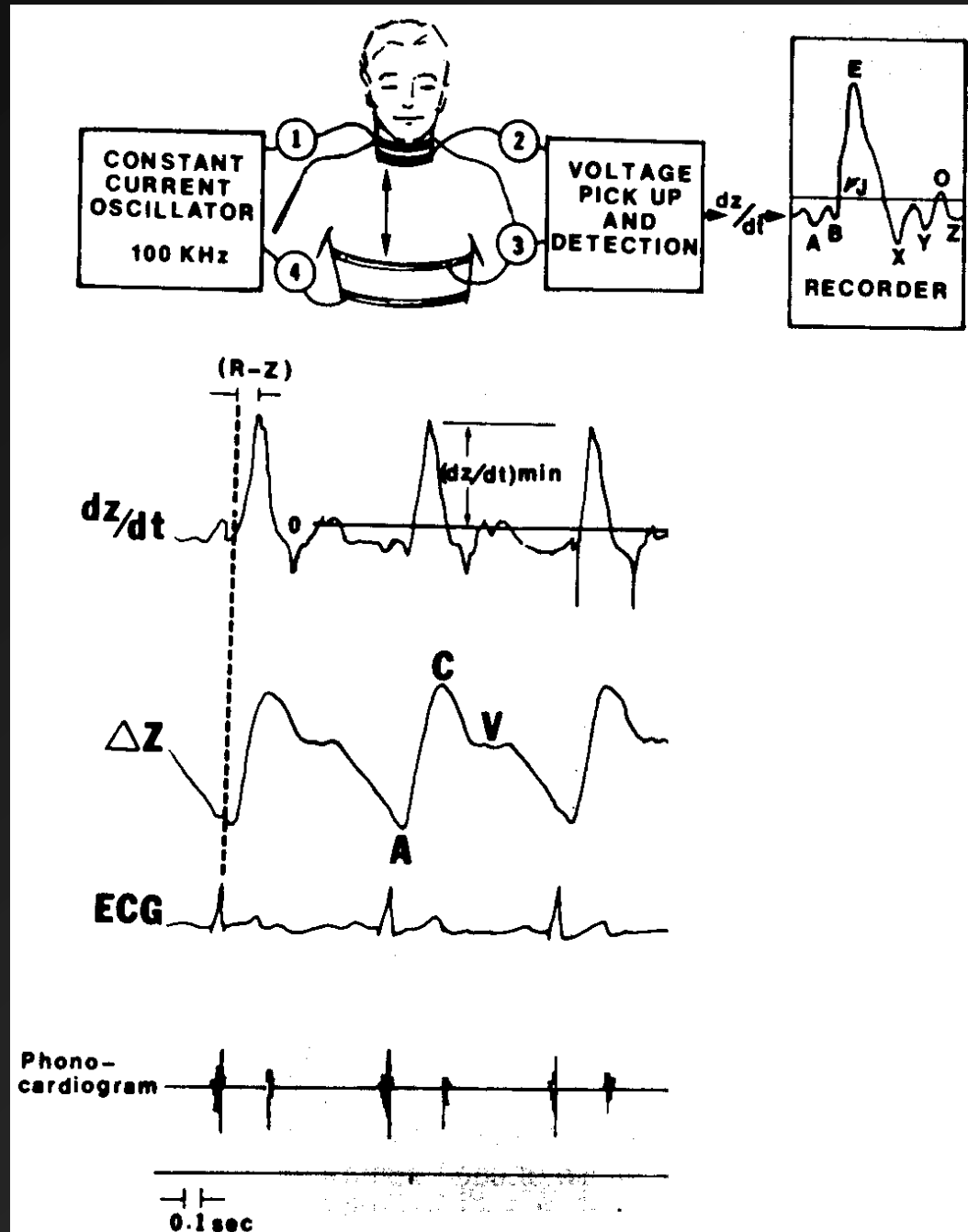


*A wee bit more
Cardiovascular
Psychophysiology
...and then...*

The Skeletomotor System

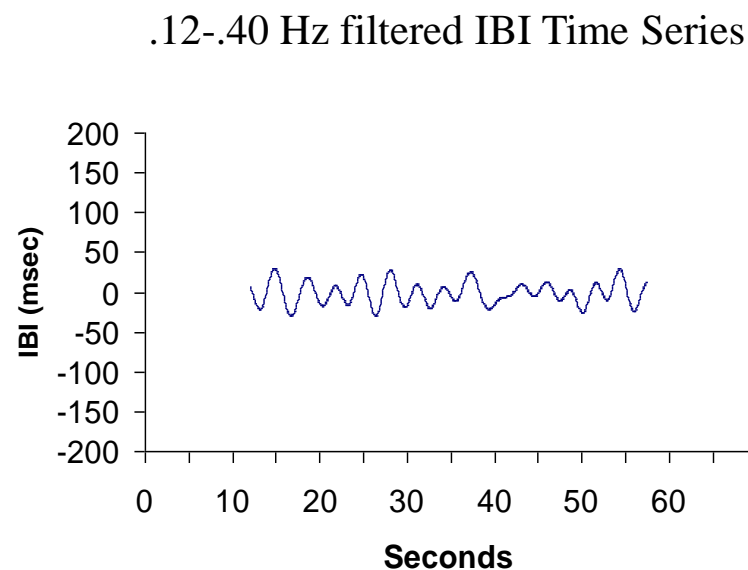
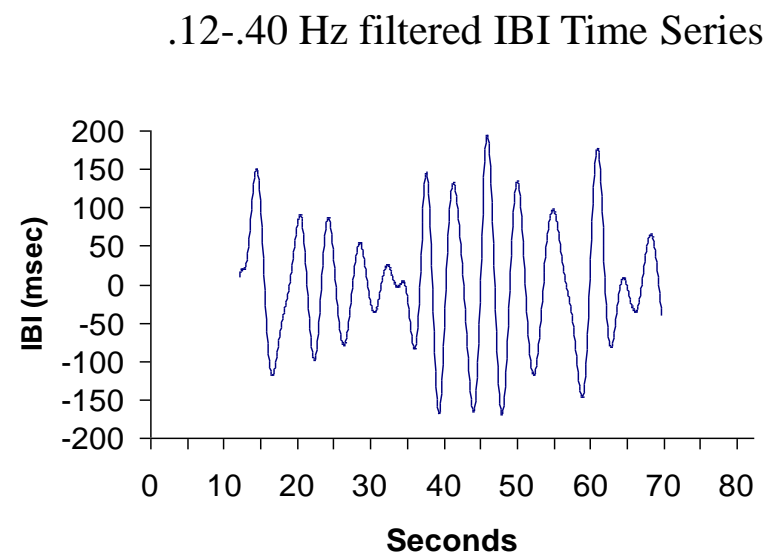
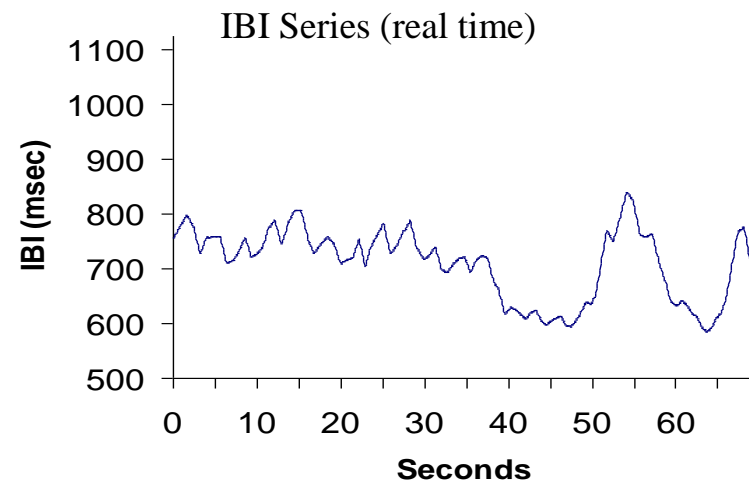
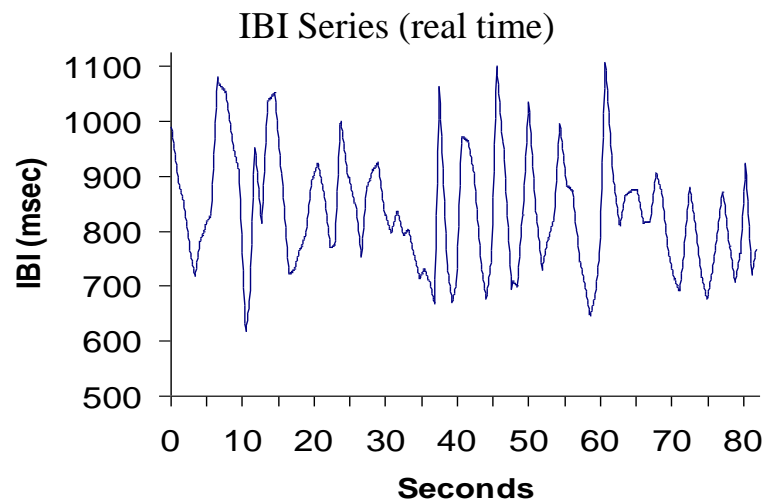
Impedance Cardiography

- Low energy high-frequency AC passed through thoracic region (1-4 mA, 100 KHz)
- Changes in impedance to signal created by mechanical events of cardiac cycle, especially changes in thoracic blood volume
- ΔZ is change in impedance
- Dz/dt is 1st derivative of impedance signal Z
- R-Z is time from r-wave to peak ventricular contraction indicated in Z signal
- The “Heather” index – divide dz/dt by R-Z interval; putative measure of heart’s ability to respond to stress

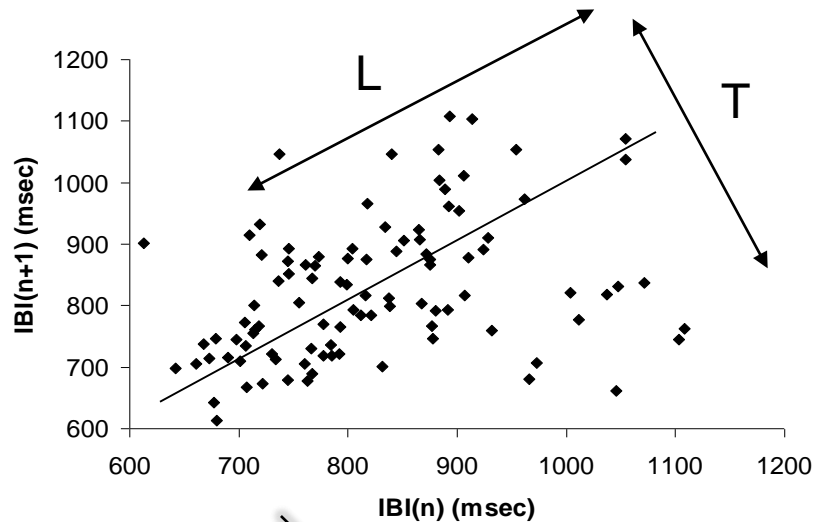


Measuring Vagal Influence

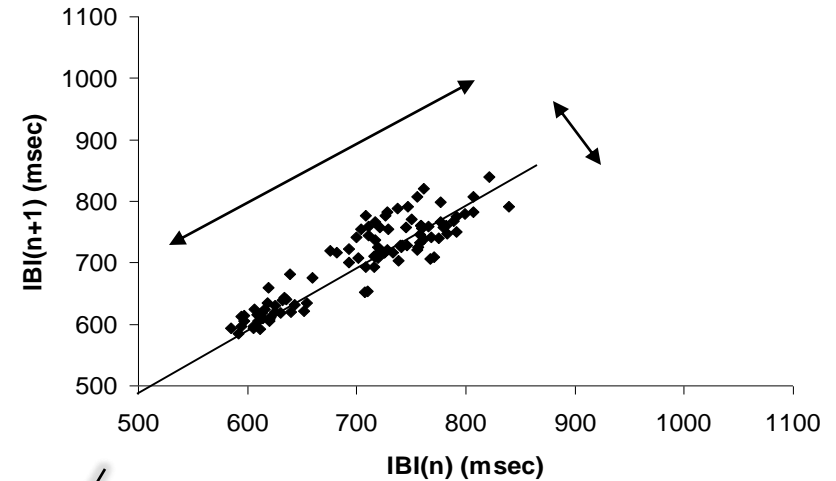
- Descending Vagal Influence slows HR
- Respiration interrupts this vagal influence
- The size of periodic oscillations due to respiration can therefore index the strength of the Vagal influence
 - Note, however, that under some circumstances, there can be dissociation between RSA and presumed central cardiac vagal efferent activity (cf., Grossman & Taylor, 2007)
 - Concerns over changes in rate, and to lesser extent depth
 - See special issue of *Biological Psychology*, 2007 for more in depth treatment of these issues and more!



High Variability Subject



Low Variability Subject



Rate		
73.3	HR	85.7
832.3	IBI	707.7
Total Variability		
9.2	HRV	8.3
112.4	SDNN	66.3
132.8	RMSSD	27.7
"Sympathetic"		
1.4	CSI	4.7
"Parasympathetic"		
57.1	PNN50	10.8
97.6	MSD	22.0
5.3	CVI	4.5
8.8	RSA	5.3

Metrics output by CMetX, with notes concerning computation

Metrics of rate, which are influenced by both parasympathetic (PNS) and sympathetic (SNS) influences

Mean interbeat interval (IBI), calculated as simple average of IBIs

Mean heart rate (HR), calculated as the average of the rate-transformed IBIs, not as the rate-transformation of the average IBI

Metrics summarizing total heart rate variability, which are influenced by both SNS and PNS

Heart rate variability (HRV), operationalized as the natural log of the variance of the IBI time series

Standard deviation of IBI series (SDNN); NN in the acronym SDNN is the abbreviation for "normal-to-normal intervals," which is the artifact-free IBI series

Root mean square of successive differences between IBIs (RMSSD)

Putative sympathetic metric

A cardiac sympathetic index (CSI; Toichi et al. (1997), see Fig. 1)^a

Putative parasympathetic metrics

Mean absolute successive IBI difference (MSD)

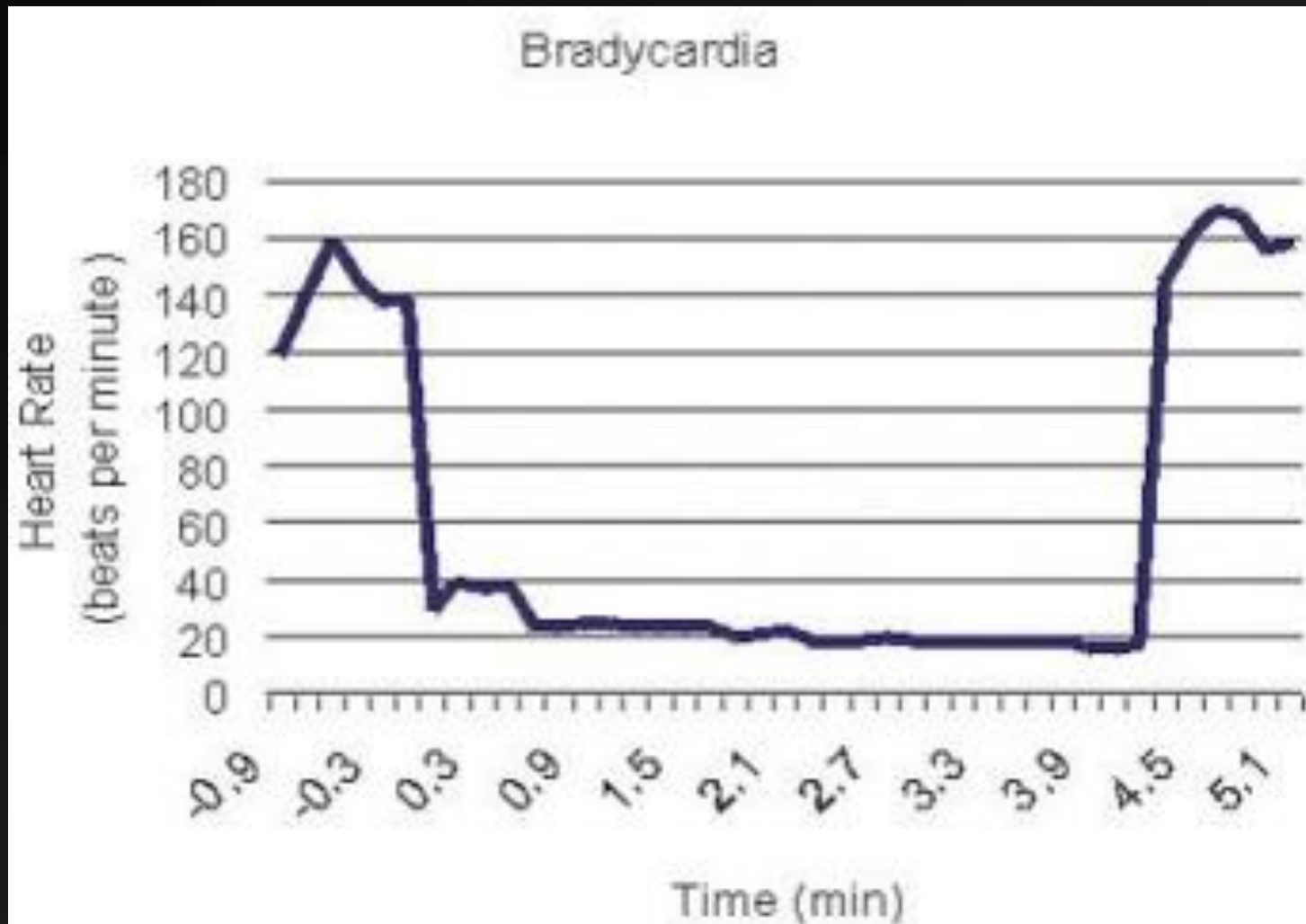
Proportion of consecutive IBI differences >50 ms (pnn50)

Respiratory sinus arrhythmia (RSA), defined as natural log of band-limited (.12–.40 Hz) variance of IBI time series

A cardiac vagal index (CVI; Toichi et al. (1997), see Fig. 1)^a

Cardiac Vagal Control and Modulation

- Two Vagal Efferent Branches which terminate on SA Node (Porges 1995, 2003, 2007)
 - Reptilian “Dumb”: Dorsal Motor Nucleus
 - Massive reduction in HR & conservation of oxygen.
 - Dive reflex -- cold water on the face during breath hold
 - Phylogenetically newer “smart” Vagus
 - Originates from Nucleus Ambiguus
 - Modulates influence to:
 - Promote attentional engagement, emotional expression, and communication.
 - Mobilizes organism to respond to environmental demands
 - Phasicly withdraws inhibitory influence, increasing HR
 - Upon removal of the environmental stressor, resumes its efferent signal
 - Slowing heart rate
 - Allows the organism to self-soothe
- This polyvagal theory is not without its critics (e.g., Grossman & Taylor, 2007).



Bradycardia observed in a diving seal. **Data adapted from R.S. Elsner (1998), courtesy of <http://www.deeperblue.net/article.php/225>**

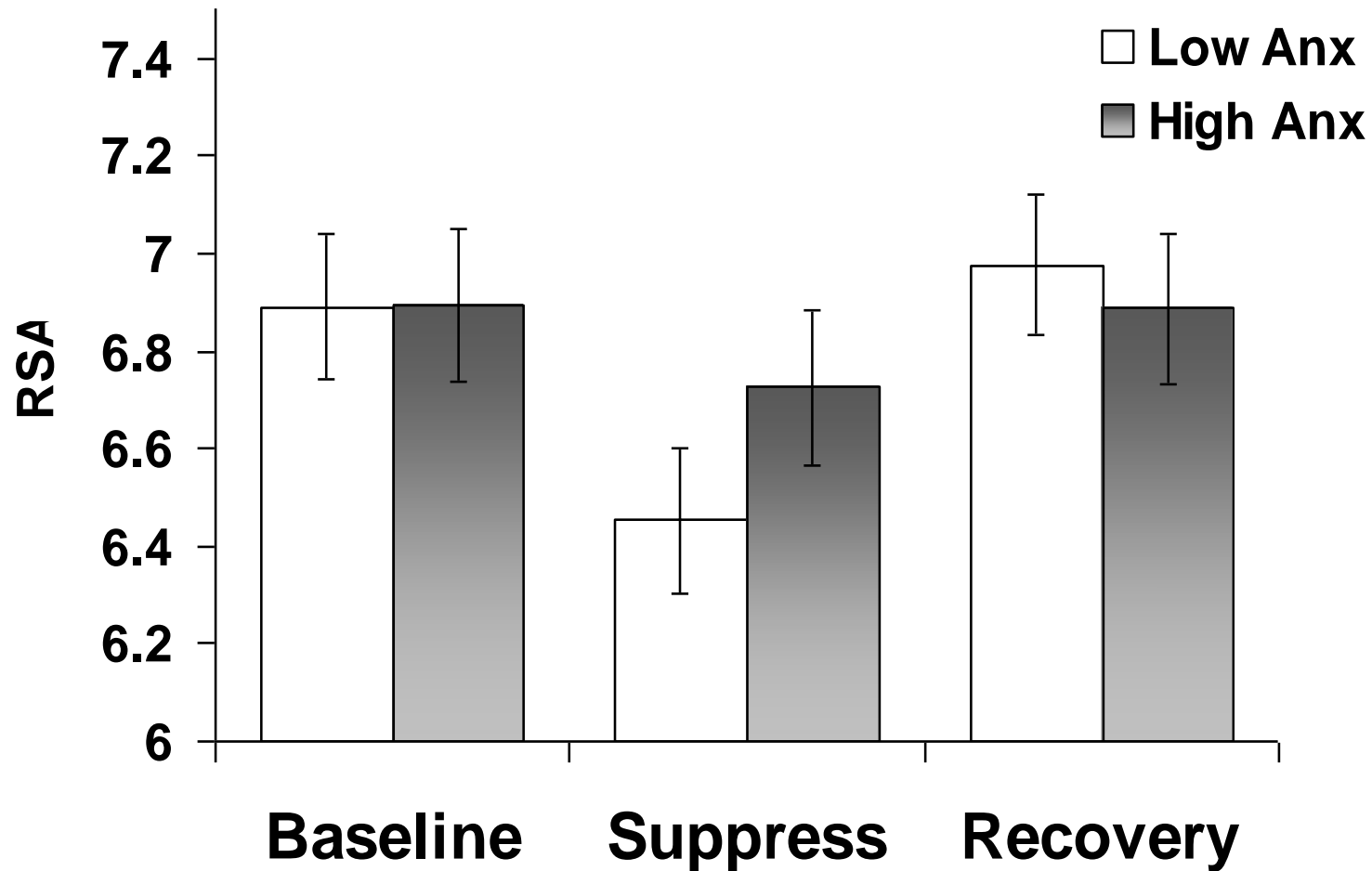
	ANS Component	Behavioral Function	Lower motor neurons
	Myelinated vagus <i>(ventral vagal complex)</i>	Social communication, self-soothing and calming, inhibit "arousal"	Nucleus ambiguus
	Sympathetic-adrenal system	Mobilization (active avoidance)	Spinal cord
	Unmyelinated vagus <i>(dorsal vagal complex)</i>	Immobilization (death feigning, passive avoidance)	Dorsal motor nucleus of the vagus

Fig. 1. Phylogenetic stages of the polyvagal theory.

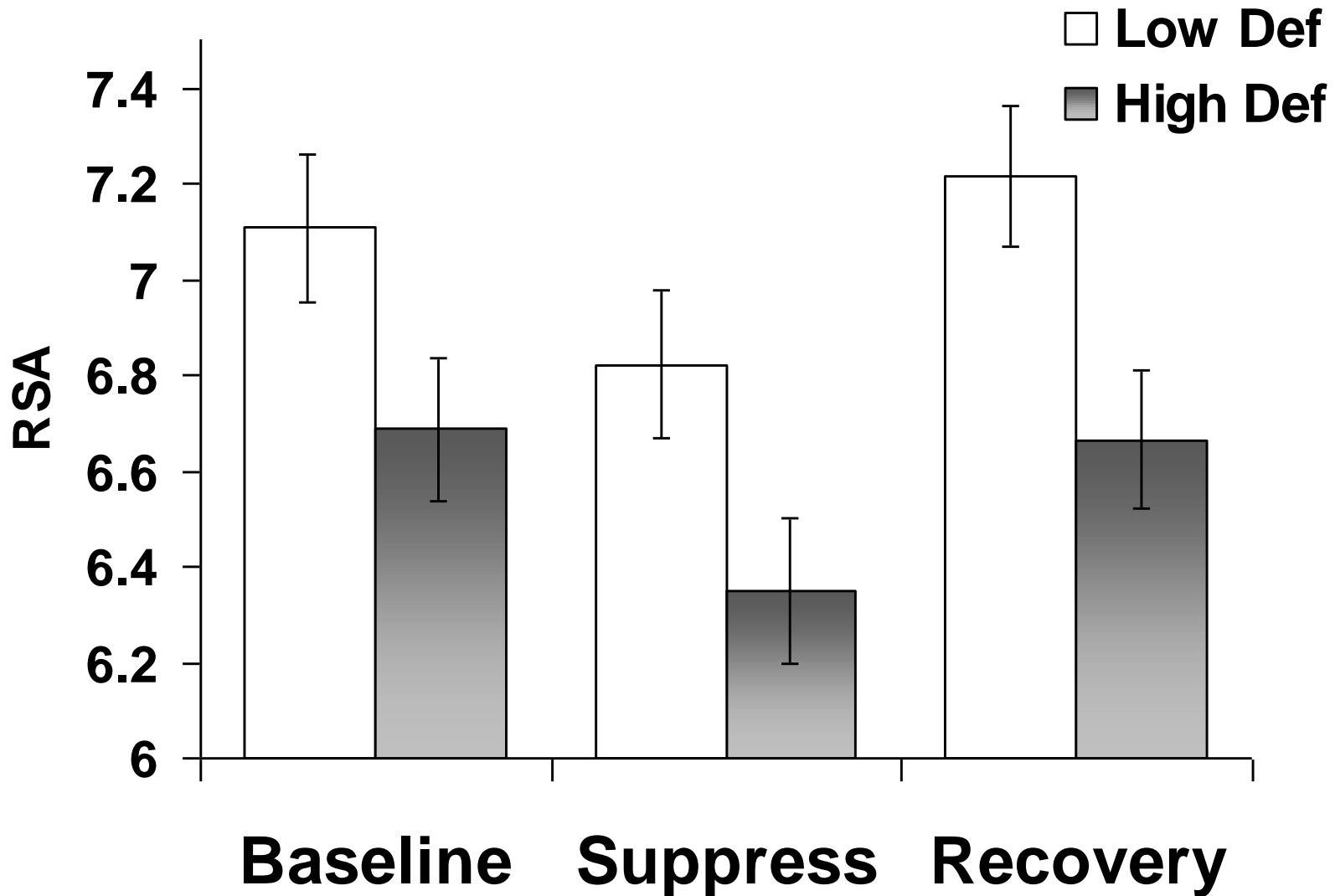
Tonic Vs Phasic

- Tonic Level indexes capacity
- Phasic change indexes actualization of that capacity
- Attention
 - higher vagal “tone” was associated with faster reaction time to a task requiring sustained attention
 - Hyperactive kids treated with Ritalin (Porges, Walter, Korb, & Sprague, 1975).
 - attentional skills improved
 - appropriate task-related suppression of heart rate variability was observed while performing the task requiring sustained attention
- Emotion
 - Beauchaine (2001):
 - low baseline vagal “tone” is related to negative emotional traits
 - high vagal withdrawal is related to negative emotional states

Task-related and Emotion-related modulation



Vagal Control and Defensive Coping



Individual Differences in Cardiac Vagal Control (aka “Trait Vagal Tone”)

➤ Infants

- Various sick infants have lower vagal tone (Respiratory Distress Syndrome, Hydrocephalic)
- Infants with higher vagal tone (Porges, various years)
 - More emotionally reactive (both + & -)
 - More responsive to environmental stimuli (behaviorally and physiologically)

➤ Anxiety Disorders

- Lower Vagal Tone in GAD ([Thayer et al., 1996](#))
- Lower Vagal Tone in Panic Disorder ([Friedman & Thayer, 1998](#))

➤ Depression

- Depression characterized by lower Vagal tone?
- State dependent? ([Chambers & Allen, 2002](#))

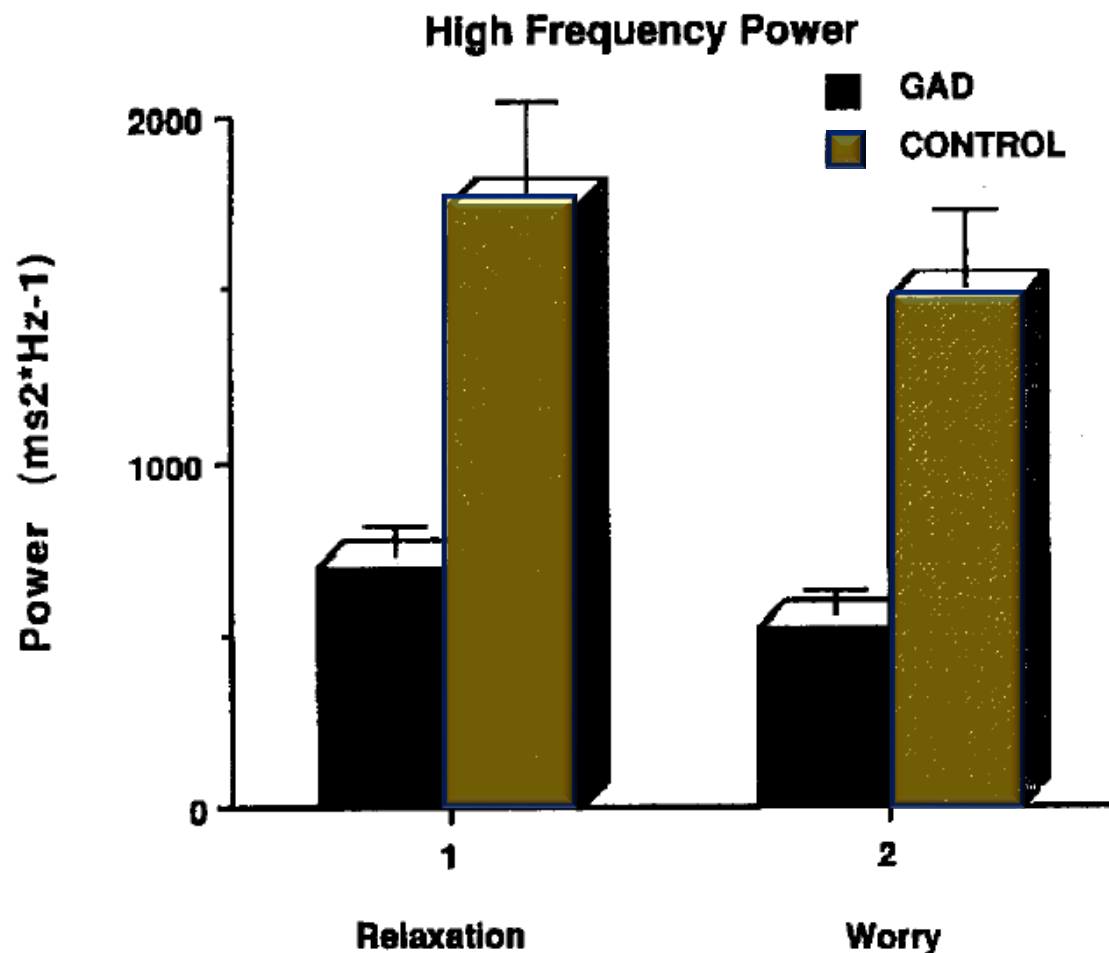
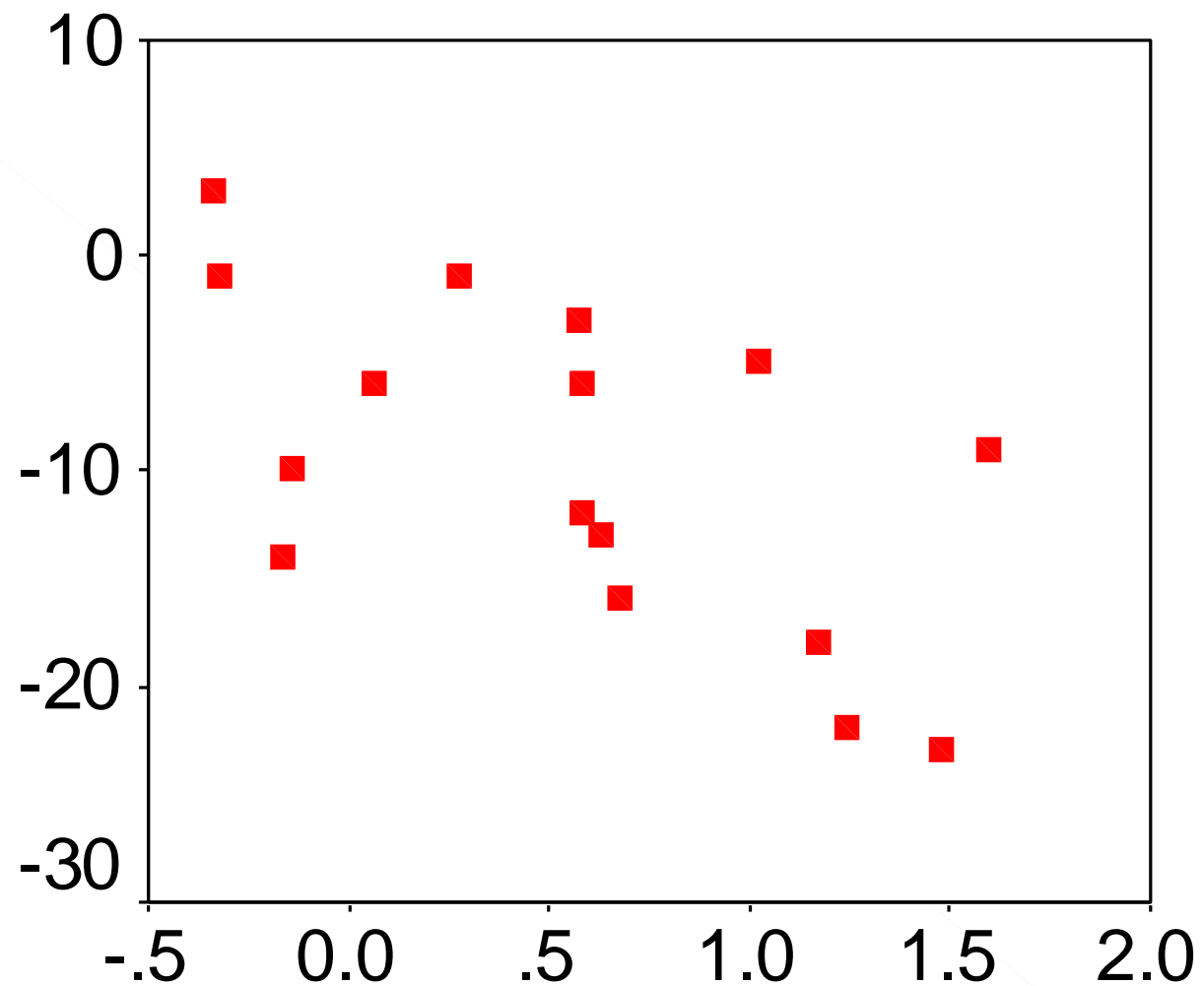


Figure 1. Power in the high frequency (respiratory) component of heart period variability in GAD patients and controls during relaxation and worry.

Table 1
Significant contrasts among panickers, blood phobics, and controls

Variable	Panic (mean, S.D.)	Blood phobic (mean, S.D.)	Control (mean, S.D.)	<i>T</i> ratio, df, <i>p</i> value
IBI (ms)	761.8 (141.0)	837.1 (92.4)	905.2 (132.5)	P < B 4.59 (215) <i>p</i> < 0.001 P < C 7.65 (214) <i>p</i> < 0.001 B < C 4.30 (207) <i>p</i> < 0.001
VAR (ms ²)	3942 (4009)	4334 (2663)	6112 (4563)	P < C 3.70 (214) <i>p</i> < 0.001 B < C 3.44 (207) <i>p</i> < 0.001 P = B N.S.
MSD (ms)	44.4 (31.2)	55.6 (22.7)	71.4 (32.1)	P < B 3.05 (215) <i>p</i> < 0.001 P < C 6.34 (214) <i>p</i> < 0.001 B < C 4.11 (207) <i>p</i> < 0.001
HF power (ms ² Hz ⁻¹)	991 (1225)	1385 (1073)	2239 (1911)	P < B 2.49 (212) <i>p</i> < 0.01 P < C 5.67 (212) <i>p</i> < 0.001 B < C 3.90 (203) <i>p</i> < 0.001
LF/HF	2.1(2.5)	1.3 (1.8)	1.0 (1.5)	P < B 2.41 (209) <i>p</i> < 0.005 P < C 3.64 (203) <i>p</i> < 0.001 B = C N.S.

P, panic; B, blood phobic; C, control.



Change in Vagal Tone

Can Vagal Control predict development of anxiety following stressors?

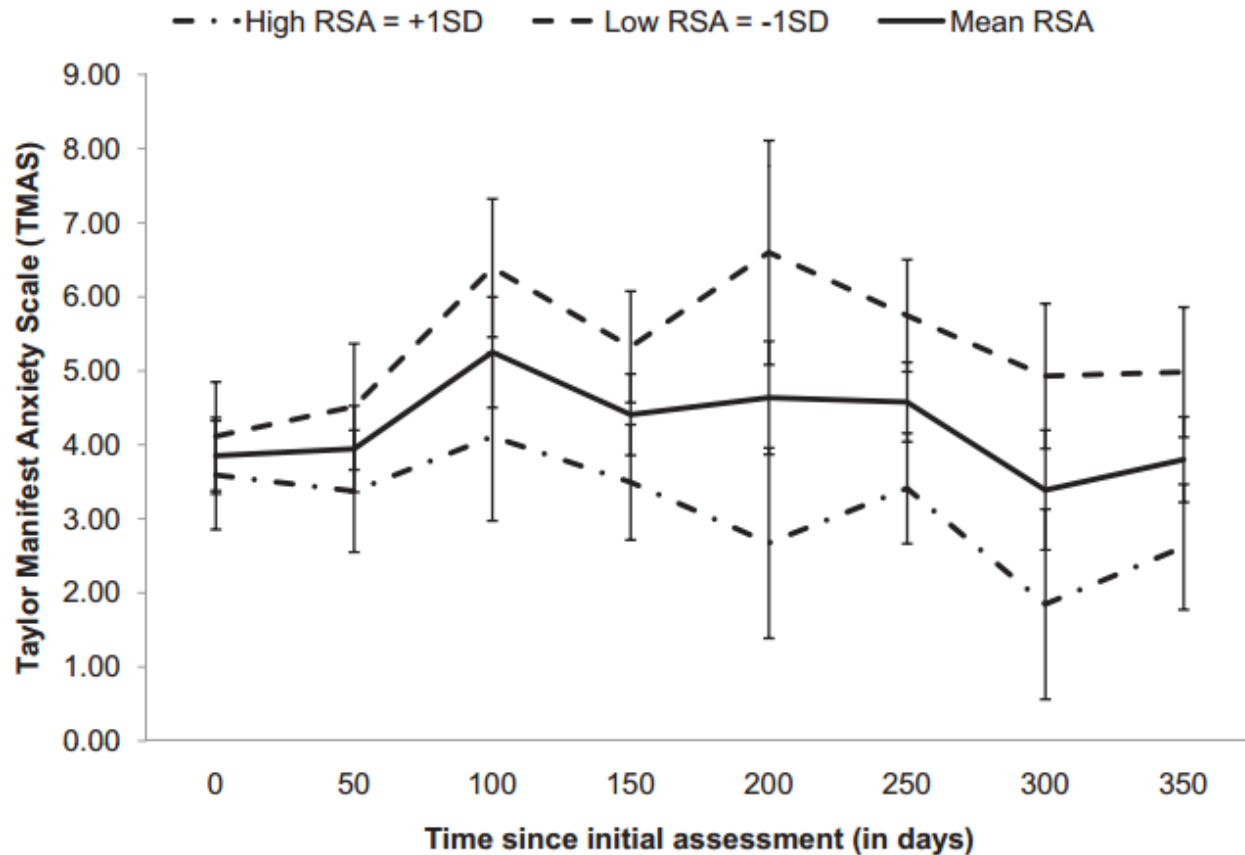
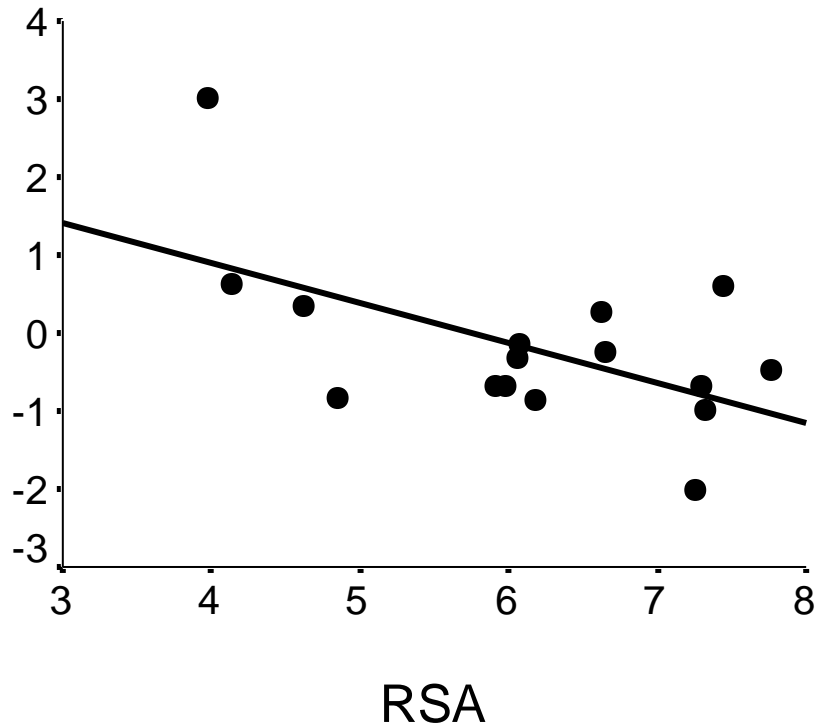


Fig. 1. Effect of the interaction between RSA adjusted for age and Time since initial assessment on TMAS over a 1-year period. Although RSA is a continuous variable, for illustrative purposes, its effect on TMAS is plotted at ± 1 SD from the mean. Error bars represent standard errors. RSA: respiratory sinus arrhythmia; SD: standard deviation; TMAS: Taylor Manifest Anxiety Scale.

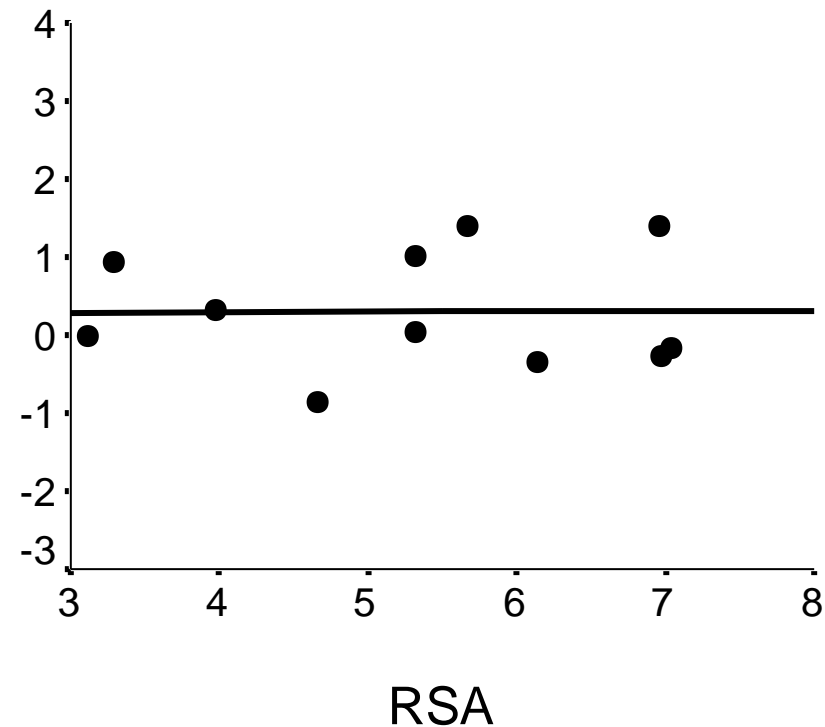
Trait Vagal Tone as Moderator of Response following Bereavement

- Bereavement as a period of cardiovascular risk
- Disclosure as an intervention for Bereavement (O'Connor, Allen, Kaszniak, 2005)
- Overall, all folks get better, but no differential impact of intervention
- BUT... Vagal Tone as moderator

Intervention Group



Control Group



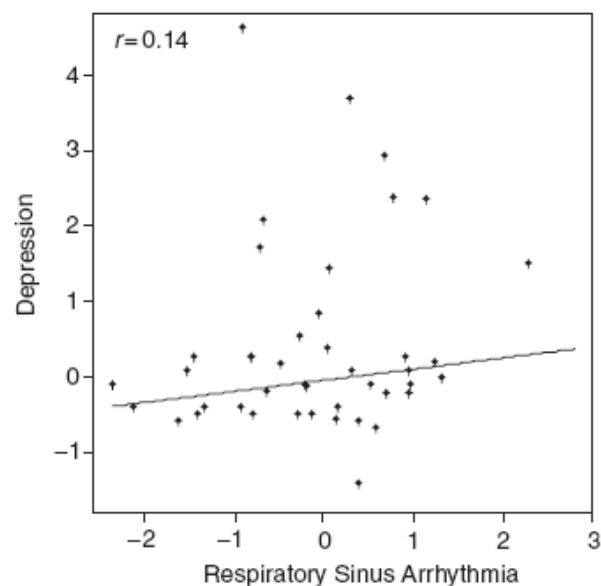
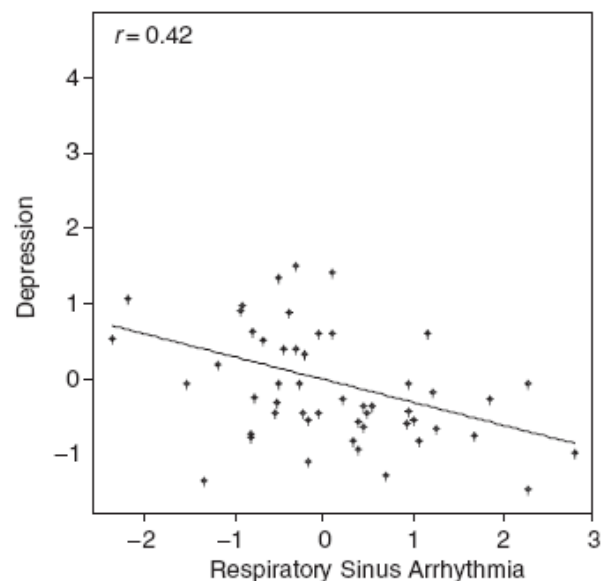


Figure 1. Scatterplot, prediction line, and prediction equation for the relationship between respiratory sinus arrhythmia (log of the variance of the band-limited [12–40 Hz] IBI series) and depression score (residualized on baseline depression score), for the disclosure group (top panel) and the control group (bottom panel). Negative depression score represents improvement from baseline to follow-up.

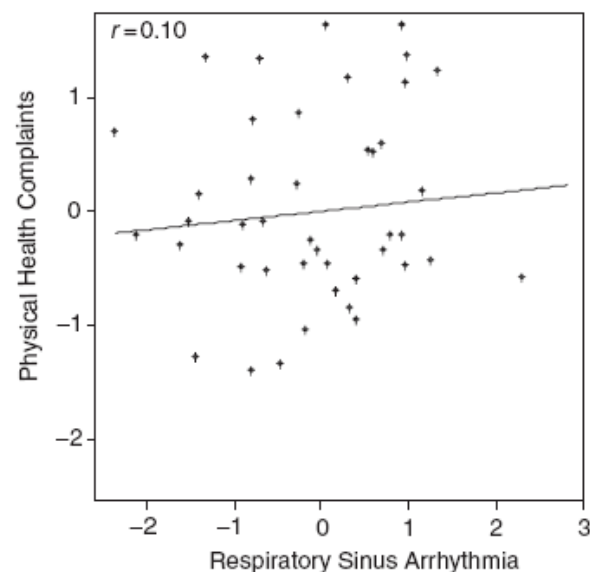
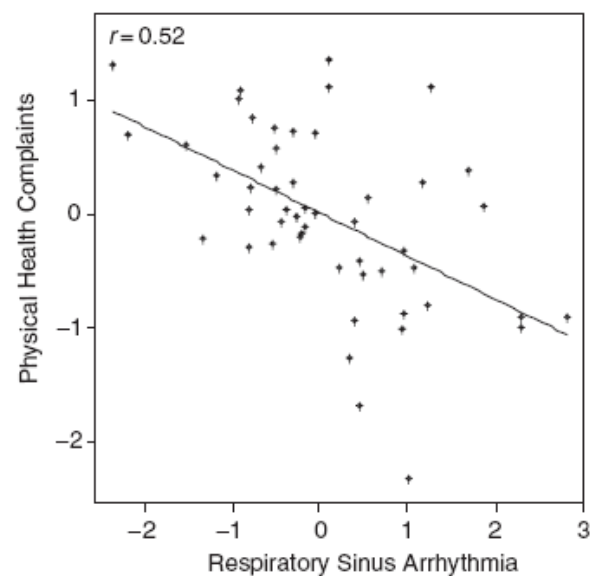
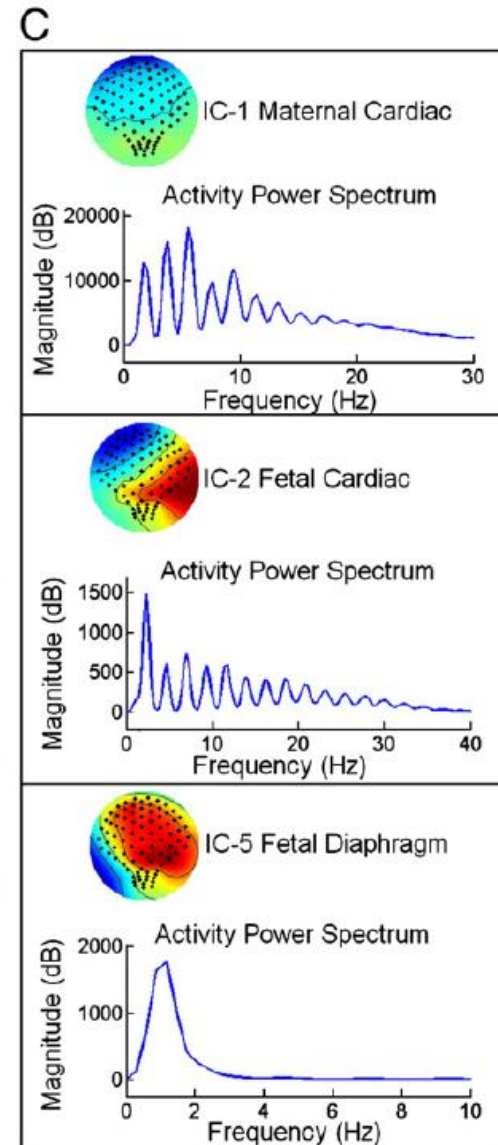
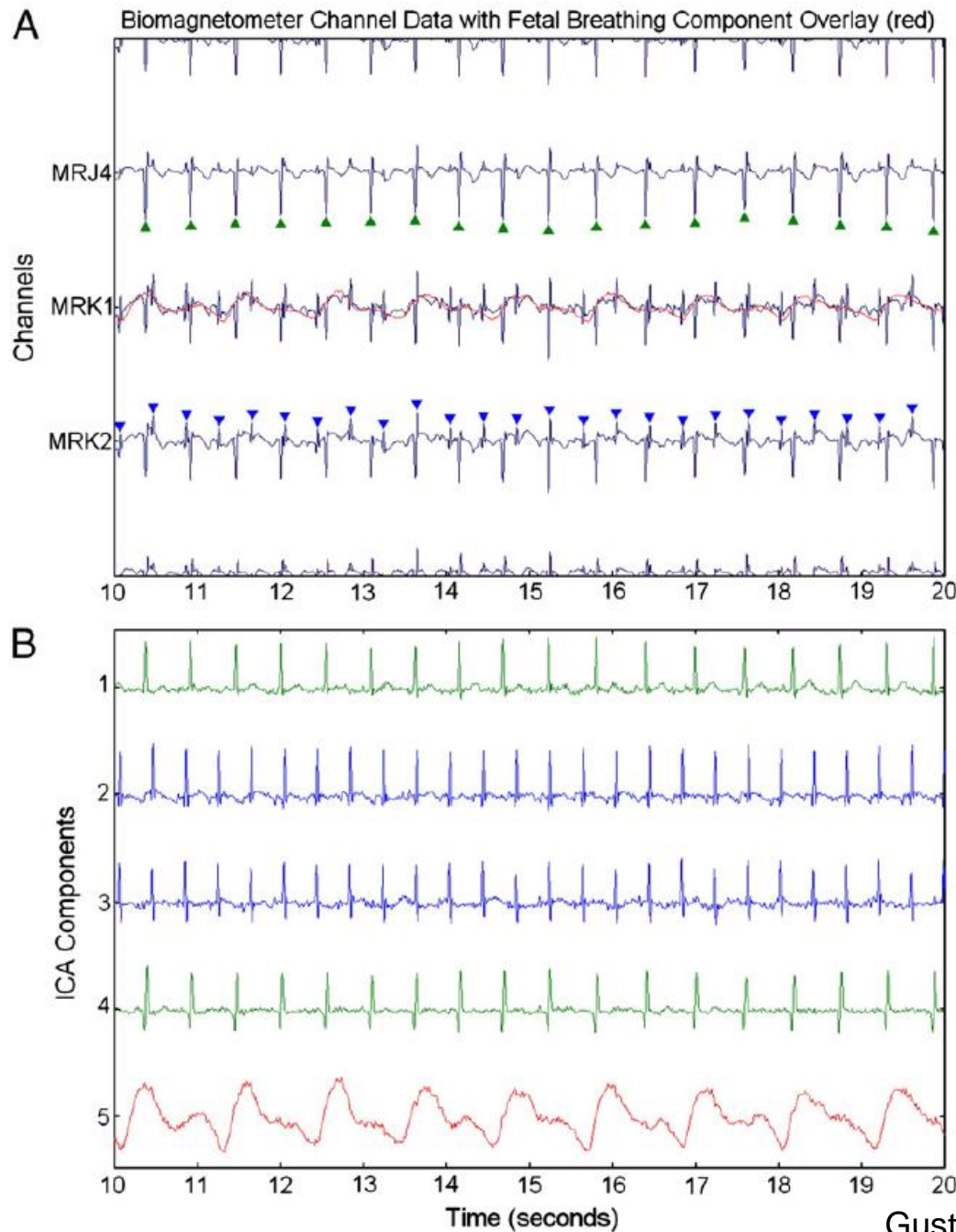


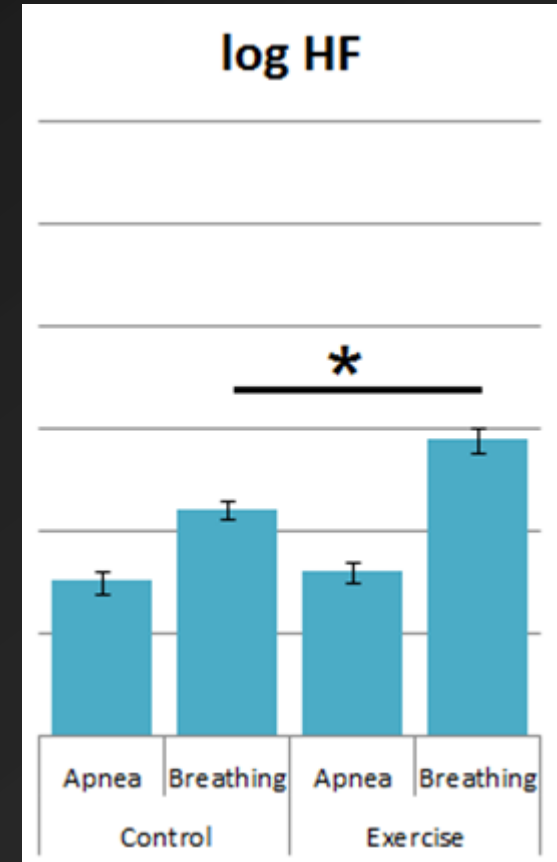
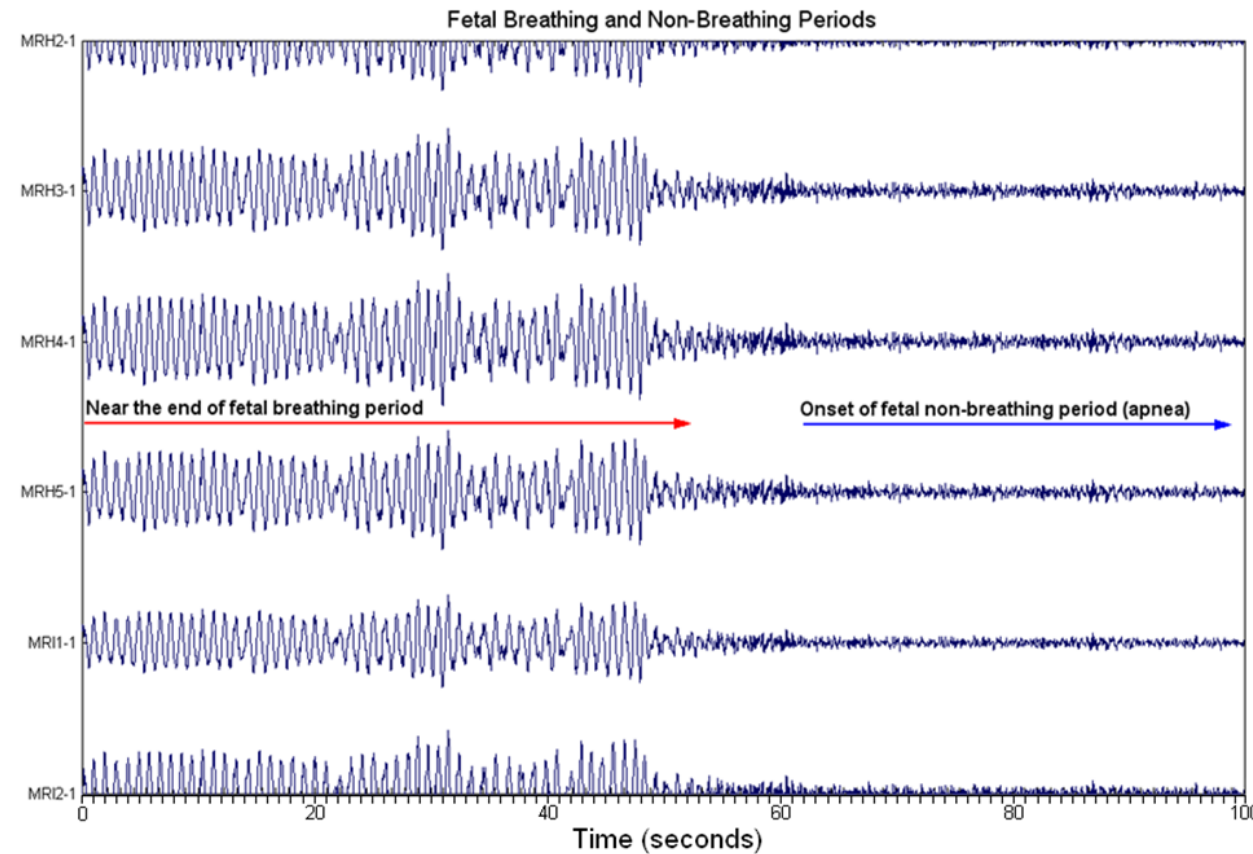
Figure 2. Scatterplot, prediction line, and prediction equation for the relationship between respiratory sinus arrhythmia (log of the variance of the band-limited [12–40 Hz] IBI series) and physical health complaint score (residualized on baseline physical health complaints score) for the disclosure group (top panel) and the control group (bottom panel). Negative physical health complaint score represents improvement from baseline to follow-up.

Fetal Vagal Control?

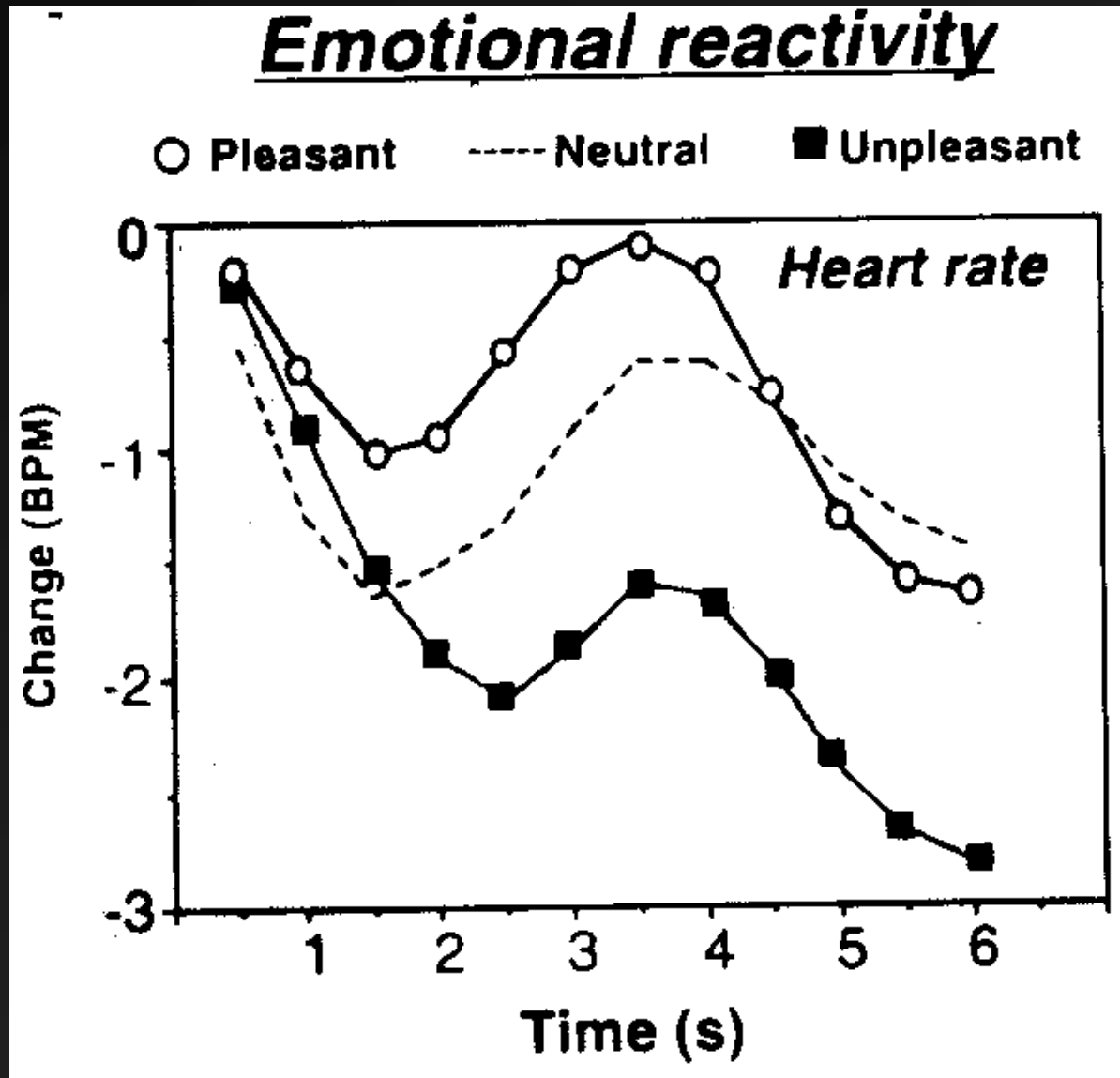


Do Maternal Behaviors Affect Fetal Cardiac Vagal Control?

Fig. 1.

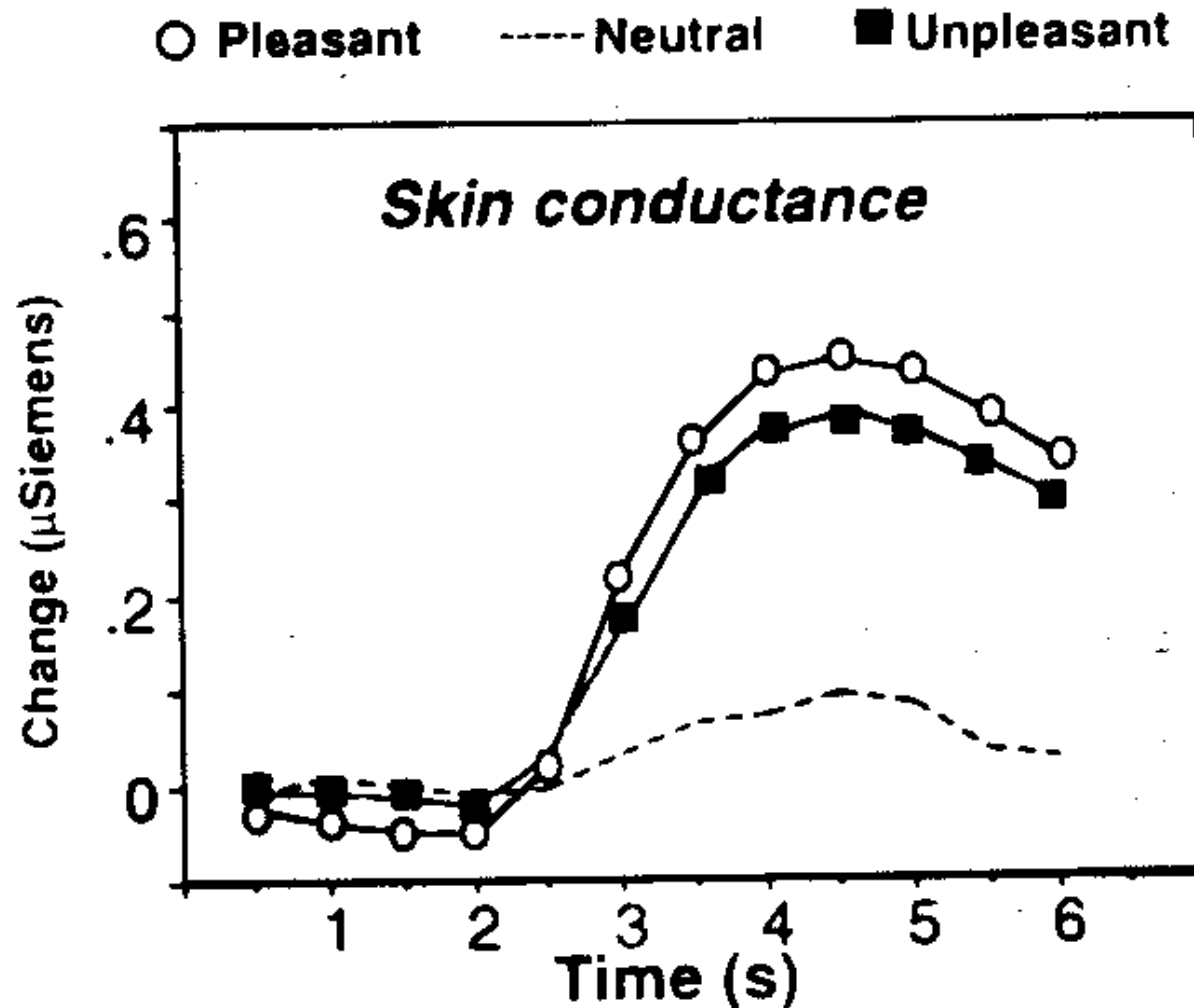


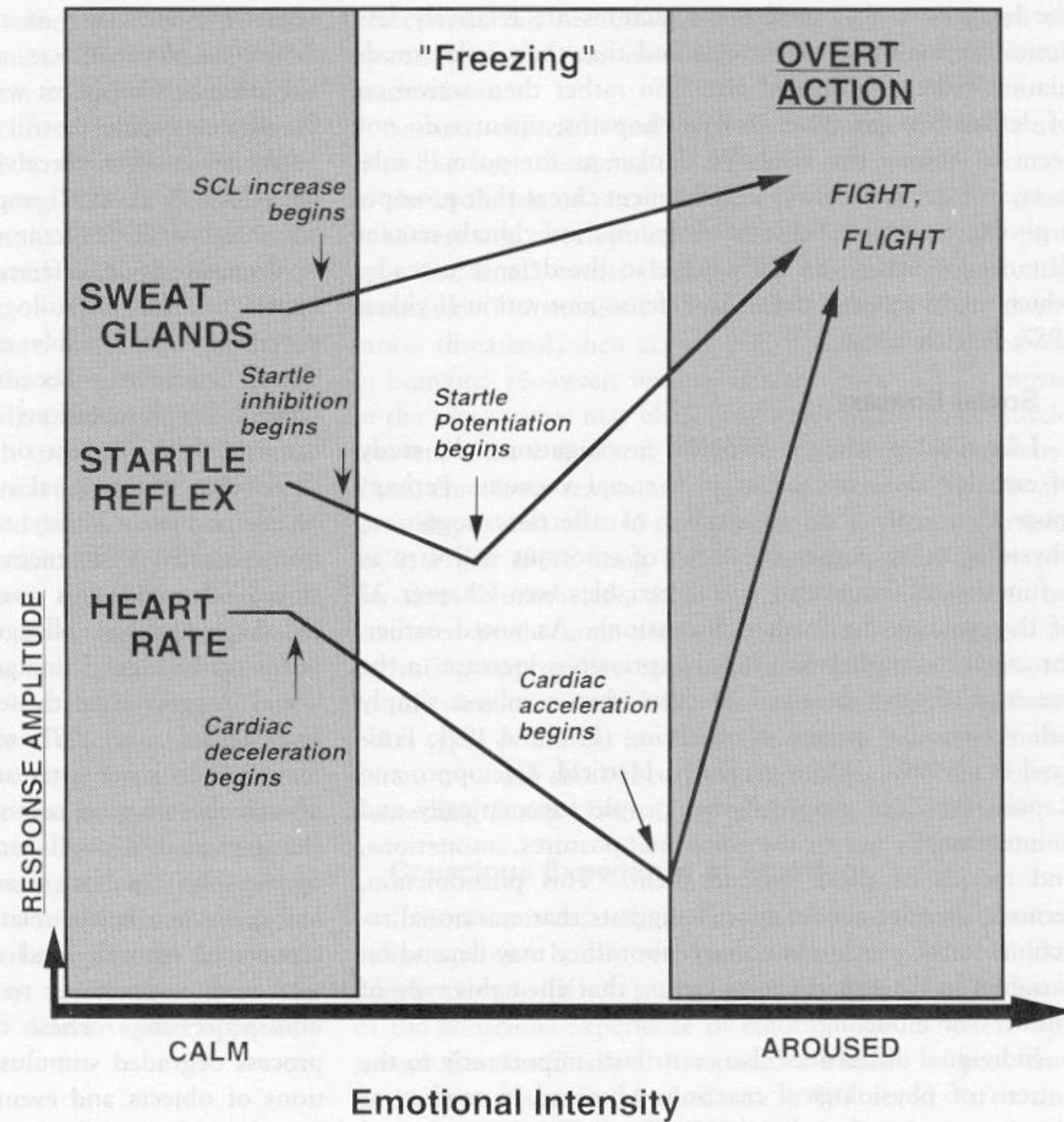
Orienting, Attention, and Defense



SCR (by contrast)

Emotional reactivity





OR V_s DR

Electromyography

Why Record EMG?

- Facial Musculature rich; emotional expressions; a “leaky channel of expression”
- Startle blink as a probe for affective valence
- Muscle tension in disorders and stress
- Record “pre-behavioral” motor output
 - Facial Expressions
 - Human Performance (e.g incorrect channel EMG in forced-choice RT task)

The Expressive Face

➤ Clip 1

➤ Clip 2

Striated Muscle

- Large number of muscle fibers arranged in parallel
- “Striated” reflects that these fibers actually comprise smaller fibrils
 - Fibrils have repeating cross striations (Z-lines)
 - Fibrils plus tissue between = Sarcomeres

Striated Muscle

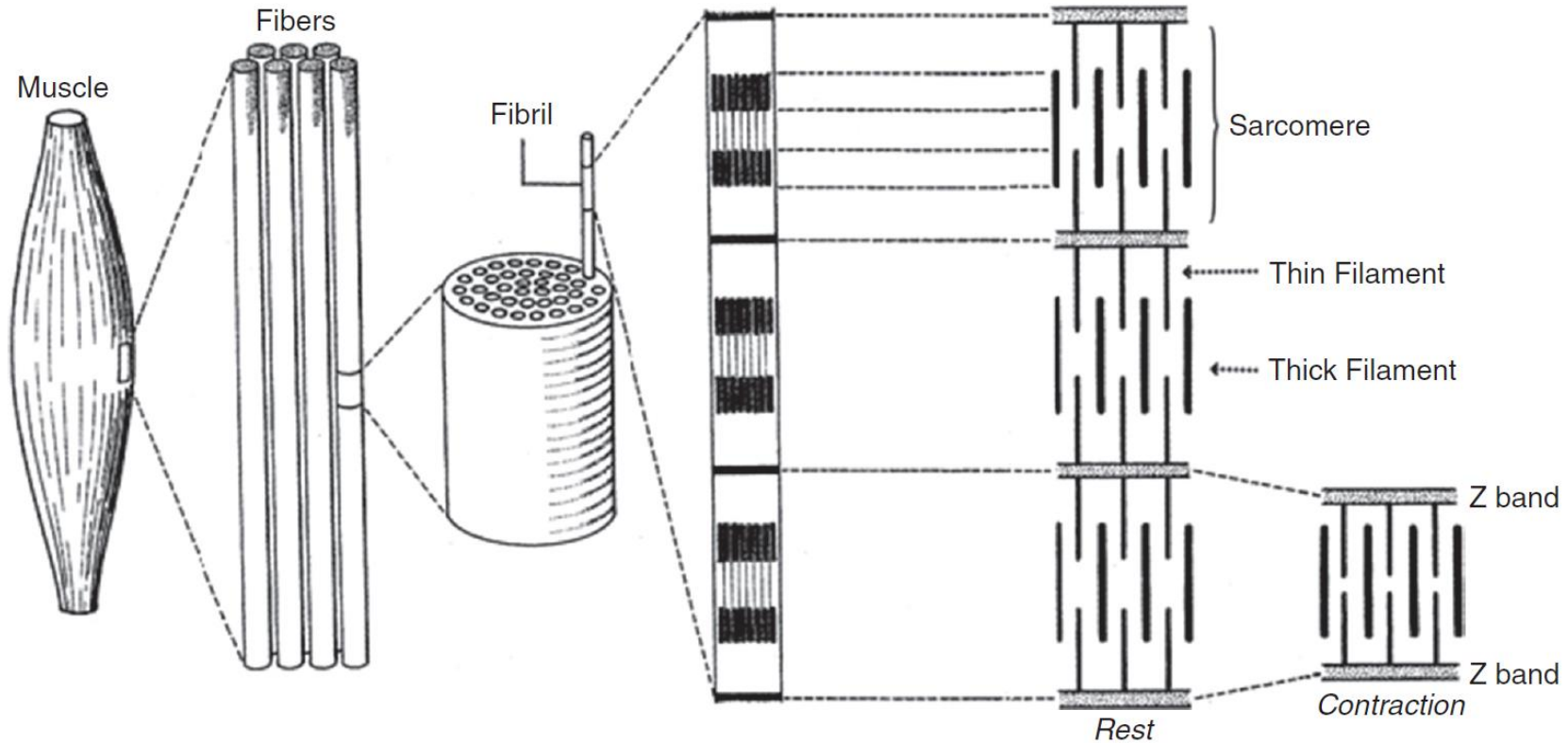


Figure 8.2 Diagram of the structure of the muscle with increasing magnification going from left to right. The bottom corner of the figure illustrates the microgeometric changes that occur with contraction (modified from Figure 10.7 of Schmidt-Nielsen, 1997).

Striated Muscle

➤ During contraction:

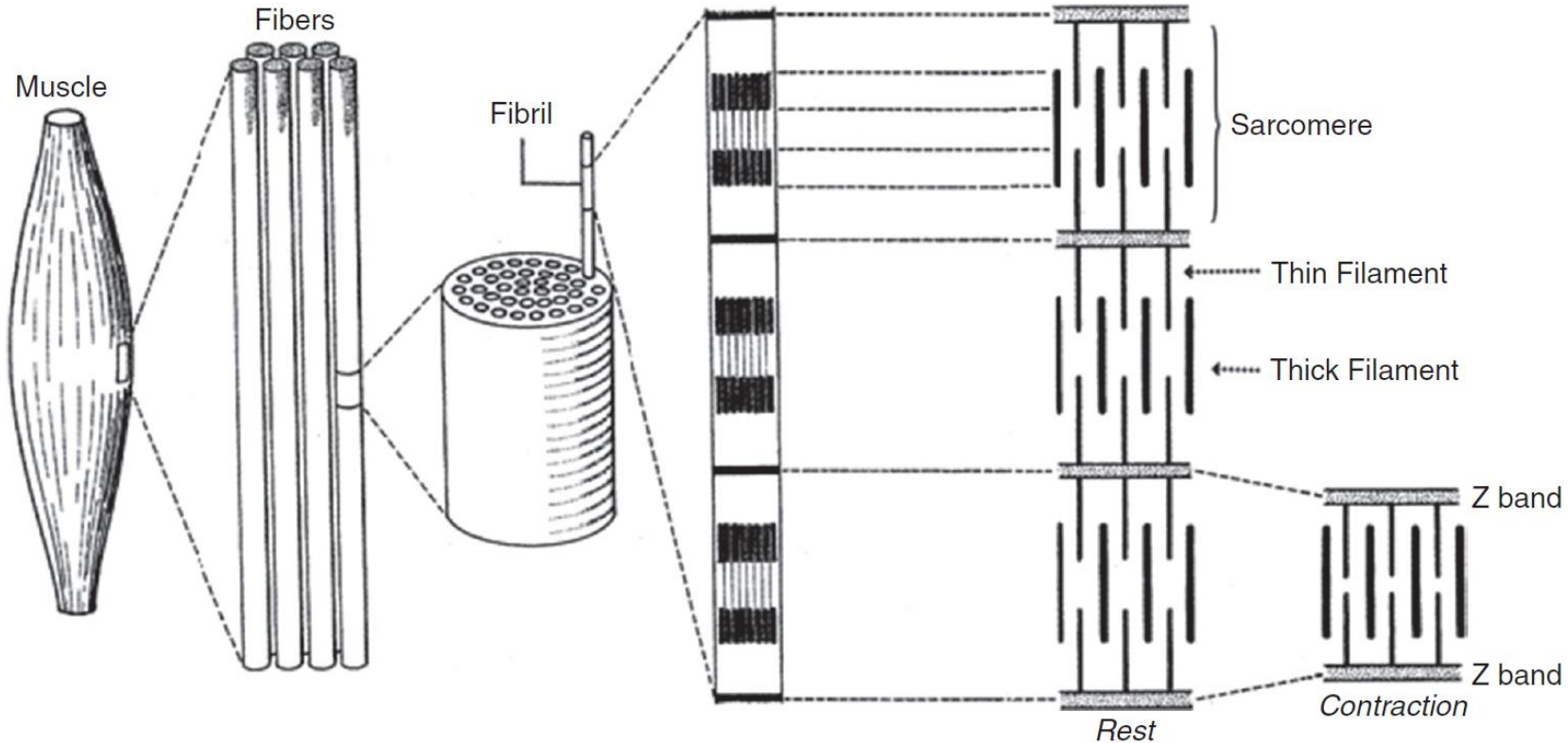


Figure 8.2 Diagram of the structure of the muscle with increasing magnification going from left to right. The bottom corner of the figure illustrates the microgeometric changes that occur with contraction (modified from Figure 10.7 of Schmidt-Nielsen, 1997).

Innervation

- Muscle needs stimulation to contract
- The motor nerve
 - Contains many motoneurons
 - Each motoneuron branches into several axon fibrils
- At end of each axon fibril is a junction with the muscle fiber
 - Known as the motor endplate

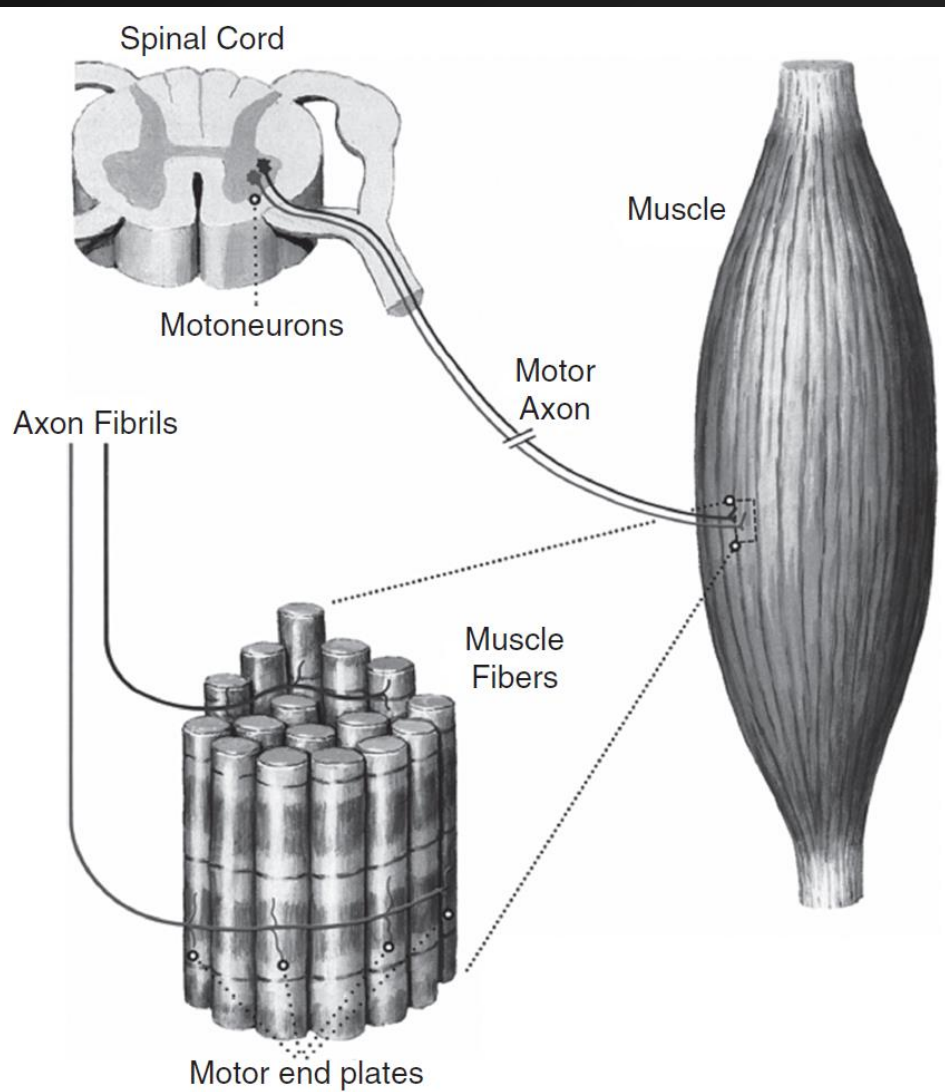


Figure 8.3 Diagram of two motor units (modified from slide 3705 of Netter, 1991).

Innervation

- Each motoneuron innervates several to many muscles (innervation ratios 10:1 to 2000:1), but each muscle innervated by only one motoneuron
 - Therefore, muscle fibers fire simultaneously or in concert with one another
 - Stronger contractions due to either more motoneurons firing, or increases in rate of already firing motoneurons

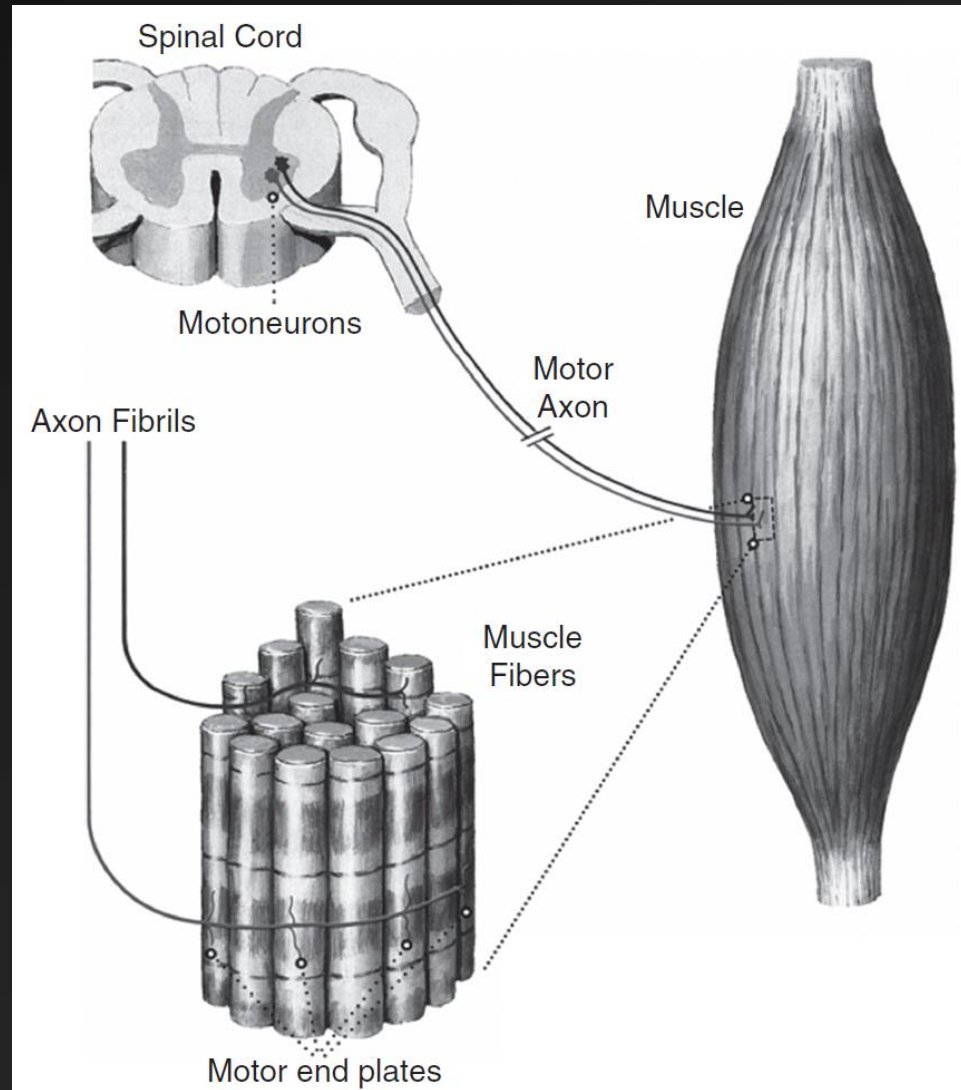
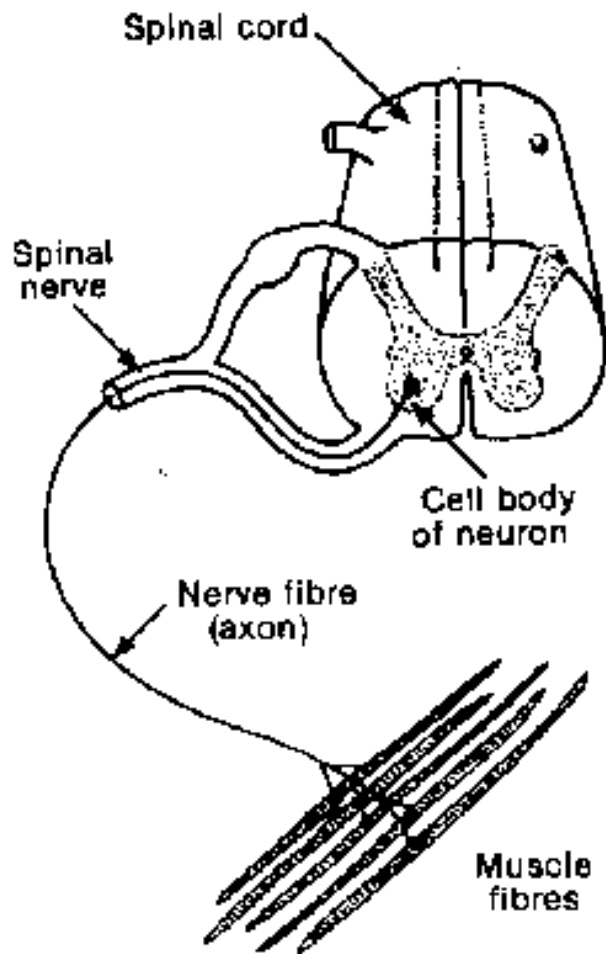
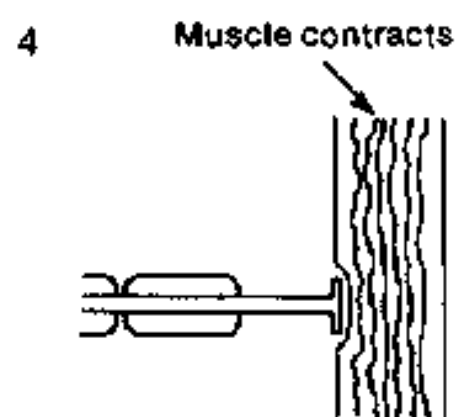
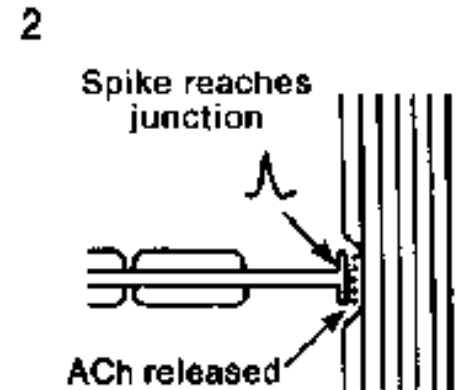
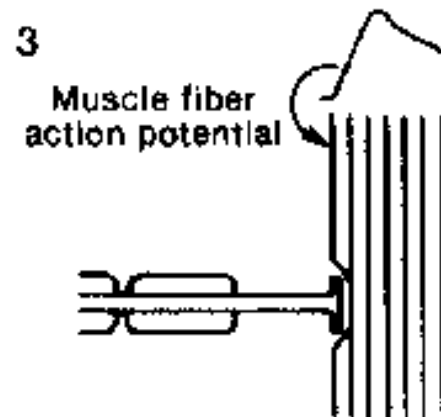
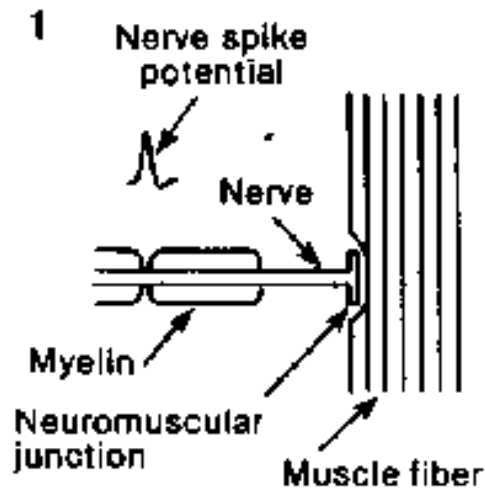


Figure 8.3 Diagram of two motor units (modified from slide 3705 of Netter, 1991).

Cartoon of how it works



(a)



(b)

Before



After



BOTOX[®] —Cosmetic



Before



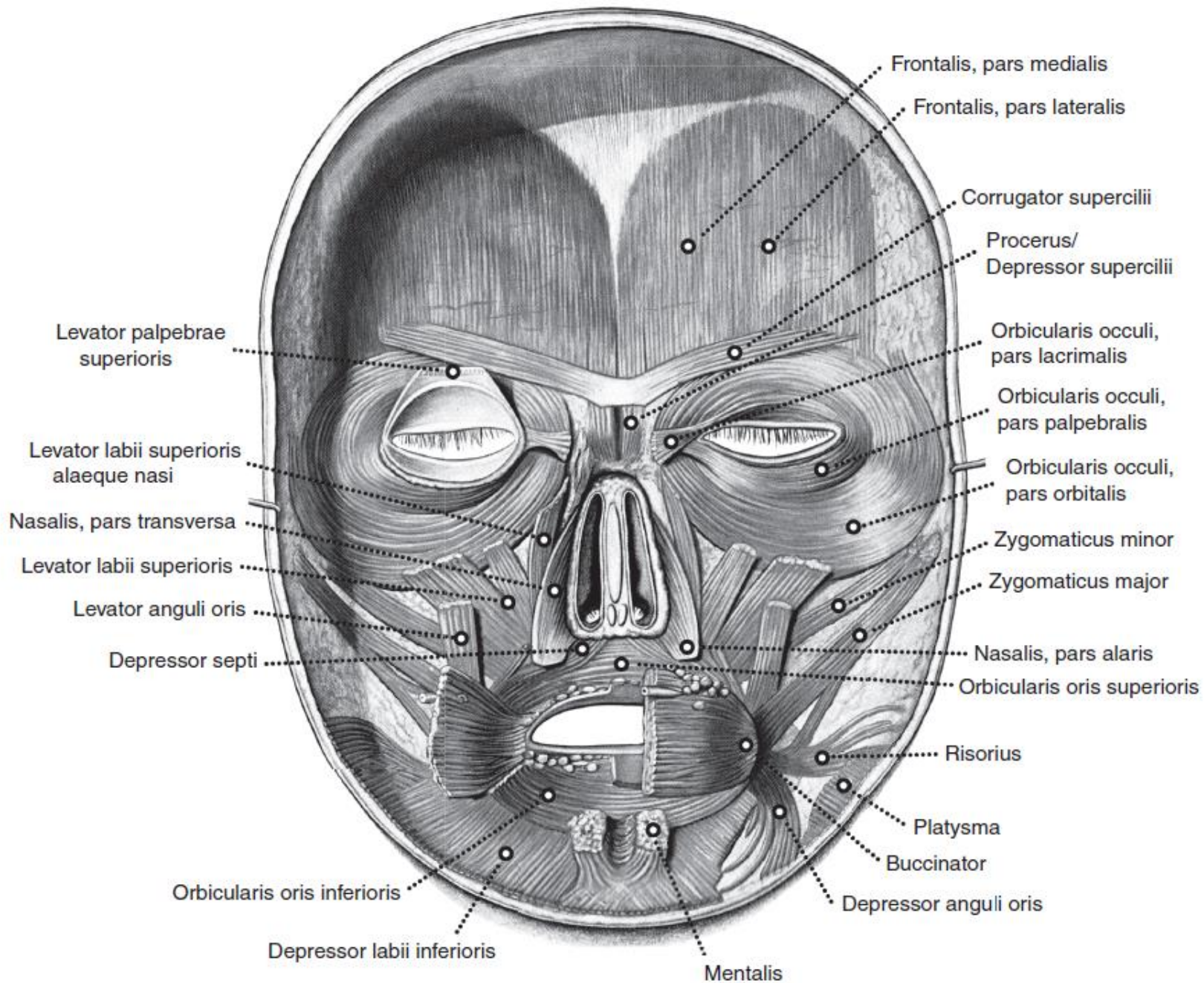
After



What is EMG signal?

- Reflects electrical field generated by Muscle Action Potentials (MAPs)
- Small portion conveyed to surface via extracellular fluids to skin
- Can also record invasively with subcutaneous needle electrodes

The Facial Muscles

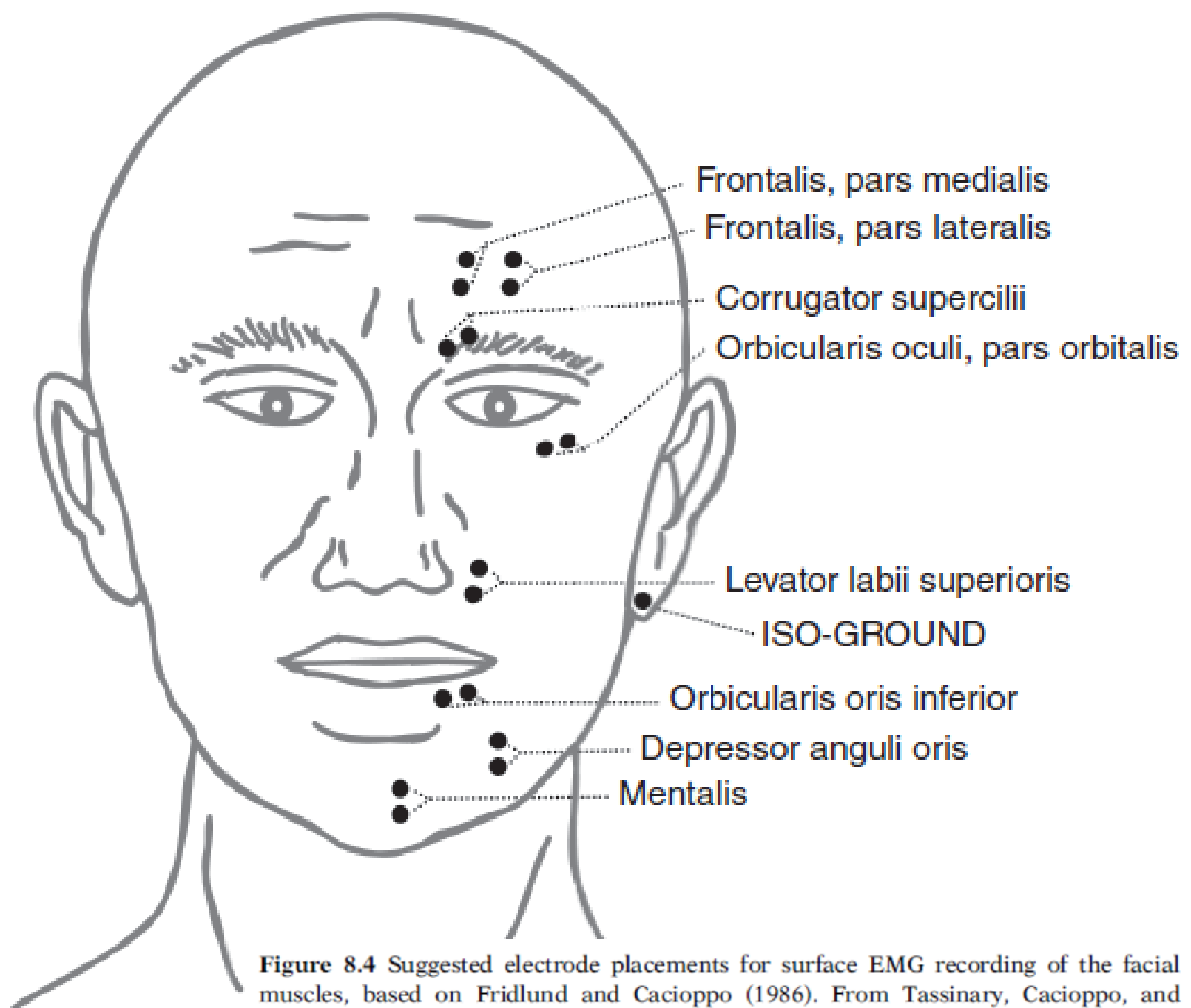




From the educational website of
S. Sean Younai, MD,
Board Certified Plastic, Cosmetic,
and Reconstructive Surgeon

The primary muscles of facial expression
treated with BOTOX:

- (A) Frontalis
- (B) Corrugator and Depressor
supercilli complex
- (C) Orbicularis oculi
- (D) Procerus
- (E) Platysma
- (F) Nasalis
- (G) Orbicularis oris
- (H) Depressor anguli oris



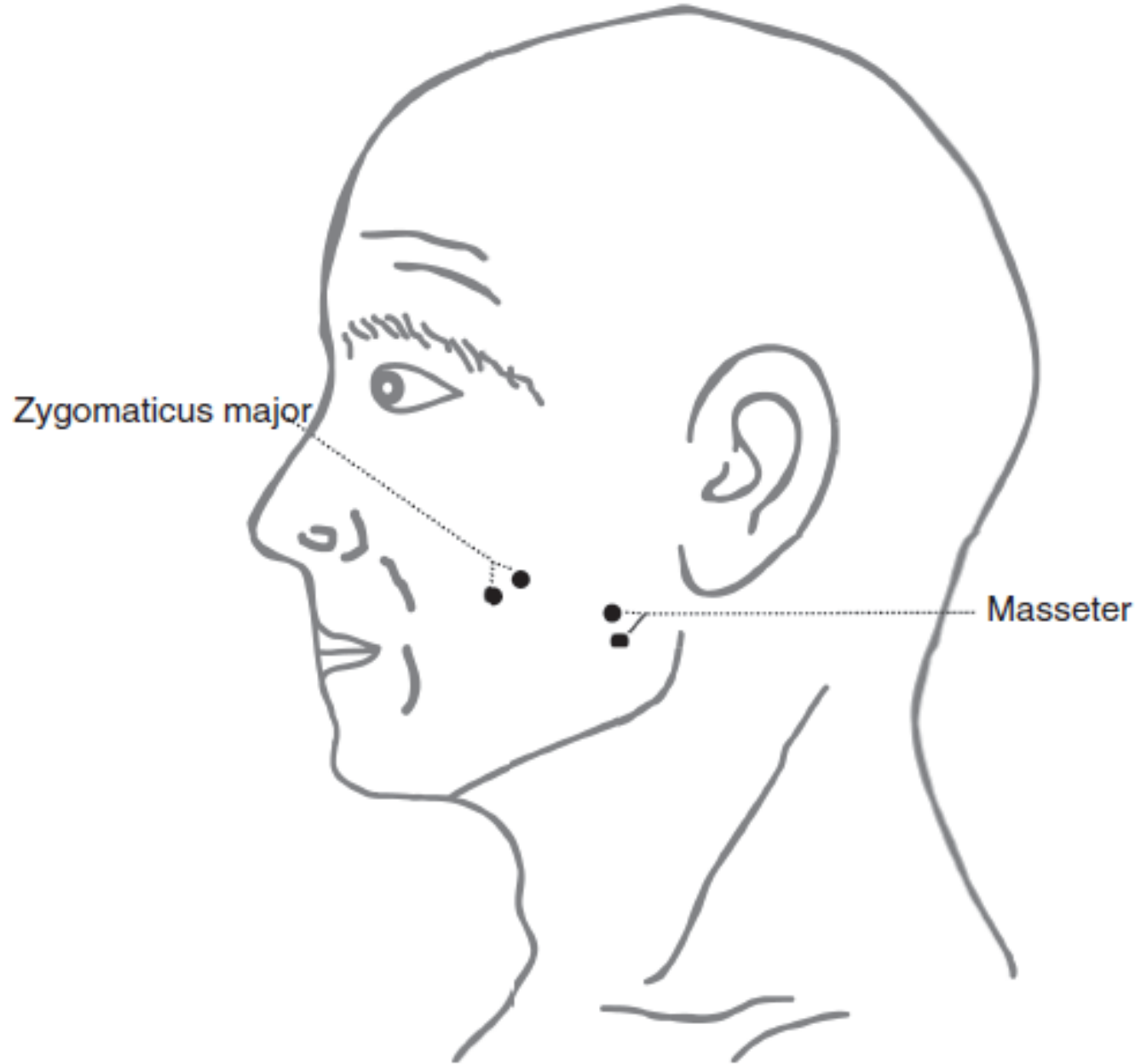
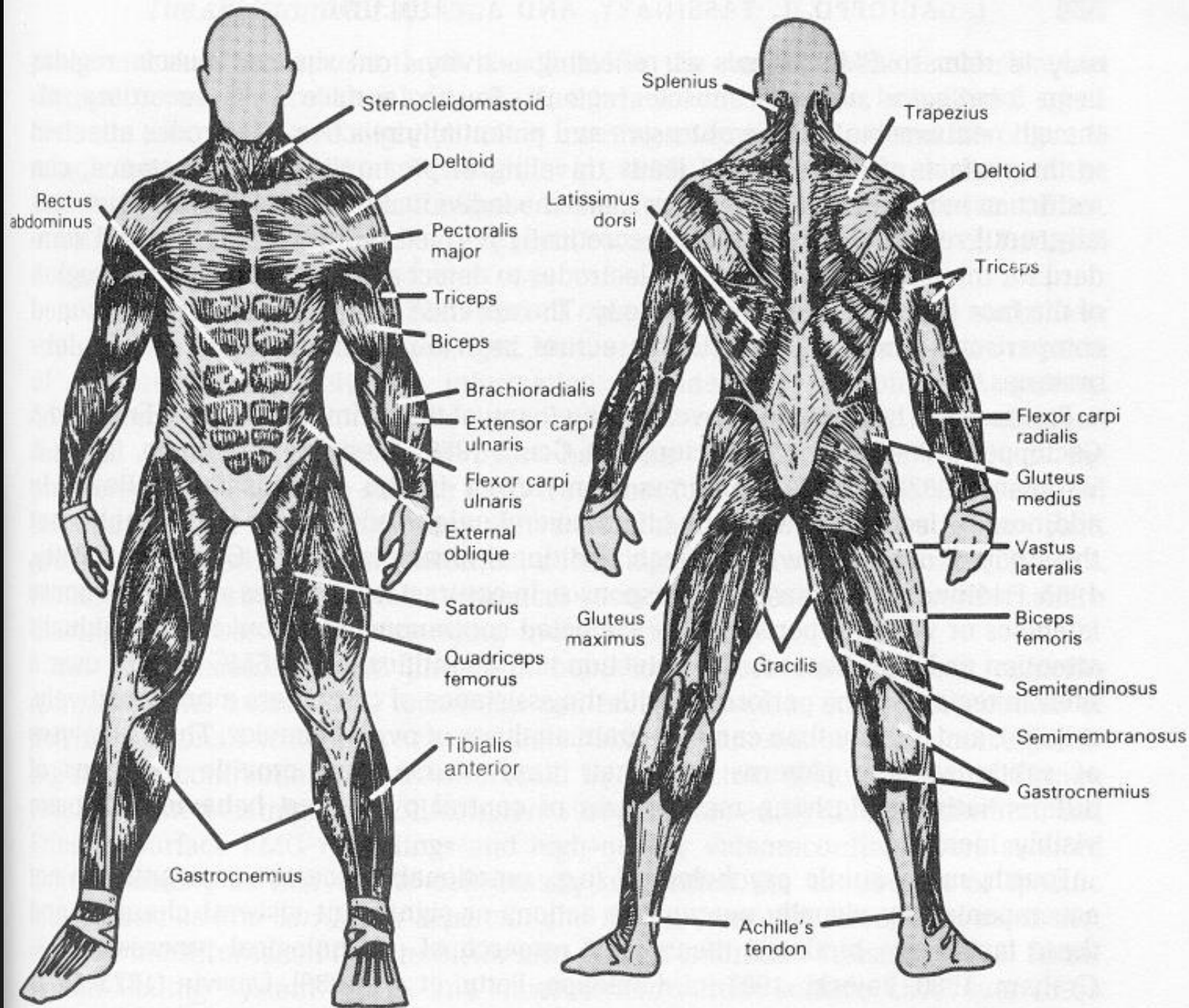
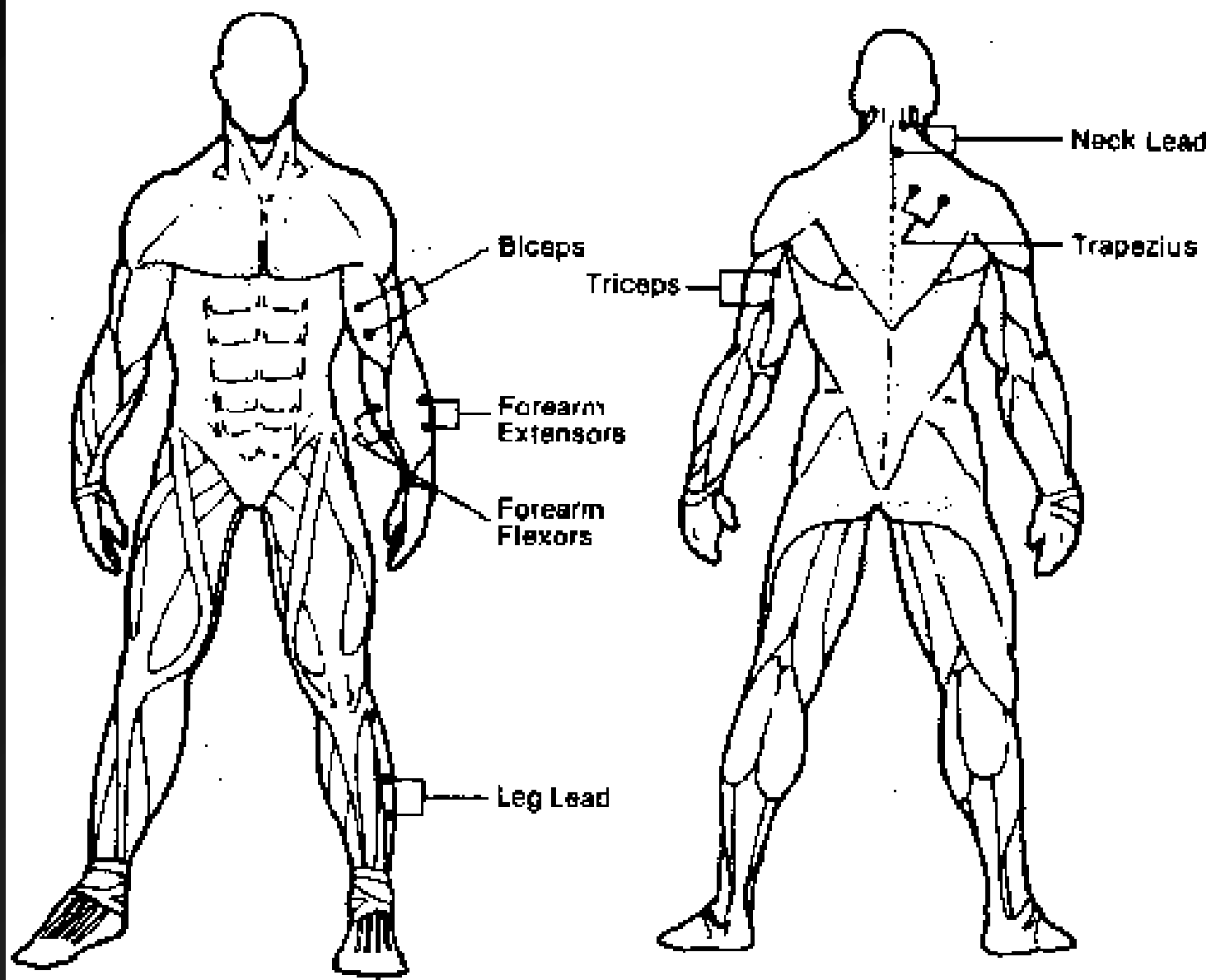


Figure 8.4 Suggested electrode placements for surface EMG recording of the facial muscles, based on Fridlund and Cacioppo (1986). From Tassinari, Cacioppo, and Vanman (2007, Figure 12.4).

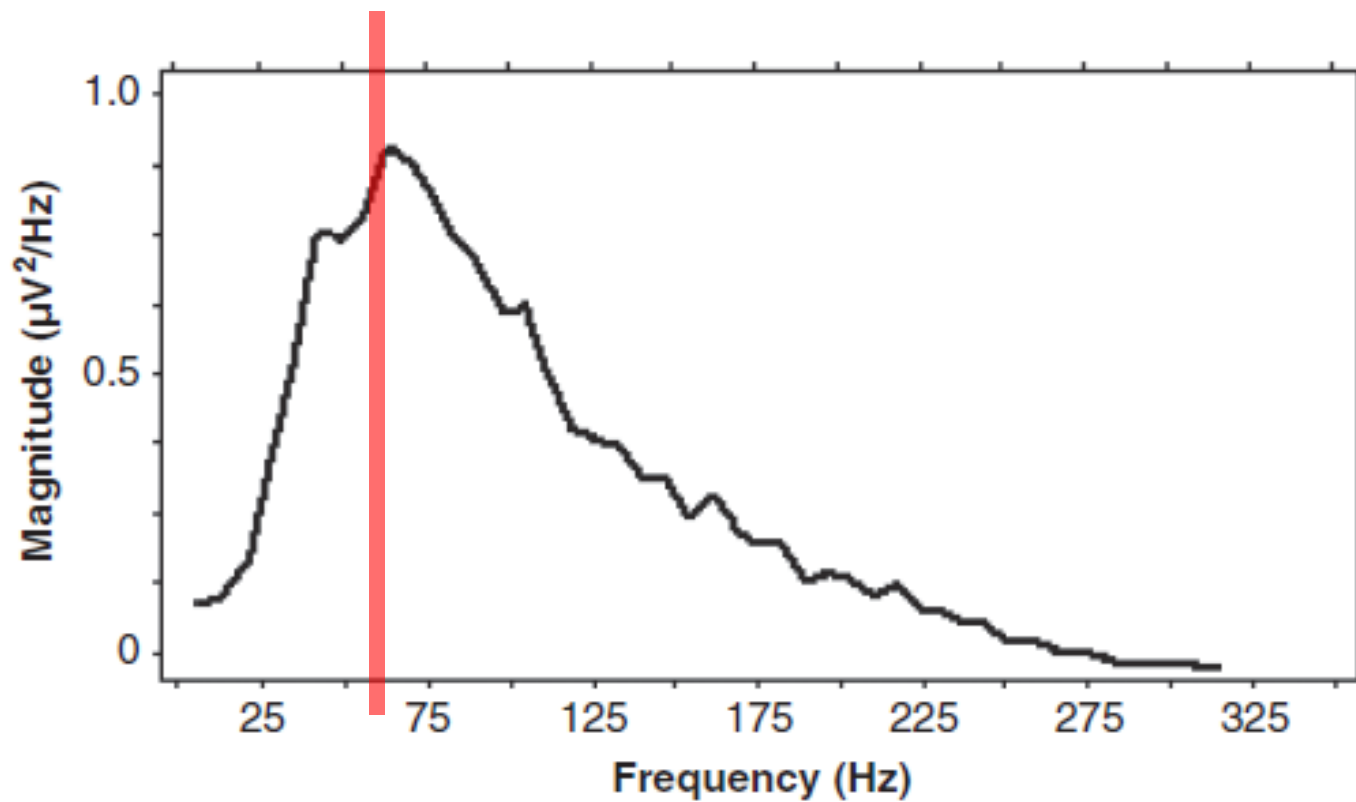




Signal Recording

- MAPs summate in quasi-random fashion to produce resultant signal
 - Range of ~10-500 Hz
 - Amplitude of sub-microvolt to over 1000 microvolts
- Note overlap with 60 Hz range
 - Prepare ground site carefully; Differential amplifier will assist in removing 60 Hz
 - Prepare recording sites carefully to lower impedance
 - Shielded rooms and leads can help
 - Can also filter out this range, but may toss “baby with bathwater”

EMG Power



Signal Recording (cont')

- Can use wide variety of electrodes
 - Ag-AgCl still preferred
 - Small size increases specificity of recording
- Skin Prep
 - Abrade to reduce impedance to $< 5K \Omega$
- Use Bipolar arrangements, in line with long direction of muscle of interest
- Use common ground for all sites
- Keep wires and such out of subject's visual field
- Describe placements precisely
 - Standard for location is Fridlund & Cacioppo (1986) for facial EMG placements

Signal Recording (cont')

- Amplification
 - Differential amplifiers with common mode rejection
 - Actually double differential (ground)
- Amplify voltages 1000-20000 times
- May use on-line filter
 - Should pass 10-500 Hz
- Digitization (more in next lecture)
 - Fast, very fast
 - Or, slower, following on-line signal processing

Signal Transformations

Amplitude (μV)

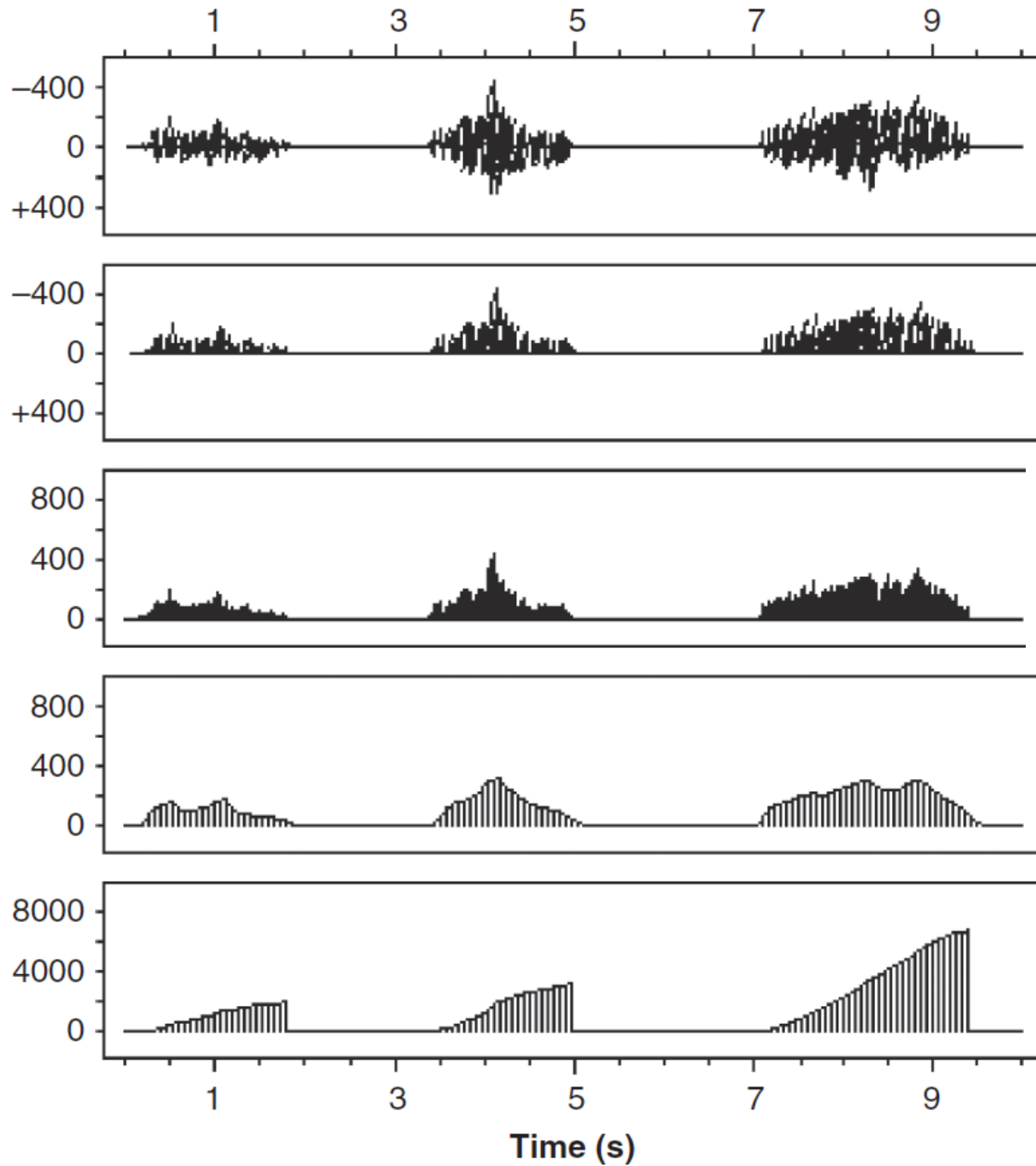
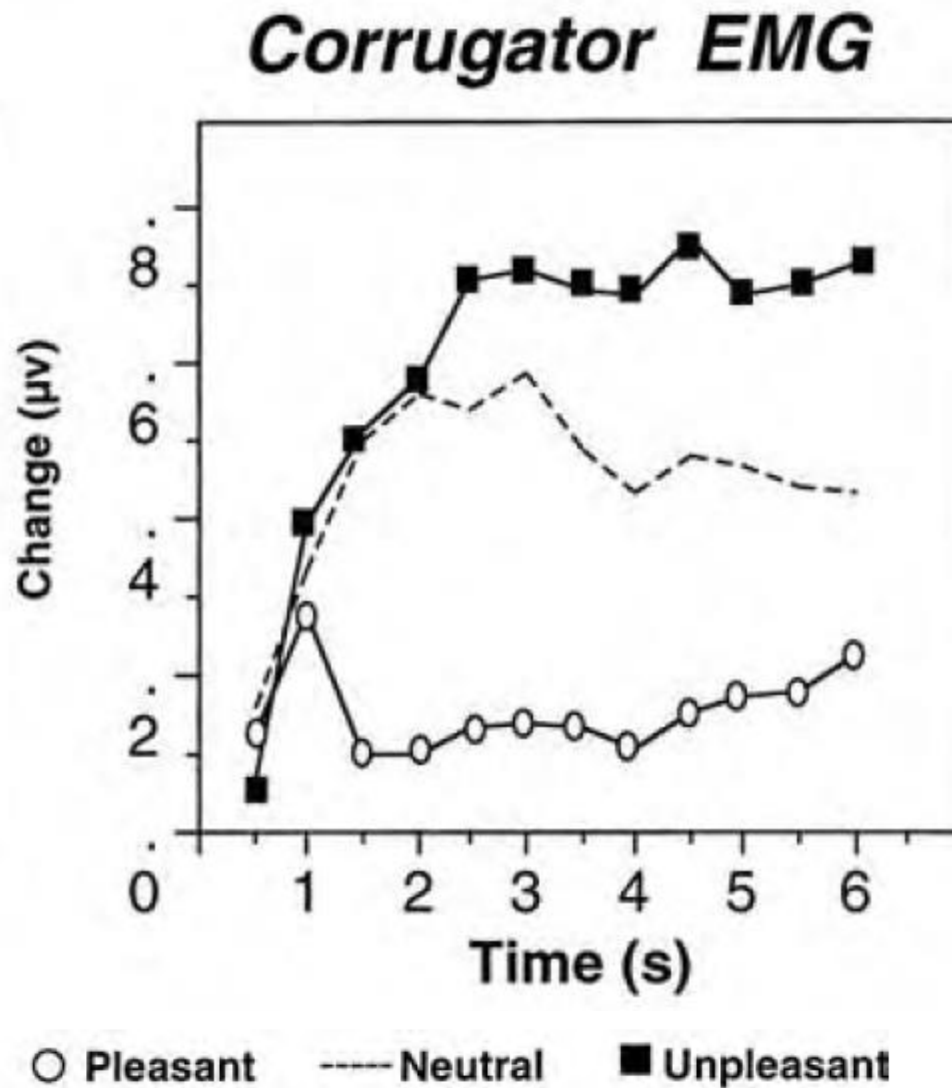


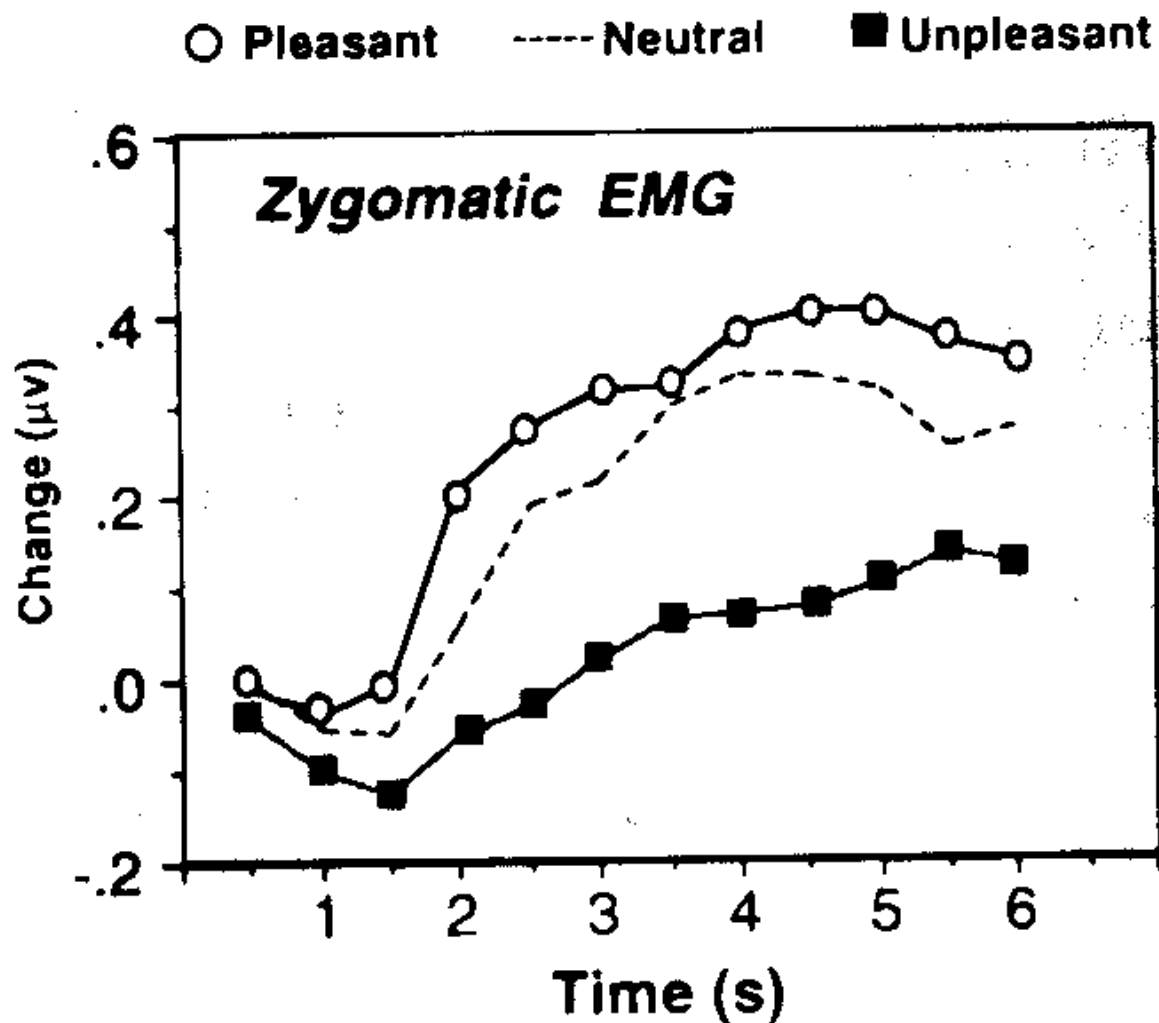
Figure 8.5 Common alternative representations of the surface EMG signal. The top five smaller panels depict three distinct non-fatigued responses. Going from top to bottom: the first represents “raw” (amplified and bandpass filtered only) waveforms; the second, half-wave rectified waveforms; the third, full-wave rectified waveforms; the fourth, “smoothed” waveforms; and the fifth, true integrated waveforms. The larger bottom panel depicts how one of these responses might appear if represented in the frequency domain. From Tassinari et al. (2007, Figure 12.5).

Corrugator “Frown”



Zygomatic “Smile”

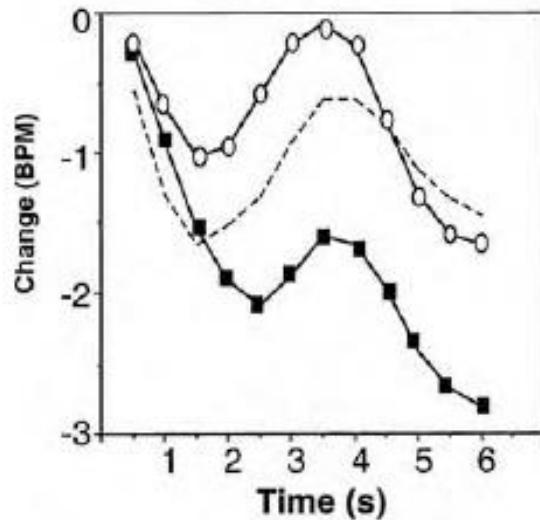
Emotional reactivity



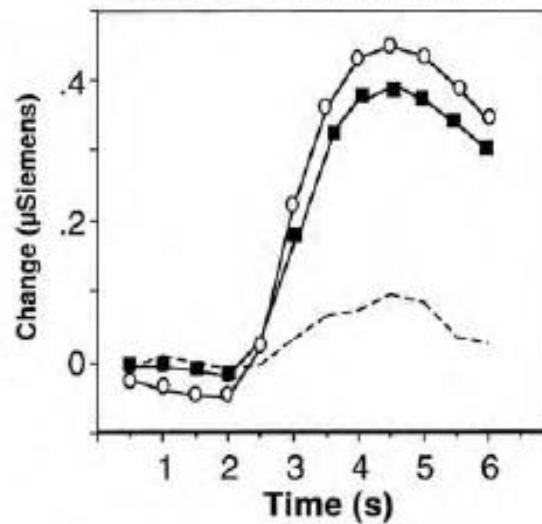
Looking at PICTURES

○ Pleasant - - - Neutral ■ Unpleasant

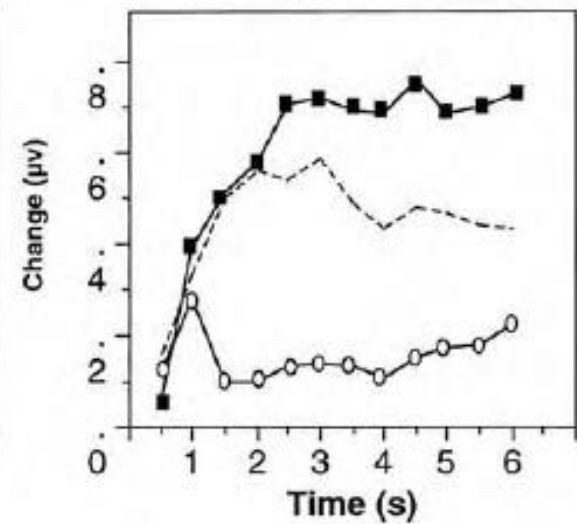
Heart rate



Skin Conductance



Corrugator EMG



A few Applications

- Startle Probe

- Subtle affect

 - Mere Exposure

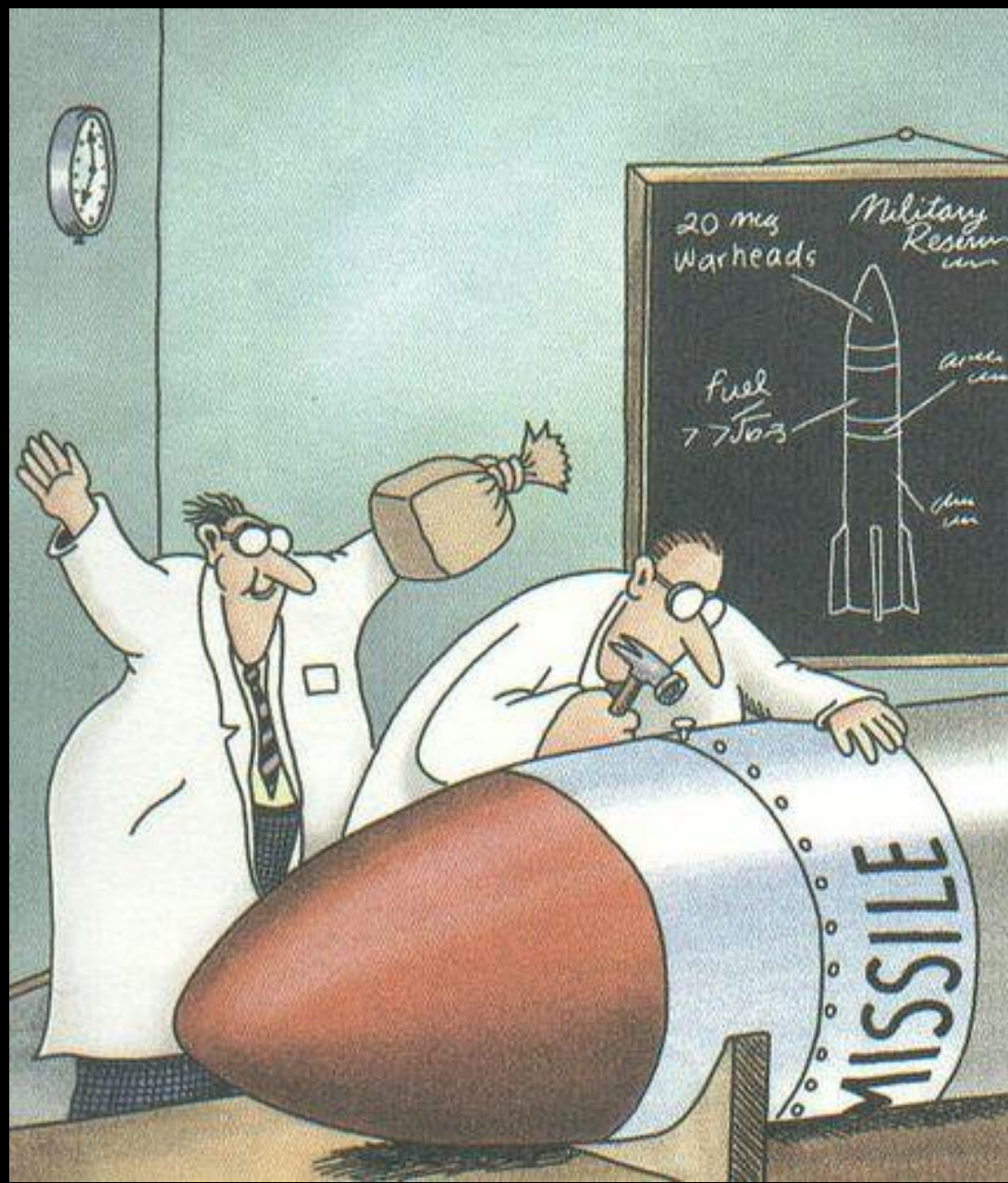
 - Subliminal effects

 - Mortality Salience

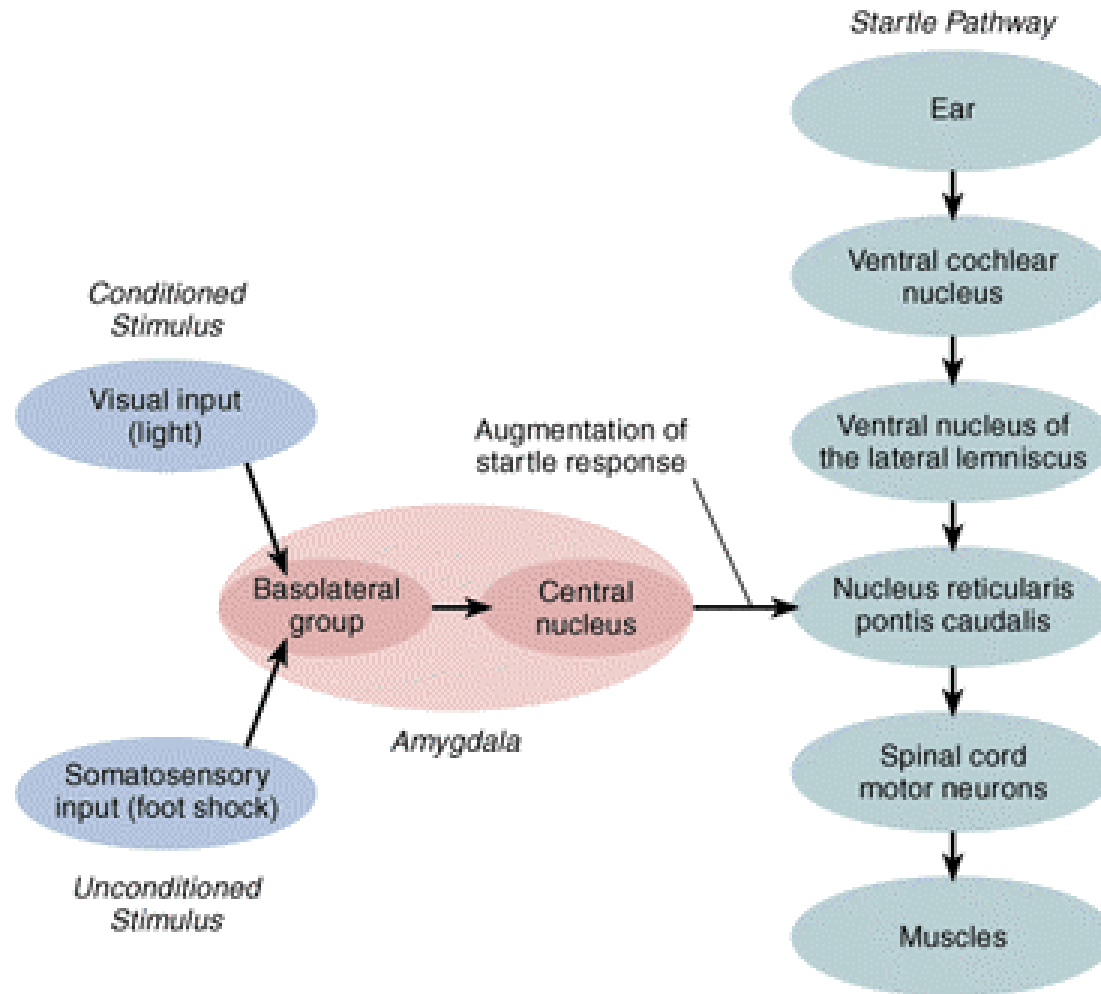
 - Biofeedback of EEG -- outcome measure

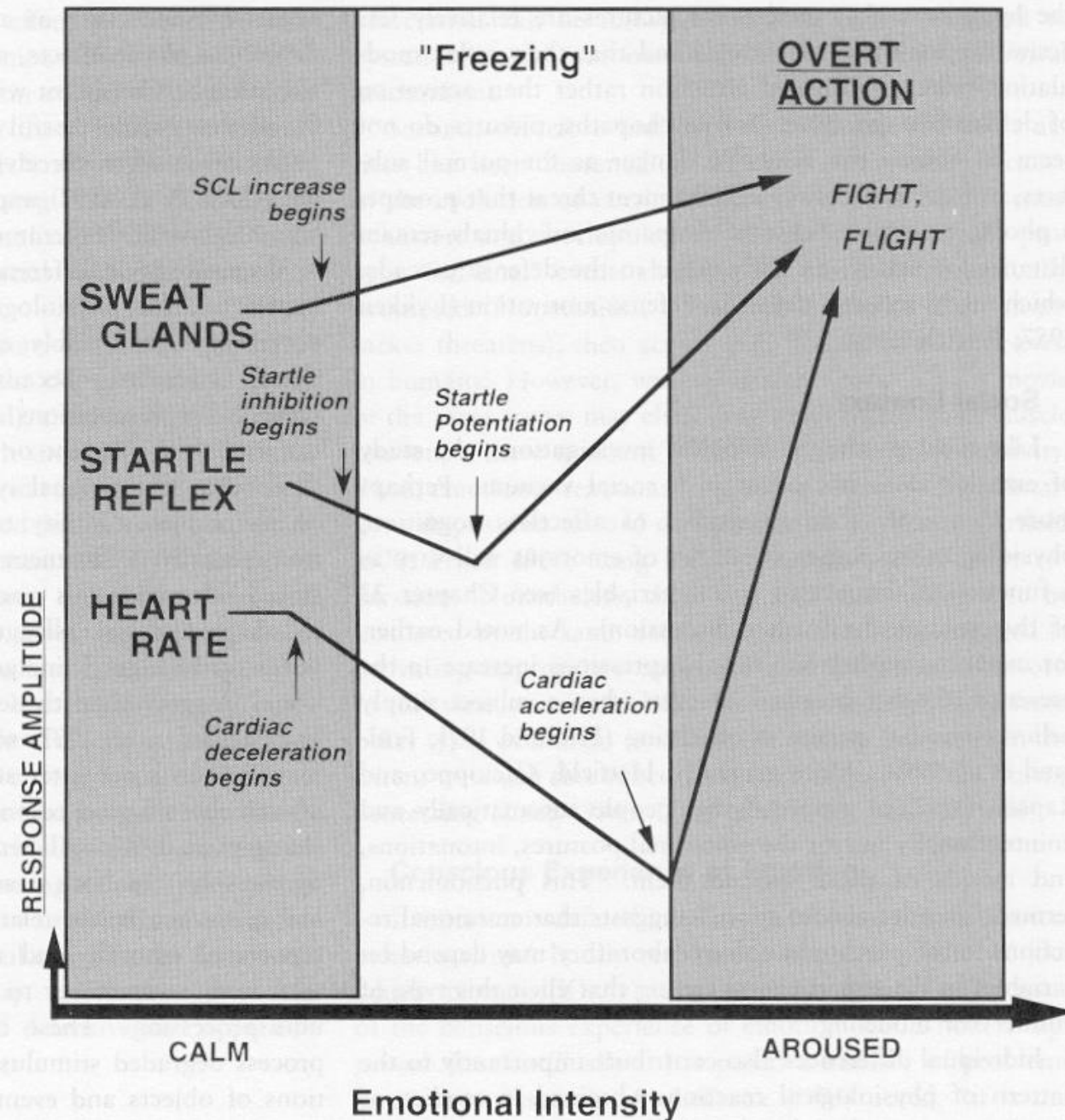
 - Emotion Regulation – outcome measure

 - Empathy – individual difference measure



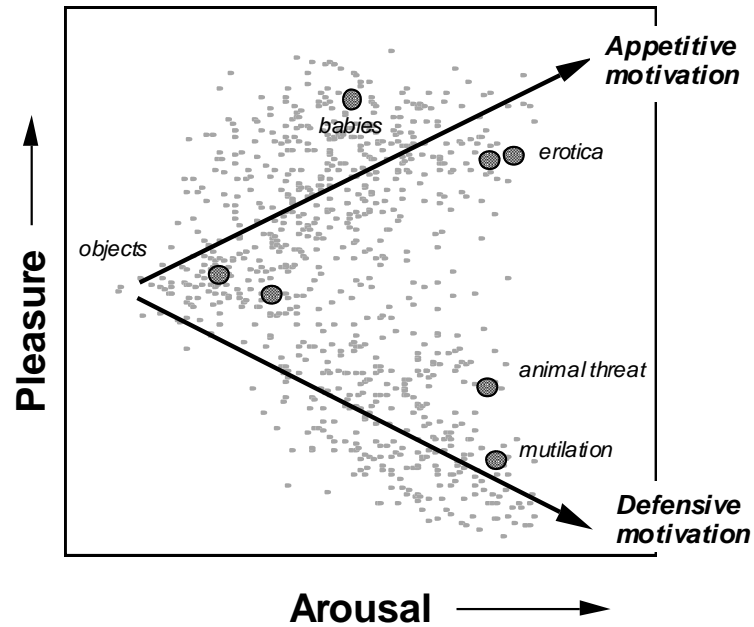
► **Neural Circuits Responsible for an Auditory Startle Response and for Its Augmentation by Conditioned Aversive Stimuli**



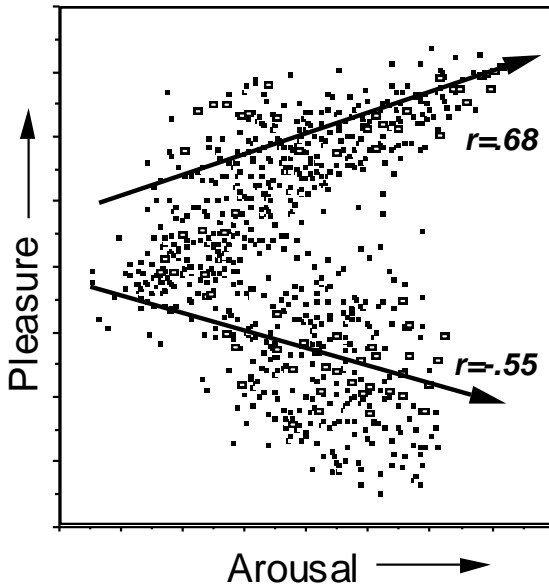


OR V_s DR

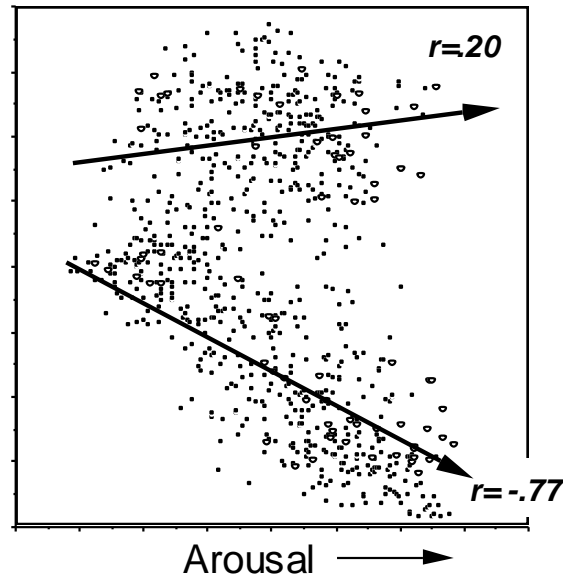
International Affective Picture System (IAPS)



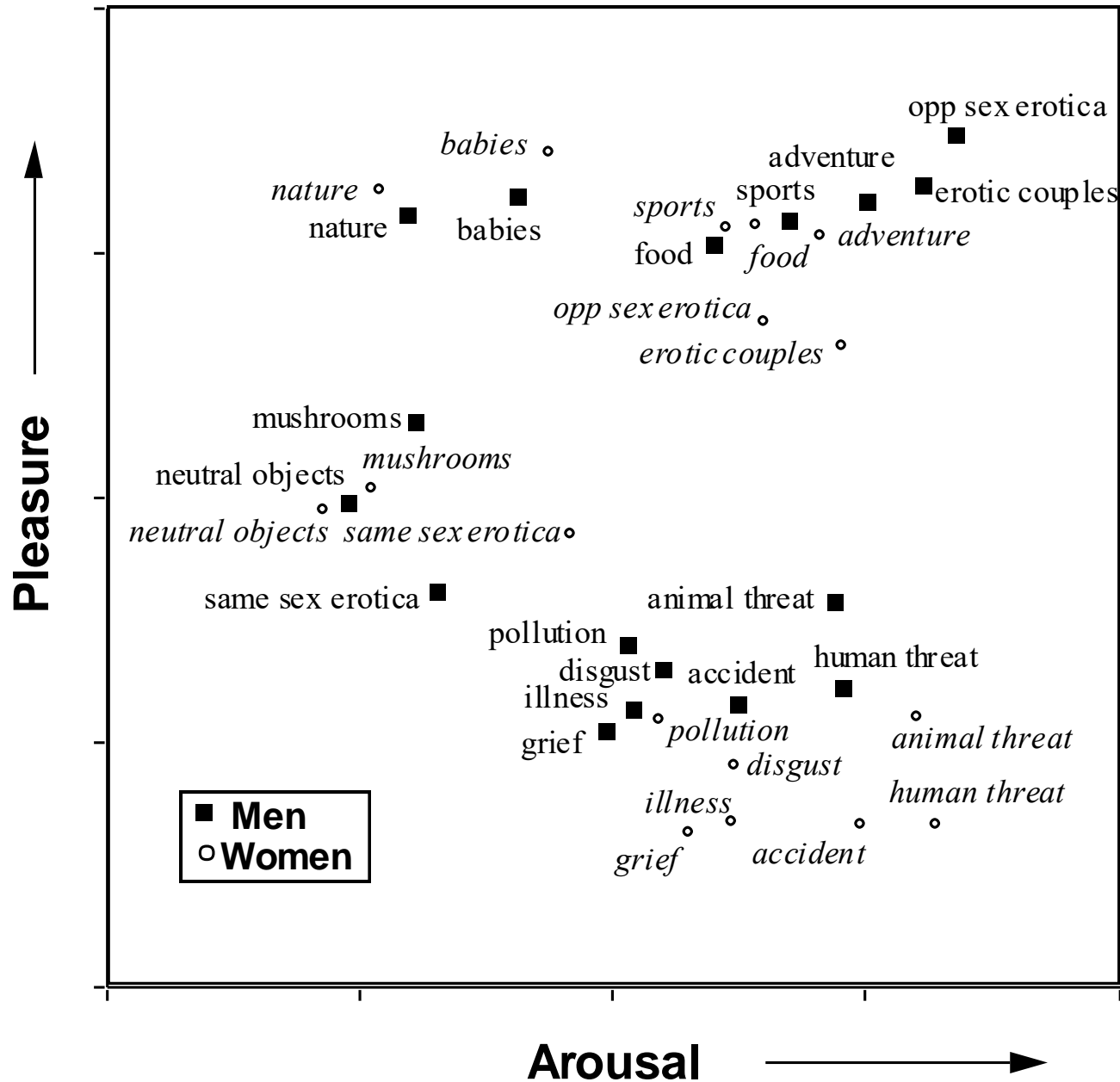
Men

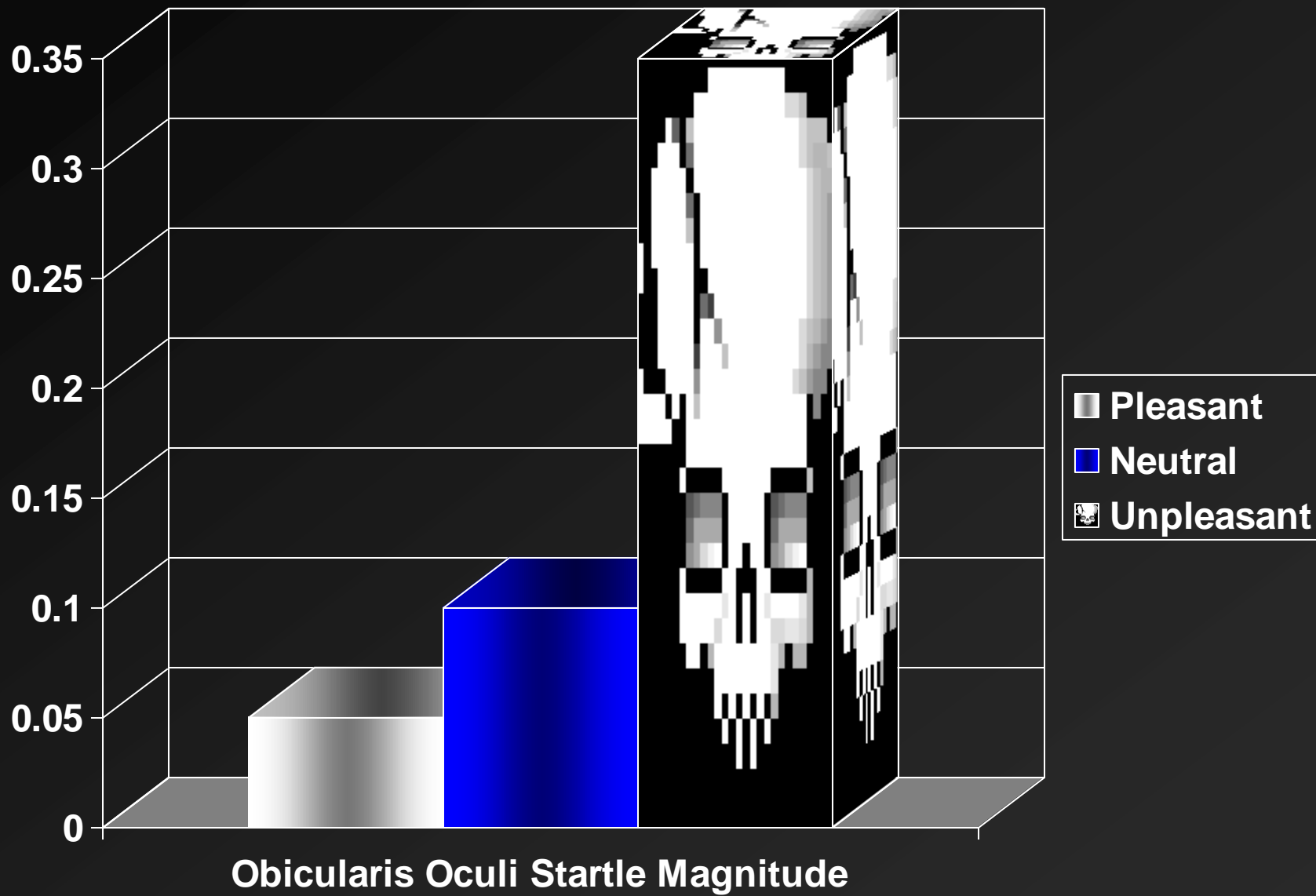


Women

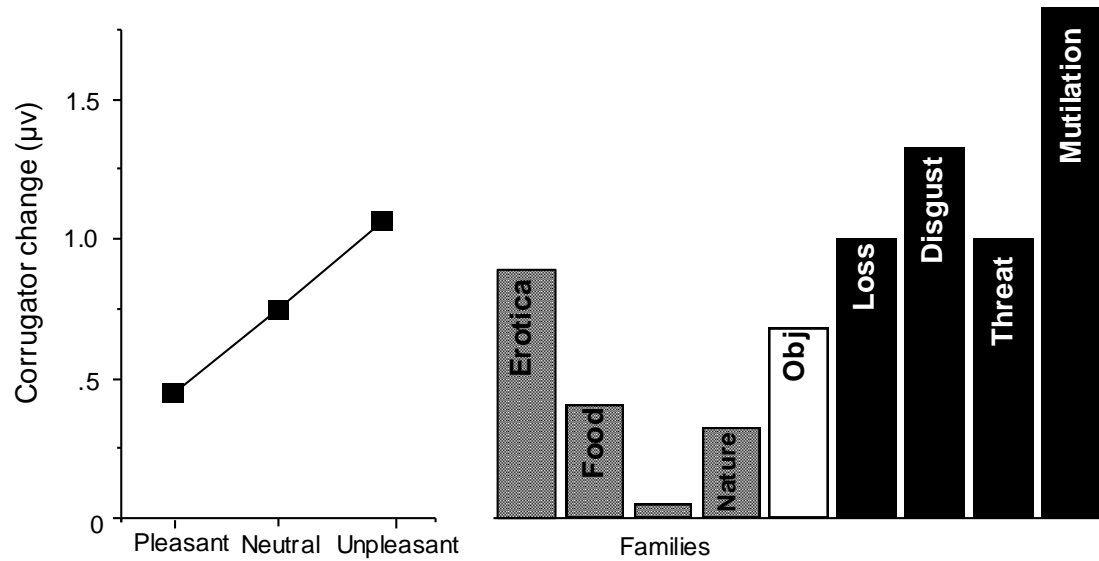


Affective Space: Picture Content and Gender

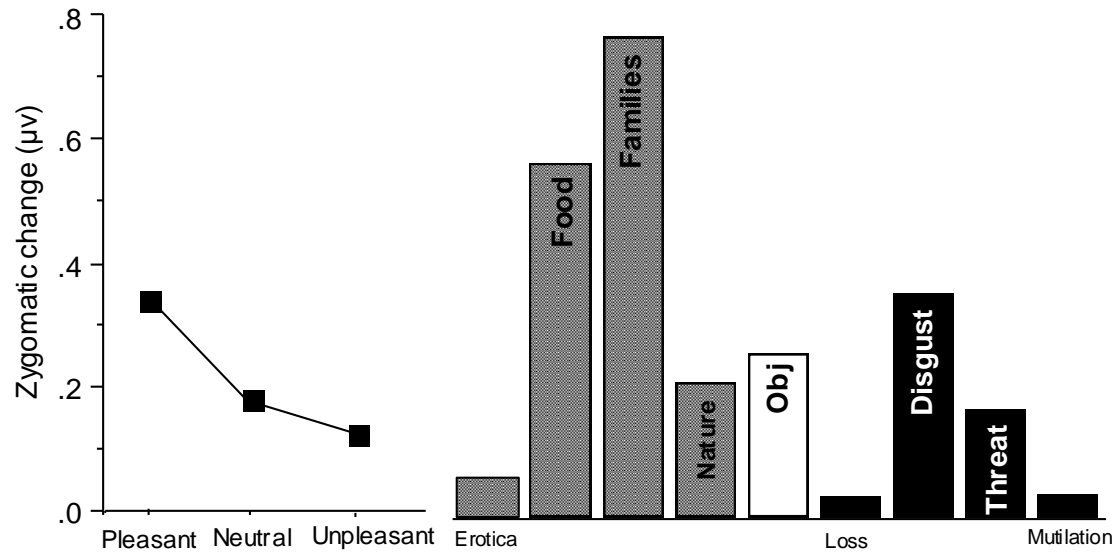




Corrugator EMG



Zygomatic EMG



Resting HRV as moderator of Startle Potentiation

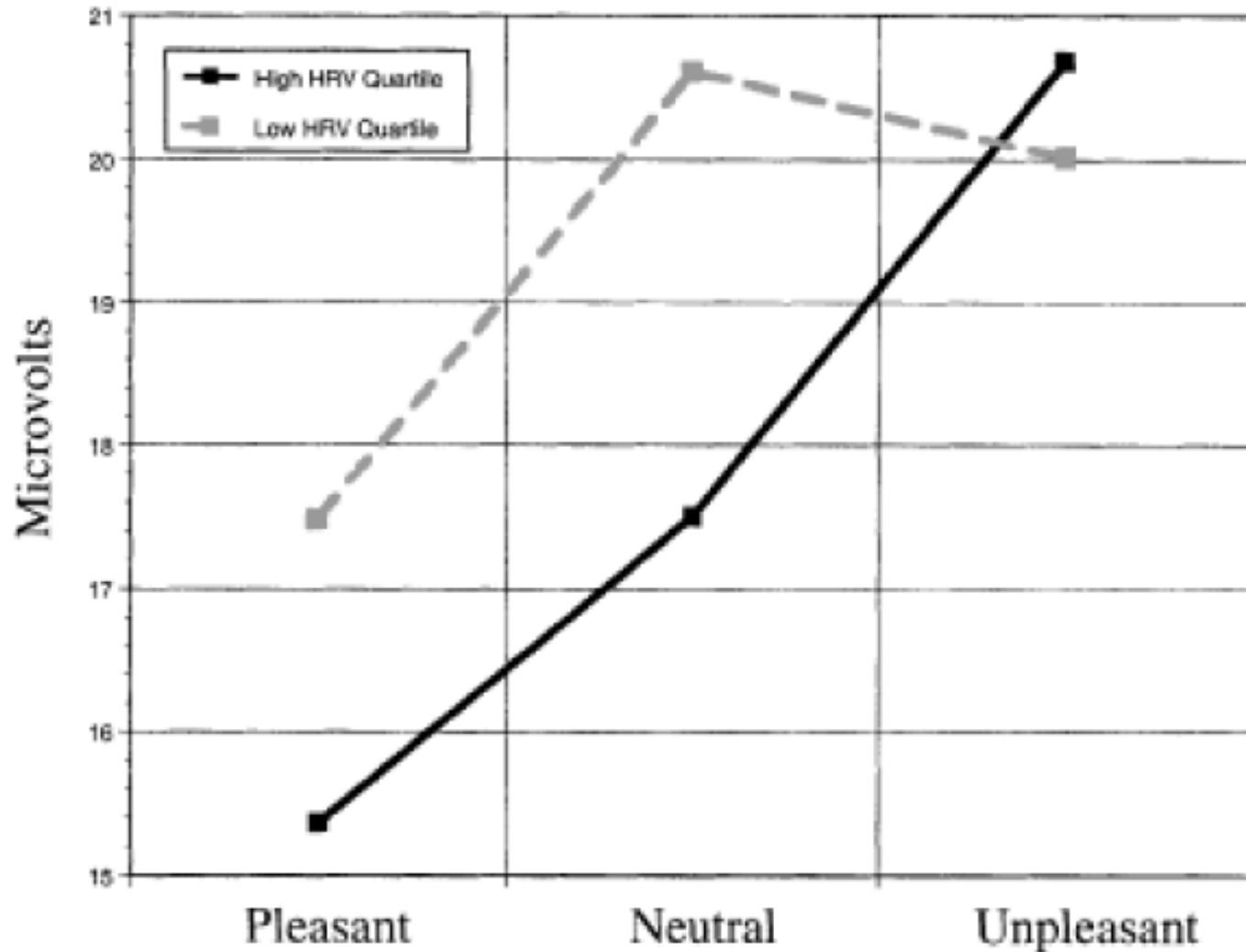


Figure 1. Mean startle amplitude as a function of baseline HRV and valence. Startle amplitudes are in microvolts.

From: Ruiz-Padiala, Sollers, Vila, & Thayer (2003) *Psychophysiology*

A few Applications

- Startle Probe
- Subtle affect
 - Mere Exposure
 - Subliminal effects
 - Mortality Salience
 - Biofeedback of EEG -- outcome measure
 - Emotion Regulation – outcome measure
 - Empathy – individual difference measure

The Phenomenon:

- People prefer stimuli to which they have been previously exposed to unfamiliar stimuli
- In absence of any reinforcement (“mere” exposure)
- Examples:
 - People we see incidentally in our routines
 - Songs
 - Scientific journal preferences
- Effect size $r=.26$ (Meta-analysis, Bornstein, 1989)

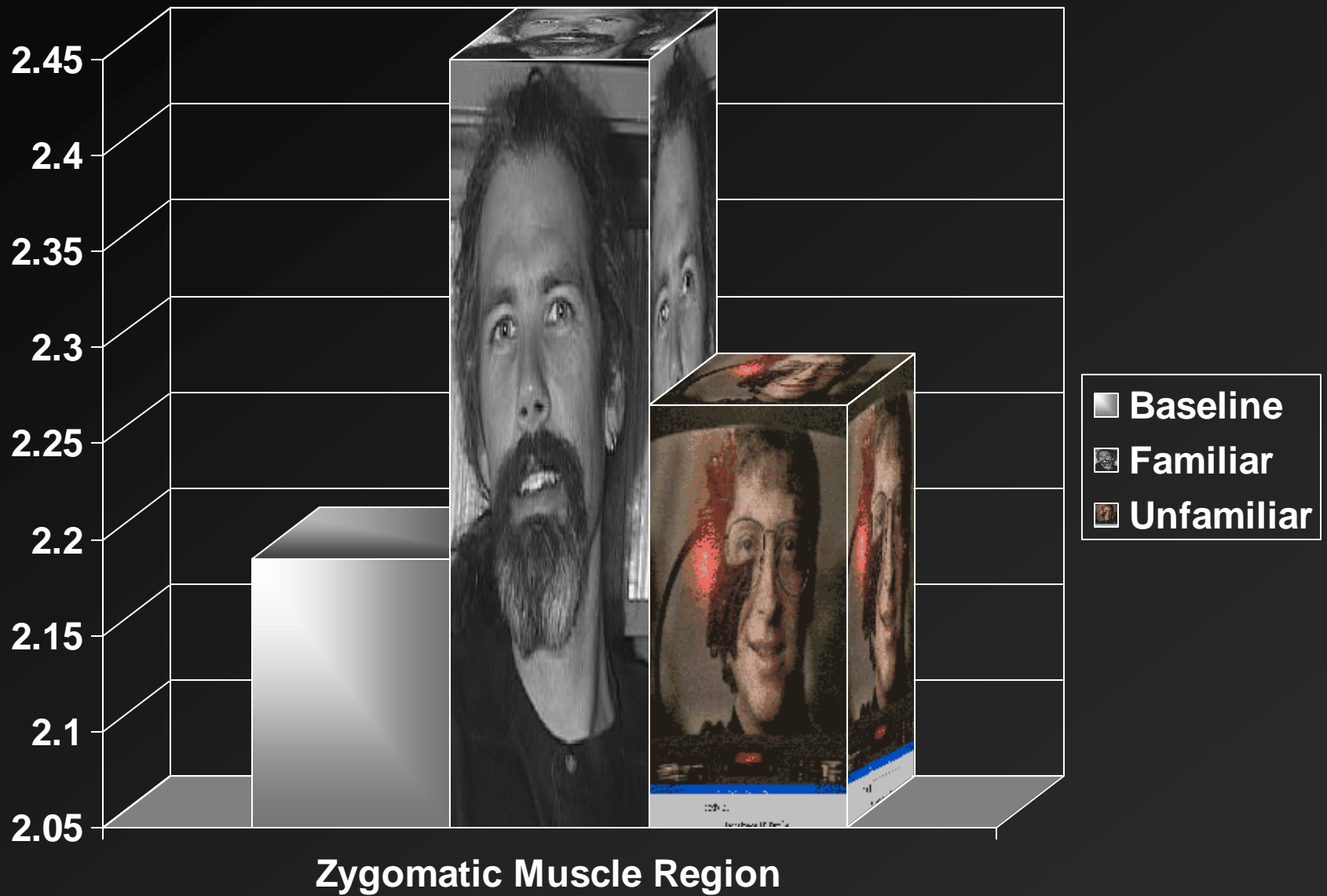
The logic:

➤ Evolutionary account Bornstein (1989)

- it may be adaptive to prefer the familiar over the novel
- novel objects could present a potential threat
- organisms that had a fear of the strange and unfamiliar were more likely to survive, reproduce, and pass on genetic material
- Preferring the familiar may thus be an adaptive trait that has evolved in humans and nonhumans

➤ Prediction:

- unfamiliar as compared with familiar stimuli may be associated with more negative attitudes because of the unfamiliar stimuli's association with potential danger
- Thus may see greater corrugator activity to novel than to familiar
- No prediction for positive affect (Zygomaticus activity)



Loosely translated from Harmon-Jones & Allen, 2001

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30 ms



5 ms



Unconscious Facial Reactions

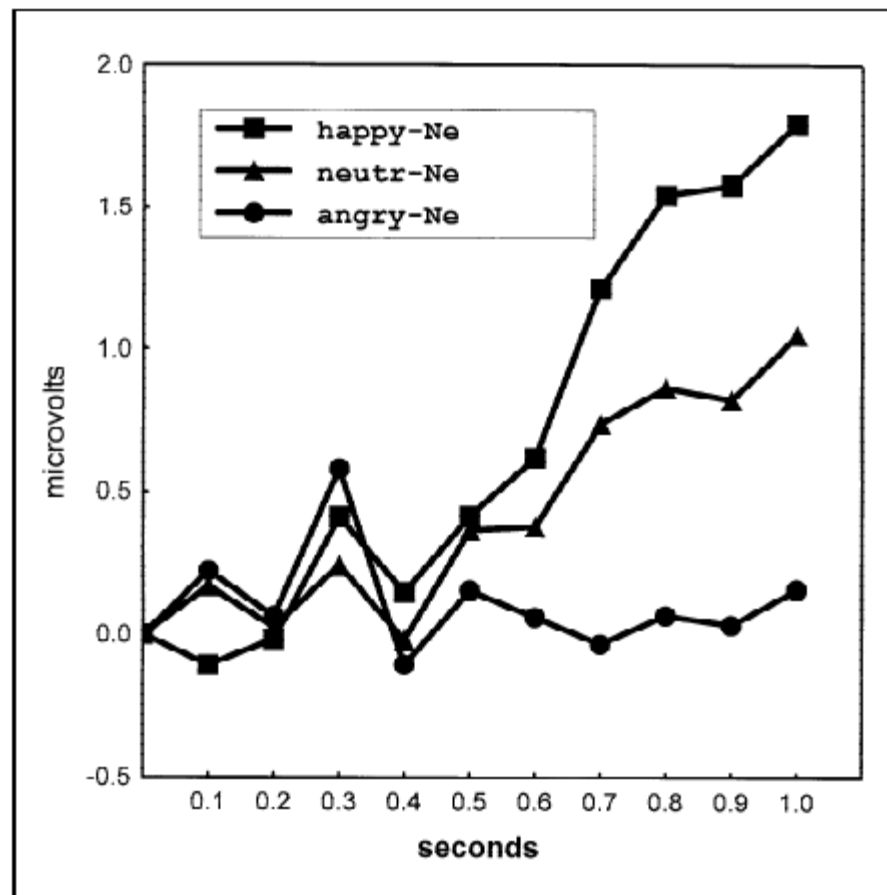


Fig. 1. Mean facial electromyographic response for the *zygomatic major* muscle, plotted in intervals of 100 ms during the first second of exposure. Three different groups of participants were exposed to identical neutral faces ("Ne"), preceded by unconscious exposure of happy, neutral ("neutr"), or angry target faces, respectively.

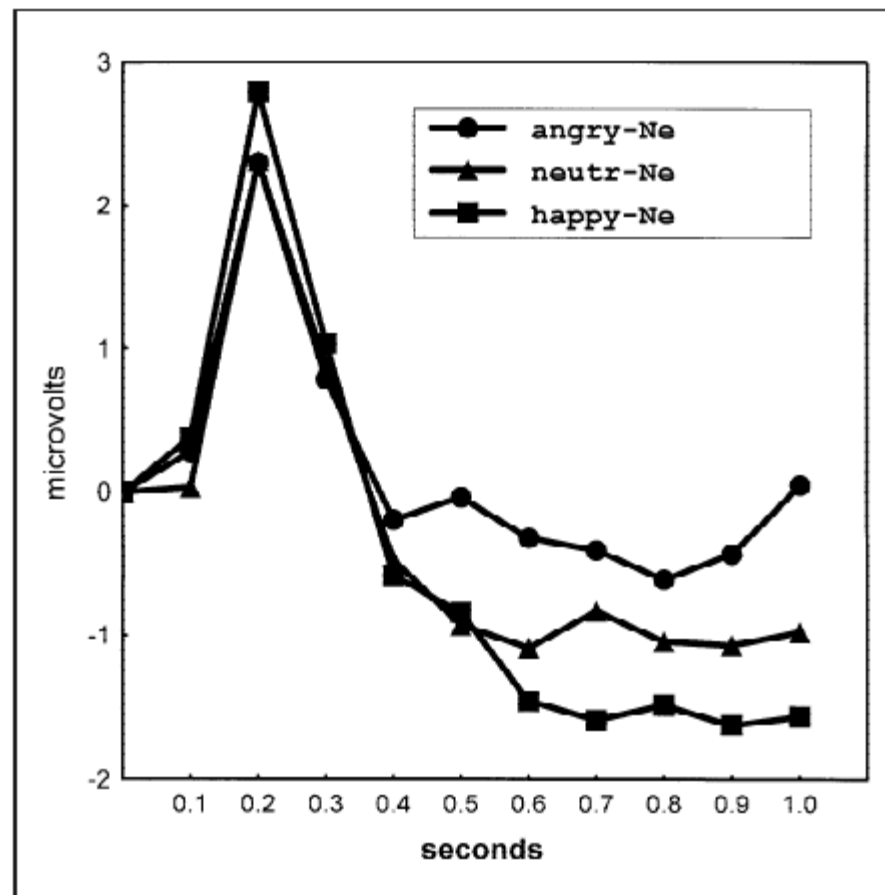
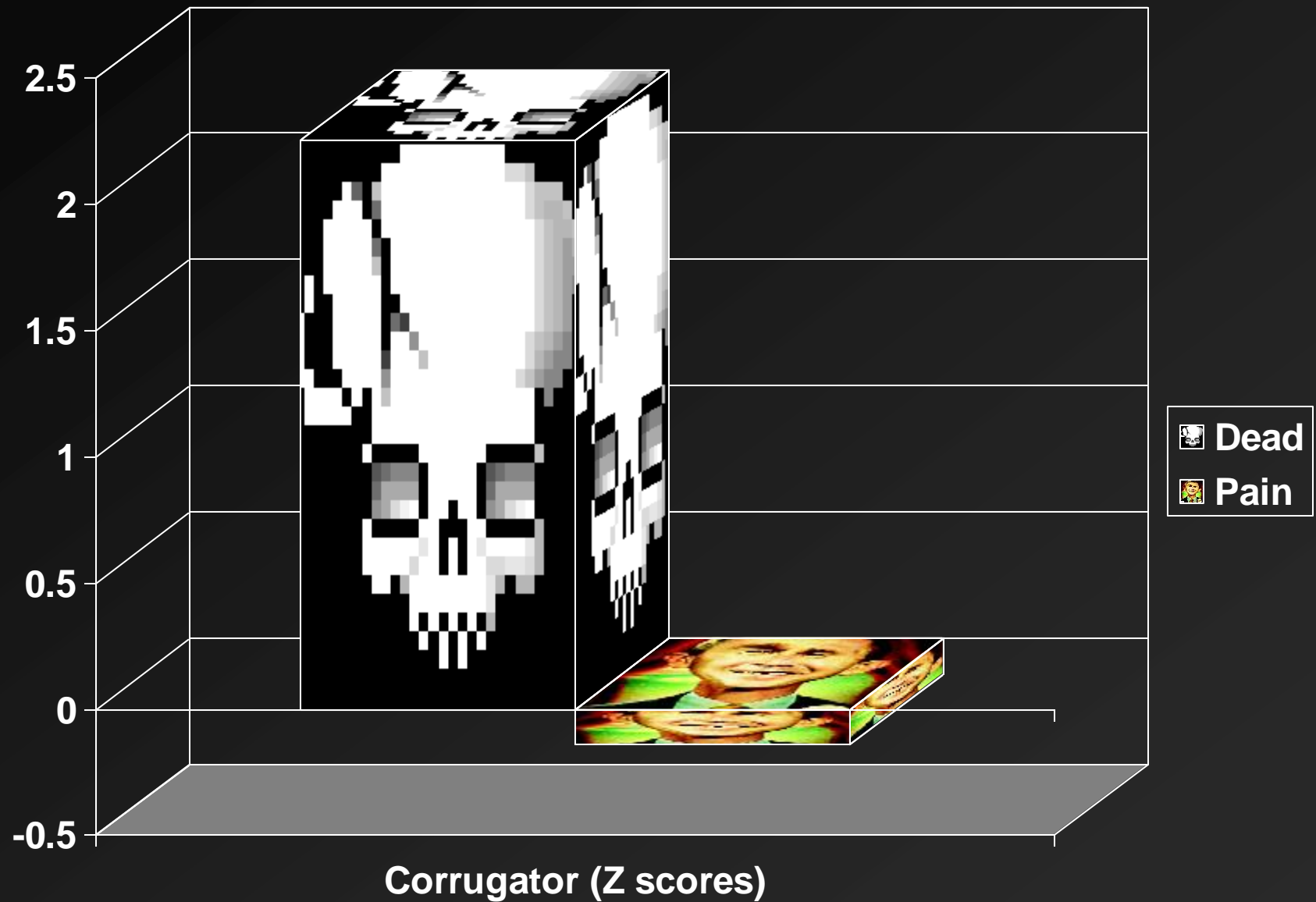


Fig. 2. Mean facial electromyographic response for the *corrugator supercilii* muscle, plotted in intervals of 100 ms during the first second of exposure. Three different groups of participants were exposed to identical neutral faces ("Ne"), preceded by unconscious exposure of angry, neutral ("neutr"), or happy target faces, respectively.

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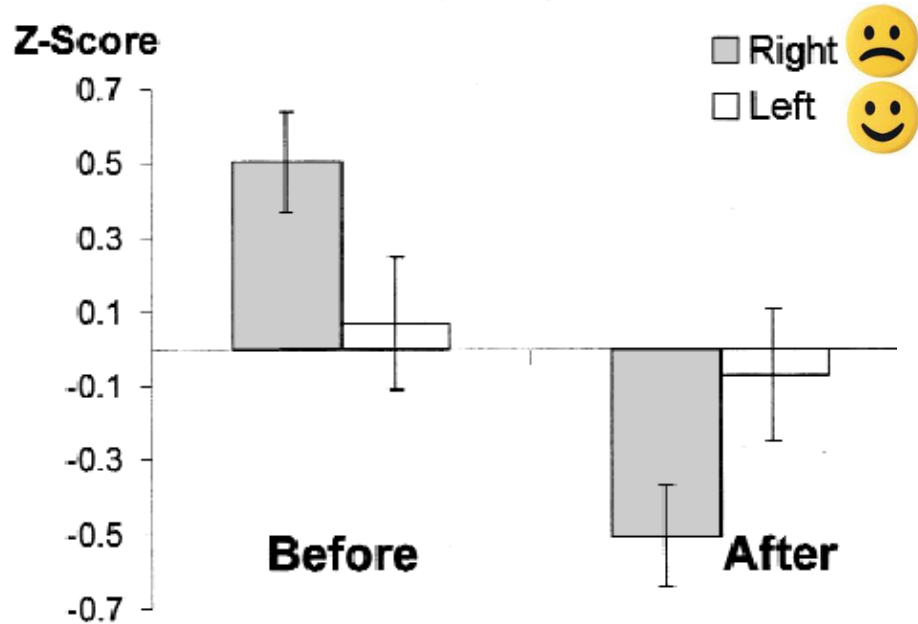


Another loose translation: Arndt, J., Allen, J.J.B., & Greenberg, J. (2001). Traces of terror: Subliminal death primes and facial electromyographic indices of affect. *Motivation and Emotion*, 25, 253-277.

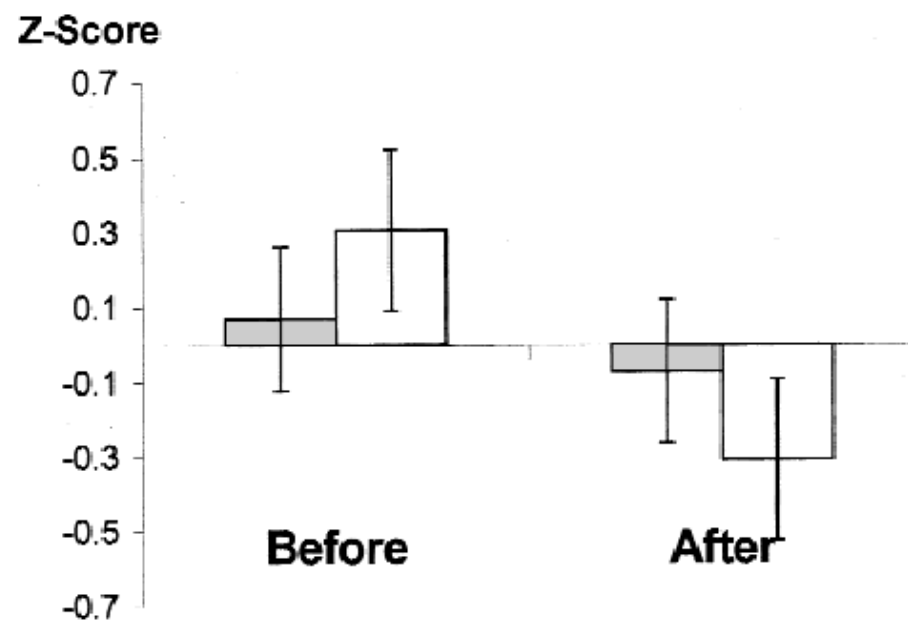
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Zygomatic



Corrugator



A few Applications

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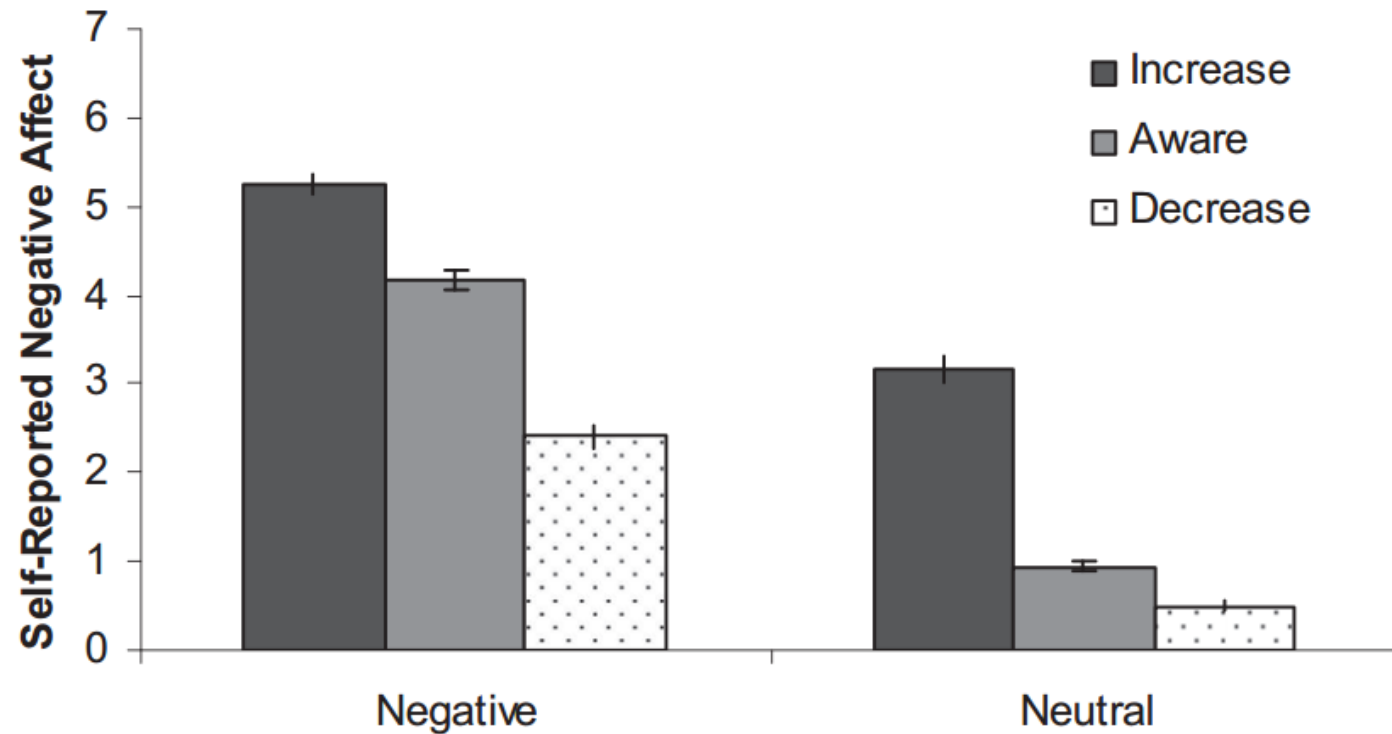


Figure 1. Self-reported negative affect on a 7-point Likert scale, where 0 = “not negative at all” and “7” = “strongly negative.”

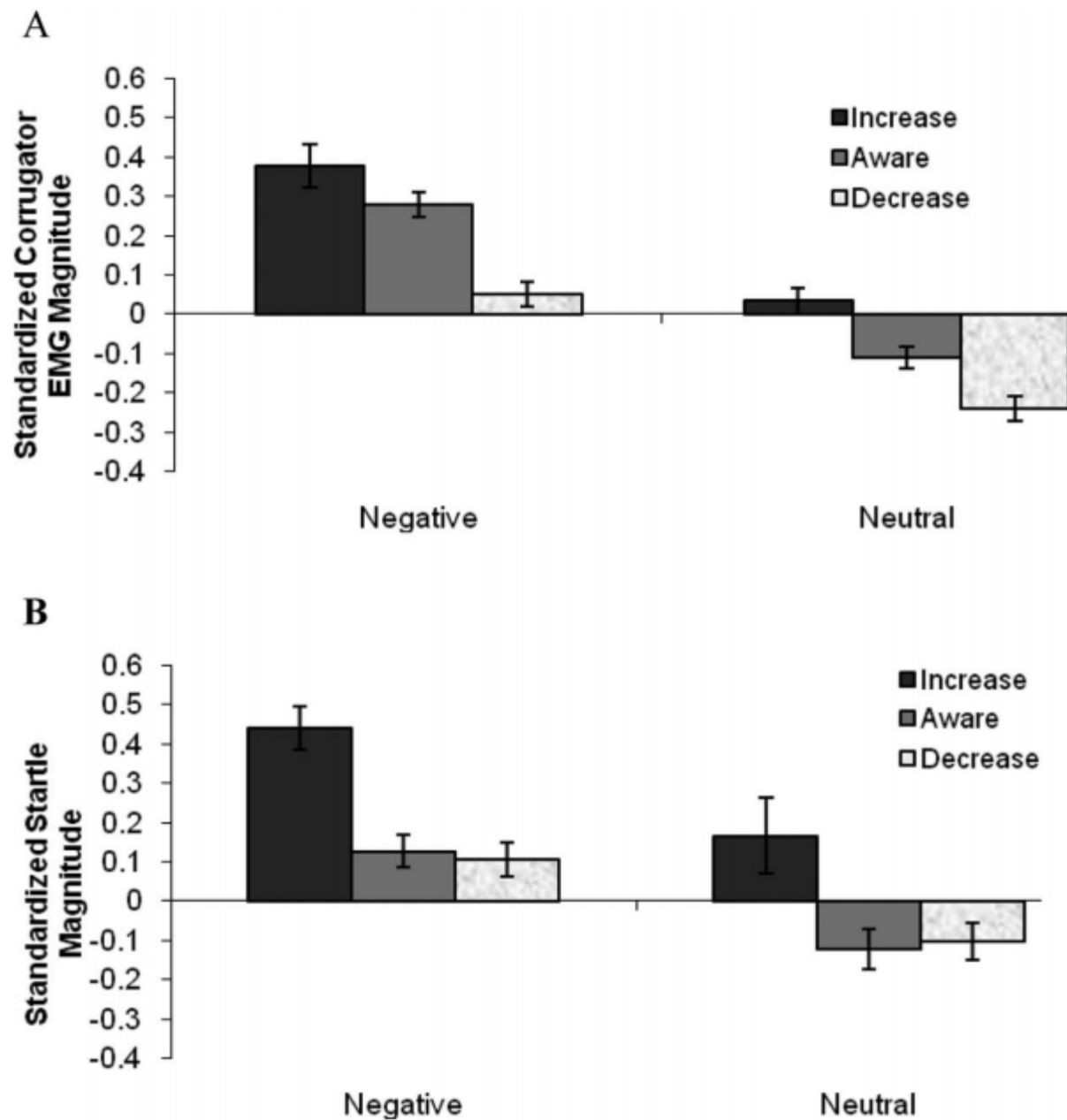
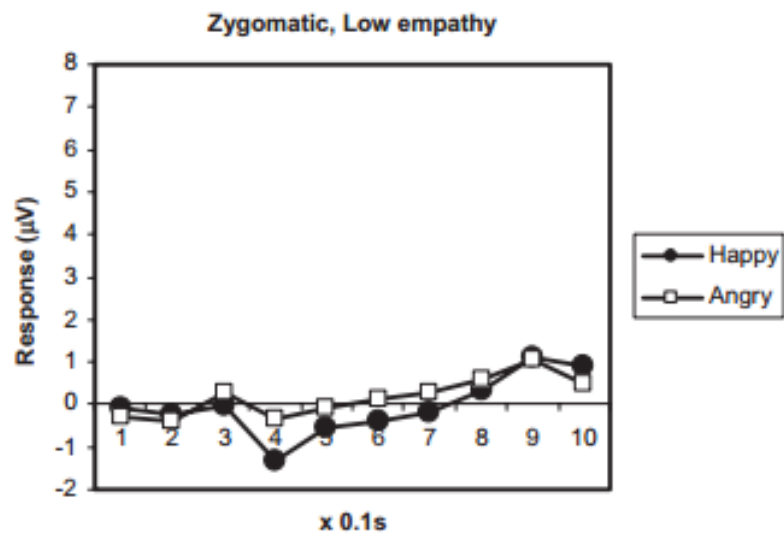
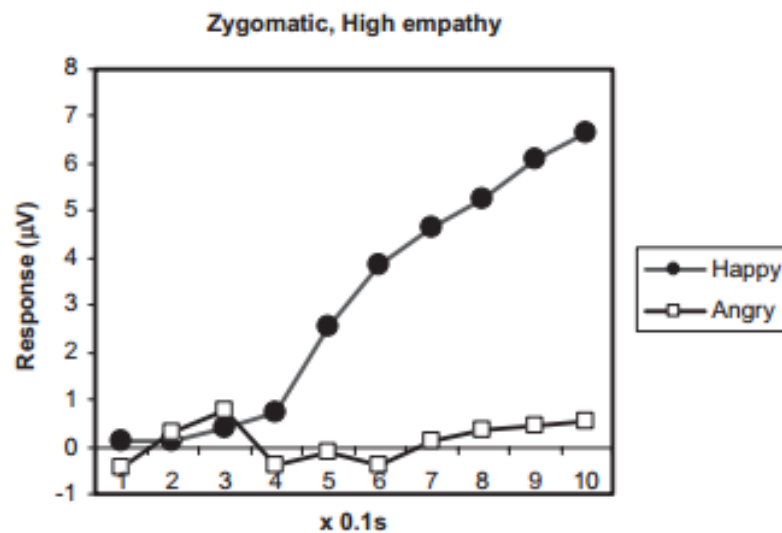


Figure 2. Standardized (A) corrugator EMG and (B) startle magnitude (averaged over Times 1 and 2).

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Faces

Figure 1. The *zygomaticus major* muscle response to pictures of happy and angry facial expressions for the High and Low empathy groups, plotted as a function of 100-ms intervals during the first second after stimulus onset.

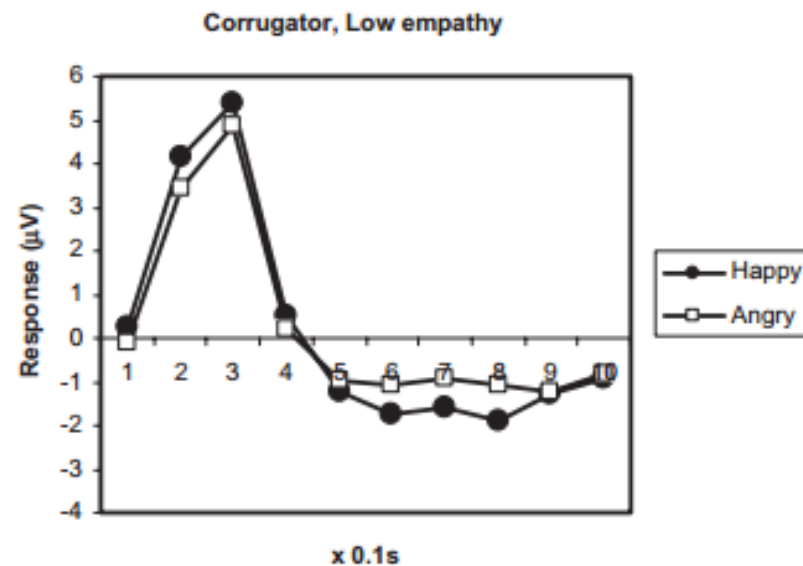
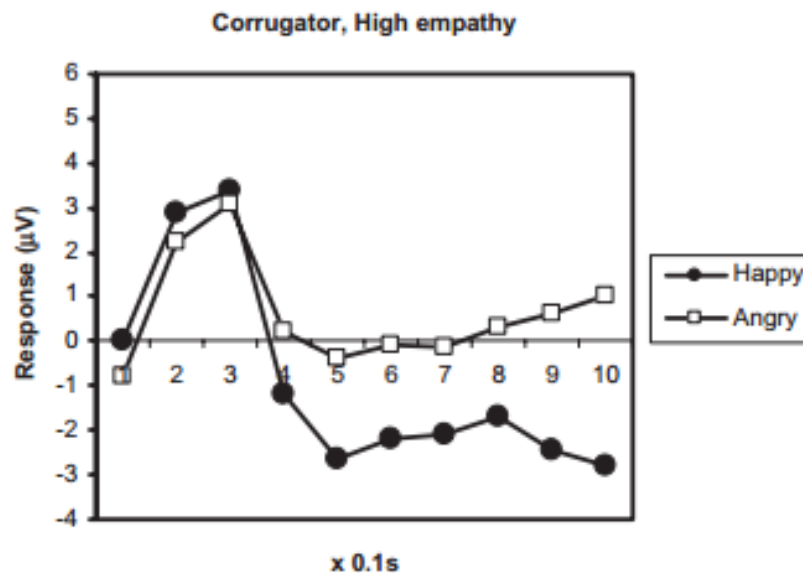


Figure 2. The *corrugator supercilii* muscle response to pictures of happy and angry facial expressions for the High and Low empathy groups, plotted as a function of 100-ms intervals during the first second after stimulus onset.