecting the modification of a pre-existing stimulus–response (S-R) habit and in others a goal directed response that depends upon the current value of the outcome (Domjan, 2015). We have suggested that this diversity in process is best handled by first recognizing that Pavlovian and instrumental conditioning reference the environmental relations that support the learning and that, at a functional level, these relations can be encoded in multiple ways. Here it is assumed that no process is superior to the rest, a view that runs counter to the notion that true learning is associative in nature. At a neurobiological level, the processes may often share common elements, but their relative contribution and how they are assembled is assumed to vary. In some cases, the development of a CR may be largely accounted for by an increase in transmitter release from the presynaptic neuron whereas in others, an enhancement in the post-synaptic response could underlie the learning. By identifying how the CNS encodes the events at a functional level, we gain additional insight into how the process operates. By recognizing that the same relation can be encoded in multiple ways, this neurofunctionalist approach embraces the diversity of biological solutions (Grau and Joynes, 2005a,b).

Learning can induce a peripheral memory

We noted above that early work on nociceptive sensitization focused on the enhancement of neural excitability within the dorsal horn and that more recent work has challenged this view by showing that peripheral alterations within the DRG contribute to the increase in neural excitability. Likewise, new findings suggest that researchers may have underestimated the peripheral contribution to some examples of motor learning. Here, the usual assumption was that training alters the efferent motor output from neurons in the ventral dorsal horn. From this view, the application of response-contingent (controllable) shock to a hind leg of a spinally transected rat produces an increase in flexion duration because it increases the efferent drive from motor neurons. Here it was implicitly assumed that peripheral changes contribute little to the behavioral modification. This fits with the general assumption that the elicitation of a muscle response at the NMJ is over-determined, to assure a behavioral response is reliably triggered given motoneuron activity. Building on these assumptions, we sought to identify the intraspinal processes that maintain a prolonged flexion (Hoy et al., 2020). Preliminary work revealed that the application of drugs targeting signal pathways implicated in memory had surprisingly little effect. Given this, we decided to verify our method for applying a drug to the spinal cord through an intrathecal (i.t.) catheter was effective. To confirm this, we administered an anesthetic, the Na+ channel blocker lidocaine. We had previously shown that pretreatment with lidocaine blocks the acquisition of a spinally-mediated instrumental response (Crown et al., 2002a), which is not surprising given the drug disrupts the performance of a spinal reflex (e.g., tail withdrawal from radiant heat) within minutes of application (Hoy et al., 2020). But when the drug was applied after 30 min of instrumental training, it had no discernable effect on the maintenance of the behavioral response. Likewise, cutting efferent fibers to the muscle, by transecting the sciatic nerve, blocked learning but not the maintenance of the behavioral response. Even removing the region of the spinal cord between L3 and S3, which has been shown to mediate instrumental learning (Liu et al., 2005), had no effect on the maintenance of the behavioral response. Together, the results suggested that motor output from the spinal cord contributed little to the maintenance of the flexion response.

Neurochemical transmission at the NMJ depends upon acetylcholine (ACh; Sanes and Lichtman, 1999, 2001). To verify that



A neural-functionalist perspective on Paviovian conditioning. It is assumed that environmental relations can be encoded by multiple mechanisms within the organism, which can be distinguished by their functional properties. It is likewise assumed that a functional mechanism can be neurally encoded in multiple ways and that a particular biological mechanism (e.g., NMDA receptor-mediated plasticity) can be enlisted by multiple processes. Adapted from Grau and Joynes (2005a).

the maintenance of the behavioral response depended upon ACh release, rather than a tonic intramuscular process (latch) that maintained contraction, spinally transected rats were trained for 30 min and then the ACh receptor antagonist curare was applied to the muscle (Hoy et al., 2020). Curare caused the behavioral response to quickly wane, implying a dependence upon ACh release. Further work showed that the learning increased the evoked electrical (electromyography [EMG]) response within the tibialis anterior and that this effect survived a sciatic cut. Confocal microscopy revealed that training increased fluorescent labeling of the ACh receptor, implying an up-regulation that would amplify the elicited response.

We posited that efferent motoneuron output during training, in conjunction with electrical stimulation of the muscle, may strengthen synaptic efficacy at the NMJ in a Hebbian (pairing based) manner. Supporting this, paired stimulation of the efferent nerve and muscle induced an increase in flexion duration without input from the spinal cord (Hoy et al., 2020). Other work suggests that the release of glutamate may also contribute to depolarization at the NMJ. Using immunohistochemical techniques, both vesicular glutamate transporters and the NMDAR have been shown to be present at the NMJ in adult vertebrate skeletal muscles (Mays et al., 2009; Malomouzh et al., 2011). Given this, we examined the effect of applying the NMDAR antagonist MK-801 to the muscle. We found that the drug disrupted both the acquisition and the maintenance of the behavioral response, implying that NMDAR-mediated plasticity plays a role (Hoy et al., 2020).

These results are consistent with a growing body of work that over-turns some long held views regarding NMJ function in adult vertebrates. One is that muscle memory is a myth—that training does not affect the strength of the synaptic connection at the NMJ, which is designed to function well above threshold to assure a muscular response is reliably elicited. While this may be generally true, it does not mean that plastic potential disappears after the system matures. Prolonged execution of a specific response can increase synaptic efficacy enabling contraction with lower transmitter release. In many regards, this conclusion is not surprising, given that the selection of NMJ's during development depends upon a competitive process linked to coordinated activity (Personius and Balice-Gordon, 2000). Secondly, the work calls into question the standard view of neurochemical communication at the NMJ in a mature vertebrate, which was assumed to depend upon ACh alone. Early in development, and in invertebrates, glutamate plays a pivotal role at the NMJ (Personius et al., 2016). Given this, it should not be surprising that glutamate continues to play a functional role in adult vertebrates.

Engaging plasticity impacts plastic potential (metaplasticity) within the spinal cord

To demonstrate learning, it is important to show that training has a lasting effect, that is evident when animals are tested under common conditions (Rescorla, 1988). To address this issue in our instrumental learning paradigm, we tested spinally transected rats that had received either controllable (master) or uncontrollable (yoked) stimulation for 30 min with response contingent shock (Grau

et al., 1998). We also included a group that had been set-up in the same manner, but never received stimulation (unshocked). We found that animals that had received controllable stimulation re-acquired the behavioral response faster than the naïve group, demonstrating a savings effect indicative of learning. Our assumption was that the yoked animals would show no evidence of savings and learn at a rate comparable to the previously unshocked group. Contrary to our expectations, animals that had received uncontrollable shock exhibited a shock-elicited flexion, but not an increase in flexion duration—our index of learning. It appears that prior exposure uncontrollable shock induced a learning impairment, an effect reminiscent of the phenomenon of learned helplessness (Maier and Seligman, 2016).

Further work showed that a relatively brief period of uncontrollable stimulation (6 min of intermittent shock provided on a variable schedule) has a lasting effect that blocks learning when animals are tested with response-contingent shock 24h later (Crown et al., 2002b). Further, the deficit reflects a general effect on plastic potential, impairing the capacity to learn after uncontrollable stimulation is applied to the opposite leg or even the tail. We posited that uncontrollable stimulation might impair learning because it sensitizes nociceptive circuits in the dorsal horn, producing a diffuse state of over-excitation that saturates plasticity. Supporting this, treatments that induce nociceptive sensitization (e.g., peripheral treatment with capsaicin) produce a learning impairment (Ferguson et al., 2006). Further, like capsaicin, uncontrollable shock enhances reactivity to mechanical stimulation applied to the hind paws. This over-excitation has been linked to the expression of the pro-inflammatory cytokine tumor necrosis factor (TNF) and an upregulation of Ca++ permeable AMPA receptors (Huie et al., 2012a, 2015). The long-term effect of uncontrollable stimulation depends upon protein synthesis and NMDAR-mediated plasticity (Patton et al., 2004; Ferguson et al., 2006). Interestingly, like the learning impairment observed after uncontrollable stimulation in intact rats, the spinallymediated deficit is reversed (temporarily) by administration of the opioid antagonist naltrexone (Joynes and Grau, 2004; Washburn et al., 2008). We have also recently discovered that the adverse effect of noxious stimulation is gated by limb position; noxious shock and capsaicin induce a learning impairment if given while the hind legs are extended, but not if the legs are maintained in flexed (protective) position (Hudson et al., 2022). It appears that the proprioceptive context modulates how noxious stimulation affects spinal cord function.

If spinally transected rats are given controllable shock prior to uncontrollable stimulation, no learning impairment is observed (Crown and Grau, 2001). Conversely, administration of controllable shock (in compound with an opioid antagonist) eliminates the learning impairment. Exposure to controllable stimulation also counters the learning impairment and enhanced mechanical reactivity produced by peripheral application of capsaicin (Hook et al., 2008). These restorative effects have been linked to the expression of BDNF (Huie et al., 2012b).

Taken together, the results imply that controllable and uncontrollable stimulation have opposing effects on spinal cord plasticity, the former enables learning while the latter disables it. In both cases, learning affects future plastic potential, a kind of plasticity of plasticity (metaplasticity; Abraham and Bear, 1996; Abraham, 2008; Grau et al., 2014; Grau and Huang, 2018).

Spinal cord neurons have a sense of time

Having shown that exposure to uncontrollable intermittent stimulation impairs spinal cord plasticity, we sought to identify the circumstances under which this effect develops. When we compared intermittent stimulation to continuous, we found that only the former induced a learning impairment (Crown et al., 2002b). Indeed, concurrent exposure to continuous stimulation has a protective effect that blocks the induction of the learning impairment by intermittent stimulation. Given the stimulation must be intermittent, we then set out to elucidate the stimulus frequency and intensity that has an adverse effect. We found that the deficit emerges at an intensity that engages unmyelinated pain (C) fibers (Baumbauer et al., 2008). To explore the effective frequency range, we modified the computer program used to generate uncontrollable stimulation. Our usual procedure applied brief (100 msec) shocks on a variable time (VT, 0.2–3.8") schedule, with shocks spaced an average of 2 s apart (0.5 Hz). Recognizing that it would be easier to manipulate stimulus frequency if the interval between the stimuli was fixed, we examined the effect of administering intermittent shock for 6 min (180 shocks) in a regular (fixed time [FT]) or variable time (VT) fashion. As expected, both shock schedules produced a lasting learning impairment (Figure 6A). This made sense given the large literature on timing, which has linked the capacity to discriminate alternative temporal schedules to neural systems in the brain (Mauk and Buonomano, 2004). From this view, there was little reason to expect that neurons within the spinal cord could discriminate FT and VT stimulation.

In a subsequent experiment, we assessed the impact of increasing the duration of stimulus exposure 5-fold, giving animals 900 shocks on either a VT or FT schedule. To our surprise, only VT stimulation induced a learning impairment (Baumbauer et al., 2008, 2009). Given that fewer FT shocks (180) impaired learning, but 900 did not, the results suggested that continued exposure to FT stimulation (540-720 more shocks) has a restorative effect. Further work showed that an extended exposure to FT stimulation blocks the induction of a learning impairment when animals are given VT stimulation 24h later. The induction of this protective effect was prevented by pharmacological treatments that block protein synthesis or the NMDA receptor. Taken together, the results imply that continued exposure to regular (FT) stimulation has a protective/restorative (metaplastic) effect analogous to that produced by training with controllable stimulation (Baumbauer and Grau, 2011), and here too, the beneficial effect of training was linked to the expression of BDNF (Baumbauer et al., 2009).

What makes these findings especially remarkable is that they imply that the spinal cord can discriminate whether stimuli occur at random or fixed intervals, suggesting that neural systems within the spinal cord can abstract how stimuli are distributed over time. We posited that the capacity to detect the regularity of stimulation may be linked to the engagement of an internal oscillator, possibly the CPG that drives stepping (Baumbauer et al., 2009; Lee et al., 2015, 2016). Consistent with this, the restorative effects of regular stimulation emerge within the frequency range of stepping (de Leon et al., 1994; Cha et al., 2007). If regular stimulation has a special effect because it engages an internal (central) oscillator, it could potentially abstract regularity when stimuli are presented to distinct regions of the body (across sensory dermatomes). Supporting this, we showed that an extended exposure to regular stimulation induces a restorative

effect when half of the shocks are applied to the leg while the other half are presented to the tail (Figure 6B), and that this is true independent of whether the locus of stimulation varies in a regular or random manner (Figure 6D).

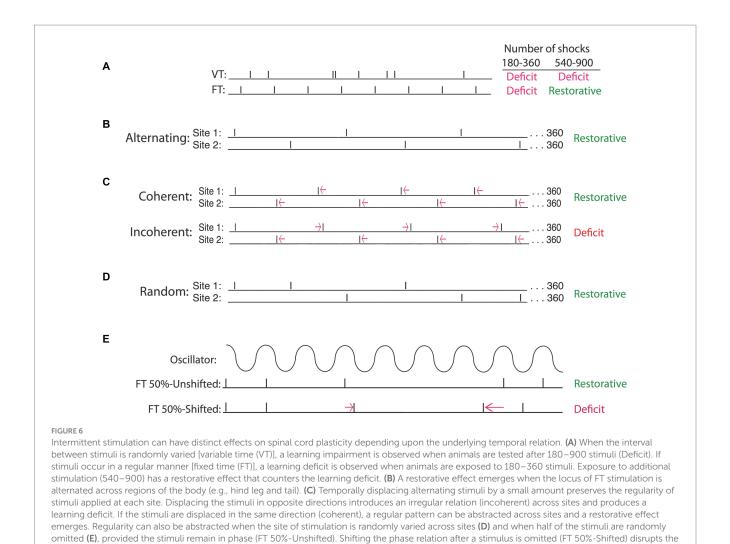
If an internal oscillator is engaged by regular stimulation, and has some momentum, the system should be able to derive regularity when some of the stimuli are omitted (Figure 6E). As predicted, we found that randomly omitting half the shocks had no effect on the development of restorative effect (Lee et al., 2016). Finally, if an internal oscillator effectively predicts the occurrence of the next shock, based upon a constant period, stimuli would have to remain in phase. As hypothesized, a restorative effect does not emerge if regular stimulation is given across dermatomes at different frequencies (Figure 6C). Likewise, when shocks are randomly omitted, a protective effect only emerges if the shocks remain in phase (Figure 6E).

The fact that randomly omitting half the shocks given on a FT schedule does not affect the emergence of the restorative effect has implications for the conditions that engage this process. As noted earlier, when no shocks are omitted, a restorative effect emerges after 540 shocks—360 is not sufficient. But when 720 shocks are given, and half are omitted, the restorative effect is observed (Lee et al., 2015). This implies that it is not the number of shocks that is critical. Rather, what appears critical is how long the CPG is engaged. This is consistent with other work demonstrating a form of savings across days. Animals given a single bout of 360 FT shocks exhibit a learning impairment. If they receive two bouts of 360 FT shocks, 24h apart, the capacity for learning is restored. Importantly, the two bouts do not have to be the same frequency. What appears to be summated across days is a marker linked to the duration of regular stimulation, not the specific frequency.

Evidence that the detection of regularity is linked to the CPG that underlies stepping was obtained using a surgical manipulation. Prior work has shown that spinally-mediated instrumental learning depends upon neurons within the lower lumbosacral spinal cord, between L3 and S2 (Figure 1E) (Liu et al., 2005). Interestingly, the neural circuit that mediates the CPG used for stepping appears to lie in a more rostral region, L1-L2 (Cazalets et al., 1995; Magnuson et al., 1999). Given this, we should be able to surgically disconnect the circuit needed for instrumental learning from the CPG by transecting the spinal cord at L3. Minus access to the CPG, FT stimulation should not have a restorative effect, and instead produce a learning impairment, which is what we found (Lee et al., 2016).

The results are consistent with other work demonstrating that regular movement, induced by passively moving the hind limbs over an extended period of time or training animals to step on a treadmill, has a restorative effect (Alluin et al., 2011; Rossignol, 2017). Further, regular stimulation of the perineum, which is often used to encourage stepping on a treadmill, may promote behavior because it engages the CPG. Interestingly, studies examining the consequences of step training have shown that animals trained at one stepping rate exhibit improved performance when tested at different treadmill speeds (Edgerton et al., 1997, 2004). Again, what may be critical is engagement of the CPG for an extended period of time, not the particular frequency used in each bout of training.

Regular stimulation can also impact neuronal function in the cervical spinal cord, which regulates breathing. Mitchell and his colleagues have shown that intermittent bouts of hypoxia can enhance activity in the (phrenic) nerve that drives respiration, inducing a lasting effect [phrenic long-term facilitation (pLTF)] that has been



abstraction of regularity, causing the same number of stimuli to induce a learning deficit. Adapted from Lee et al. (2015), Lee et al. (2016), and Grau

linked to increased expression of BDNF (Baker-Herman et al., 2004; Dale-Nagle et al., 2010; Fields and Mitchell, 2015; Fuller and Mitchell, 2017). While a continuous period of hypoxia can enhance the rate of respiration, it does not induce pLTF or impact BDNF expression. In rats, daily intermittent hypoxia promotes the recovery of breathing capacity after SCI and in combination with ladder walking, promotes the restoration of forelimb function. In humans, daily intermittent hypoxia combined with walking practice increased endurance by 38% (Hayes et al., 2014; Navarrete-Opazo et al., 2017).

Our work on timing within the spinal cord was originally motivated by a simple question—what type of process allows neurons within the spinal cord to discriminate (and provide distinct physiological consequences) whether the stimuli occur in a random or regular (predictable) manner? Our experiments explored whether this might be linked to a kind of neurochemical/physiological hourglass or an internal oscillator (Boulos and Terman, 1980). As we have seen, our results suggest that regularity is tied to an oscillator, which we linked to the CPG that drives the rhythmicity of stepping. What is especially surprising is the system can abstract regularity when stimuli are randomly omitted or when the locus of stimulation is varied. Here the computational capacity of the system goes well beyond an elicited reflex,

demonstrating a cognitive-like ability to abstract relations to modulate performance and plastic potential.

Spinal cord injury removes the GABA-dependent brake on neural excitability (ionic plasticity)

We noted earlier that SCI brings about a depolarizing shift in GABA (ionic plasticity), which removes a brake on neural excitability (Viemari et al., 2011). Evidence suggests that this enables the development of nociceptive sensitization, which we have argued underlies the learning impairment observed after uncontrollable shock (Ferguson et al., 2012). These observations suggest that drug treatments that restore the inhibitory effect of GABA should attenuate both the enhanced mechanical reactivity and learning impairment induced by uncontrollable shock in spinally transected rats, and recent findings are consistent with this prediction (Huang et al., 2016; Grau et al., 2022; Hudson and Grau, 2022). In addition, a depolarizing shift in GABA action, which accompanies spinal cord transection, appears necessary for spinally-mediated instrumental learning. If the hyperpolarizing

et al. (2022).

effect of GABA is re-established in spinally transected rats, by lowering the inward flow of Cl⁻with the NKCC1 blocker bumetanide, spinally transected rats fail to learn. Taken together, the results imply that ionic plasticity enables learning within the spinal cord.

These observations suggest that the adult spinal cord, minus injury or inflammation, may indeed be relatively immutable, with the inhibition action of GABA maintaining circuits laid down early in development (Ben-Ari, 2002, 2014). Some may take this as evidence for the traditional view. We take an alternative position (Grau et al., 2022), because other work has shown that these observations are not unique to the spinal cord (Hudson and Grau, 2022). A depolarizing shift in the action of GABA has been shown to contribute to a variety of brain-dependent pathologies linked to neural over-excitation (e.g., epilepsy, addiction, Rett syndrome). Moreover, dampening the inhibitory effect of GABA may be a prerequisite to plasticity, LTP, and learning within the brain. Across the CNS, GABA may function to maintain neural circuits laid down by development and learning.

Noxious stimulation impairs recovery and fosters the development of chronic pain after SCI

Given noxious stimulation induces a form of maladaptive plasticity in spinally transected animals, we hypothesized that it could adversely affect recovery after a contusion injury (Grau et al., 2004). This is clinically important because many SCIs are accompanied by other tissue damage (polytrauma). To examine whether pain after SCI affects injury-related processes, rats were given a moderate contusion injury to the lower thoracic spinal cord. The next day, nociceptive fibers were engaged by exposing animals to 6 min of uncontrollable tail-shock or applying capsaicin to one hind paw. Both treatments disrupted long-term behavioral recovery, producing a drop in locomotor performance that was evident 6 weeks later (Grau et al., 2004; Turtle et al., 2018). Noxious stimulation soon after injury (within the first 4 days) also fostered the development of spasticity and increased tissue loss at the site of injury. Importantly, the adverse effect of intermittent shock was only observed if the stimulation was given in an uncontrollable manner; an equal number of controllable shocks had no effect. Further, engaging pain fibers soon after injury fostered the development of chronic pain (Grau et al., 2004; Garraway et al., 2014). Other studies have shown that noxious stimulation during the chronic phase of injury can adversely affect performance, but does not have a lasting effect (Bouffard et al., 2014; Caudle et al., 2015).

A physical blow to the spinal cord produces an immediate (*primary*) injury. As described above, this injury then engages processes that drive cell death and fuel inflammation (Beattie and Bresnahan, 2000), producing a pro-inflammatory storm that expands the area of tissue loss (*secondary* injury). We posited that noxious stimulation after injury has an adverse effect because it fuels secondary processes. To explore this possibility, we collected the injured spinal cord soon after animals received noxious stimulation. We found that nociceptive stimulation amplified the expression of pro-inflammatory cytokines (IL-1, IL-18, TNF) and signals (e.g., caspase 1, 3, 8) that drive cell death (Garraway et al., 2014; Turtle et al., 2018).

In the course of doing these experiments, we noticed that the protein samples were color coded—those from rats that had received noxious stimulation were tinted red (Turtle et al., 2019). Spectrophotometry showed increased absorbance at the wavelength

(420 nm) associated with hemoglobin. Cellular assays for hemoglobin confirmed that nociceptive stimulation increased blood content, implying an infiltration of blood (hemorrhage) at the site of injury. Because some blood components are neurotoxic (Regan and Guo, 1998; Losey et al., 2014), this would expand the area of tissue loss.

As noted earlier, descending fibers normally quell nociceptive activity in the spinal cord (Fauss et al., 2021). Given this, we hypothesized that cutting communication with the brain would amplify nociception-induced hemorrhage in contused rats. Contrary to our expectations, the transection had the opposite effect—it blocked nociception-induced hemorrhage (Reynolds et al., 2019). A rostral transection also blocked the up-regulation of pro-inflammatory cytokines and signals indicative of cell death. The surprising implication is that rostral (brain) systems can drive tissue loss after SCI. We presumed that these brain systems were driven by surviving ascending fibers. If this is true, reversibly blocking communication with the brain using lidocaine applied at T2 should prevent nociception-induced hemorrhage, which it did (Davis et al., 2020). Lidocaine treatment also blocked the adverse effect noxious stimulation has on long-term recovery. These observations led us to hypothesize that treatments that diminish brain activity (e.g., general anesthesia) should have a protective effect, and that too is true (Davis et al., 2023). These findings have important clinical implications, suggesting that inhibiting cellular activity within the spinal cord (using a local anesthetic) or inducing a coma-like state (using a general anesthetic) could reduce tissue loss after SCI.

We have shown that engaging sensory fibers that drive a conscious state of pain soon after injury promotes tissue loss and impairs recovery. Given this, we naturally hypothesized that administration of an analgesic, such as morphine, would lessen the adverse effect of noxious stimulation. Surprisingly, administration of morphine at a dose that blocks behavioral reactivity to noxious stimulation does not attenuate secondary tissue loss or the impairment in long-term recovery (Hook et al., 2007, 2009; Turtle et al., 2017). What was especially concerning is that morphine treated rats exhibited greater tissue loss and increased mortality, raising concerns regarding the clinical use of opiate analgesic soon after injury (Hook et al., 2007, 2017).

Our results suggest that the adverse effect of noxious stimulation after injury is due, in part, to a brain-dependent process that fosters the infiltration of blood (hemorrhage) at the site of injury. We assume that this effect depends upon both local (at the site of injury) and systemic processes. Engaging nociceptive (C) sensory fibers can initiate the expression of proinflammatory cytokines at the site of injury and weaken the blood spinal cord barrier (Steinhoff et al., 2014). At the same time, surviving ascending nociceptive fibers could engage a fight-or-flight response that drives a burst of sympathetic activity, bringing a rise in heart rate and blood pressure, Given the weakened state of the blood spinal cord barrier at the site of injury, the rise blood pressure could fuel hemorrhage. Recent work has confirmed that noxious electrical stimulation produces a surge in blood pressure and blood flow (Strain et al., 2021). Further, pharmacologically attenuating the rise in blood pressure, by administering the alpha-1 adrenergic receptor inverse agonist prazosin attenuated the rise in blood pressure, hemorrhage, and the adverse effect noxious stimulation has on long-term recovery. Conversely, pharmacologically inducing a rise in blood pressure, by administering adrenergic agonist norepinephrine a day after injury, impaired recovery and increased tissue loss. These observations are consistent with other work showing that hypertension at the time of injury is associated with a decrement in recovery (Nielson et al., 2015).

The findings outlined above are consistent with other studies demonstrating that SCI can engage systemic processes that can impact tissue loss, recovery, and wellbeing. Of course, SCI recruits both local and systemic components of the immune system, which can have opposing effects on long-term recovery (Popovich, 2014; Schwab et al., 2014); bringing a benefit through the clearance of cellular debris, but limiting re-innervation through the production of a fibrotic (glial) scar (Yang et al., 2020). Beyond this, there is a loss of descending regulatory control over components of the sympathetic nervous system innervated by fiber pathways below the injury (DiSabato et al., 2023). The consequent dysregulation causes systemic immune and metabolic dysfunction that can impact multiple major organ systems, including the liver, lungs, gut, and urinary tract, increasing susceptibility to urinary and lung infections, gut dysbiosis, and a disruption in lipid metabolism (metabolic syndrome; Kopp et al., 2017; Holmes and Blanke, 2019; Kigerl et al., 2020; Rodgers et al., 2022). Pneumonia and urinary tract infections are among the leading causes of mortality after SCI (Schwab et al., 2014; DiSabato et al., 2023; Michel-Flutot et al., 2023). Further, immune dysregulation and an increase in circulating pro-inflammatory cytokines can promote depression and pain (Maier and Watkins, 1998; Slavich and Irwin, 2014; Lees et al., 2015). Finally, these processes can negatively impact tissue sparing and adaptive plasticity at the site of injury. Indeed, preclinical research has shown that liver dysfunction undermines long-term recovery (Failli et al., 2012; Goodus et al., 2021).

Conclusion

Historically, many have seen the spinal cord as a conduit for neural impulses to/from the brain with a limited capacity to organize some simple reflexive responses. From this perspective, the orchestration of complex behavior, the recognition of response-outcome relations, pain modulation, timing, learning, and memory are the province of the brain. The work we have reviewed supports an alternative position, that recognizes the computational power of neural assemblies within the spinal cord. We align with Windhorst (2007) who argued:

"Those who believed the spinal cord and peripheral motor plant to be well-understood and thus turned their attentions to higher centers of motor planning and coordination (e.g., cerebral cortex and cerebellum) now find that their edifices are built upon 'the shifting sands of spinal segmental circuitry."

As we have seen, neural machinery within the spinal cord can organize coordinated stepping and modify its execution in response to changing environmental demands (e.g., an obstacle; Edgerton et al., 2004; Rossignol and Frigon, 2011; de Leon and Dy, 2017). Noxious stimulation can sensitize nociceptive circuits in the dorsal horn and this effect is mediated by signal pathways analogous to those identified in the study of brain-dependent learning and memory (Sandkuhler, 2000; Ji et al., 2003). At a functional level, neural systems in the spinal cord are sensitive to Pavlovian (stimulus–stimulus) and instrumental (response-outcome) relations and have the capacity to abstract regularity (Grau, 2014; Grau et al., 2022). Further, engaging these processes can influence the capacity to learn, demonstrating a form of metaplasticity (Abraham and Bear, 1996; Abraham, 2008; Grau et al., 2014; Grau and Huang, 2018). And these insights have been shown to impact recovery after SCI (Grau et al., 2004; Edgerton et al., 2008;

Garraway et al., 2011, 2014; McPherson et al., 2015; Turtle et al., 2017; Courtine and Sofroniew, 2019; Davis et al., 2020, 2023; Jo and Perez, 2020; Mitchell and Baker, 2022) fueling an optimism that, by harnessing the inherent capacity of the spinal cord, rehabilitation can restore function and counter the development of chronic pain and spasticity.

Researchers exploring motor performance have long recognized the complexity of spinal circuits, which handle the coordination of motor commands, drive rhythmic behavior, and can adapt to perturbations (Edgerton et al., 2004; Rossignol and Frigon, 2011). From this perspective, the execution of locomotor performance occurs within an organizational structure that is not strictly hierarchical, but instead occurs within an interactive network that enables a form of shared governance [a heterarchy; (McCulloch, 1945; Cohen, 1992)]. Our work suggests that the same is true for the regulation of pain, with nociceptive signals regulated by neural mechanisms within the spinal cord (Figure 7)—a computational system that is capable of abstracting response-outcome and temporal relations (Grau, 2002). Further, experience can have a lasting impact on how these systems operate, to mute or amplify motor responses and the signal relayed to the brain.

Just as brain-centric researchers have underestimated the processing power of the spinal cord, those wedded to the central nervous system have sometimes underestimated the role of peripheral processes. Recent findings show that exposure to a noxious stimulus can induce a state of hyperexcitability in afferent sensory neurons that can foster the development of chronic pain and that prolonged execution of a behavioral response can engage alterations at the NMJ that enhance its efficacy, providing evidence for a kind of muscle memory (Bedi et al., 2010; Hoy et al., 2020; Walters et al., 2023). And we should not forget that, while much has been learned about the capacities of spinal circuits isolated from the brain, those exploring spinal cord systems must take into account how these processes are impacted by, and interact with, brain systems (Wolpaw, 2018; Wolpaw and Kamesar, 2022).

While much of our review has focused on the plastic potential of circuits within the spinal cord, we have acknowledged that GABAergic inhibition will limit neural excitability/plasticity within the uninjured adult spinal cord, a hyperpolarizing effect that we assume helps to maintain circuits laid down early in development. In this way, the adult spinal cord may appear hardwired (Grau et al., 2022). Likewise, we have noted how learning in the spinal cord builds upon pre-existing circuits that it is biologically prepared by genetic and developmental processes. Here, one might attempt to save the traditional view by arguing the brain is a flexible system, adaptable and unconstrained. We instead suggest the opposite, that GABA-dependent inhibition preserves neural circuits laid down by development and learning throughout the CNS and that learning in both the spinal cord and brain is constrained by our evolutionary past. From this view, the spinal cord is governed by analogous rules and at a neurochemical level, employs the same signal pathways. There are no obvious qualitative differences.

Work over the last 50 years suggests the neural systems within the spinal cord play an integral role in registering, modulating, and elaborating sensory/motor signals. It is basic component of the CNS and can serve as an ideal model system for exploring the processing capacity and limits of neural circuits. And while it is often difficult to link neurobiological modifications in discrete brain regions to behavior, at the level of the spinal cord, just a few synapses may intervene, simplifying the application of our linking hypotheses. Moreover, unpacking how the spinal cord functions often has important clinical implications. Beyond this, those seeking to understand how the brain processes information need to know the types of information contained within the signal from

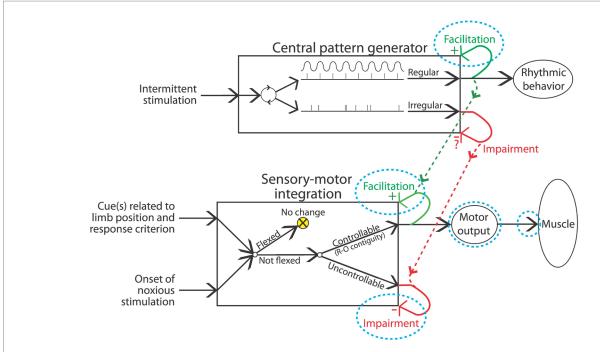


FIGURE 7

A schematic illustrating the intra-spinal processes that mediate instrumental conditioning, timing, and the consequences of uncontrollable stimulation. Evidence suggests that neural processes within the caudal lumbosacral (L3-S2) spinal cord enable sensory-motor integration (lower box). The effect of noxious stimulation appears to be gated by proprioceptive cues related to limb position; if the leg(s) is flexed, stimulation has no impact on spinal function (blue circle). If the leg is not flexed, a biologically prepared circuit enables the rapid detection of a relationship between the current limb position (the R) and the onset of noxious stimulation (the O). If there is a R-O relation, the stimulation is classified as controllable, which fosters the performance of a motor response that reduces net exposure to noxious stimulation. In the absence of a R-O relation (uncontrollable stimulation), a state of over-excitation is induced that enhances reactivity to mechanical stimulation and induces a lasting impairment in relational learning. Conversely, exposure to controllable stimulation has a restorative effect that fosters learning and counters the adverse effect of uncontrollable stimulation. Other work indicates that a central pattern generator exists in the rostral (L1-L2) spinal cord (upper box) that can be entrained by regular stimulation. Evidence suggests that regularity can be abstracted when stimulation is applied to different regions of the lower body and when some stimuli are randomly omitted. Periods of regular stimulation can foster rhythmic behavior, the abstraction of regularity across days (savings), and counter the adverse effects of uncontrollable stimulation (green lines). Exposure to stimuli that occur in a variable (irregular) manner impairs instrumental learning. Further work is needed to determine whether irregular stimulation also interferes with the abstraction of regularity (red?). Research is also needed to determine how sensory-motor integration impacts the central pattern generator. Evidence suggests that noxious stimulation can interfere with CPG function and the generation of rhythmic behavior (Bouffard et al., 2014; Caudle et al., 2015), implying that the dashed red line reflects a bi-directional process. It is not known whether exposure to controllable stimulation fosters the engagement of the CPG. Note that a '+' and '-'indicate how processes affect function, not the nature of neural communication (i.e., whether an excitatory or inhibitory process underlies the effects). The consequences of training that have been shown to have a lasting effect (implying a form of memory) are enclosed with dashed circles. Adapted from Grau et al. (2022).

the spinal cord. As we have outlined, relations presumed to be abstracted by the brain may have already been derived by processes within the spinal cord. Conversely, an understanding of how neural circuits within the spinal cord can orchestrate behavioral action will inform our views of the motor commands needed to drive behavior, with evidence suggesting that the structure of behavior is often organized by local circuits.

Author contributions

JG wrote the first draft of this manuscript, integrating components provided by KH, DJ, and SP. The final draft was edited by JG. All authors contributed to the article and approved the submitted version.

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Conflict of interest

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