

Advanced Signal Processing II

(aka Acronym Day)

PCA

ICA

Removal of OCULAR artifacts with ICA (and lots of acronyms)

BESA

Simultaneous EEG with ICA and fMRI!

Announcements 5/3/21

- Papers:
 - Research Proposals due this evening (May 3) 11:59 pm via D2L
 - Grading Rubric can be seen on D2L
 - Use the stipulated format (check website for details)
 - Look at the relevant “guidelines” paper(s) (link on website)
- Take home due May 9 at 11:59 p.m. via D2L
- Course Evals now available on D2L
- Class Feedback and Q&A

Course Evaluations

- Your opinions are ...
 - Anonymous
 - Valued
 - Important to create course improvements
- Find the link:
 - D2L
 - Emails that pester you
 - Or directly: tceonline.oia.arizona.edu

Advanced Signal Processing II

(aka Acronym Day)

PCA

ICA

Removal of OCULAR artifacts with ICA (and lots of acronyms)

BESA

Simultaneous EEG with ICA and fMRI!



Dimensionality explosions!

32, 64, 128, 256!!!

Principal Components Analysis

- A method for reducing massive data sets
- See Handout for gory details

PCA (1): The Data matrix

$$\mathbf{D}_{N \times n} = \begin{array}{l} \text{Subject \#1} \\ \text{Subject \#2} \\ \text{Subject \#3} \\ \dots \\ \dots \\ \text{Subject \#N} \end{array} \begin{array}{l} [t_0, t_1, t_2, \dots, t_{n-1}] \\ t_0, t_1, t_2, \dots, t_{n-1} \\ t_0, t_1, t_2, \dots, t_{n-1} \\ \dots \\ \dots \\ t_0, t_1, t_2, \dots, t_{n-1}] \end{array}$$

Where N = Number subjects
 n = Number sample points per average
 t = voltage at time point 0, 1, ...

- Data Matrix above shows only one site – could have multiple sites by adding rows for each subject
- This data matrix is for “temporal PCA” but one have channels by time points matrix and transpose for “spatial PCA”

PCA (2): The Score matrix

$$\mathbf{S}_{N \times m} = \begin{array}{l} \text{Subject \#1} \\ \text{Subject \#2} \\ \text{Subject \#3} \\ \dots \\ \dots \\ \text{Subject \#N} \end{array} \begin{array}{l} [s_{11}, s_{12}, s_{13}, \dots, s_{1m}] \\ [s_{21}, s_{22}, s_{23}, \dots, s_{2m}] \\ [s_{31}, s_{32}, s_{33}, \dots, s_{3m}] \\ \dots \\ \dots \\ [s_{N1}, s_{N2}, s_{N3}, \dots, s_{Nm}] \end{array}$$

Where N = Number subjects
 m = Number of components
 s = score on component 1, 2, ...

- These scores for each subject are optimally weighted composites of the original data, designed to capture as much variance as possible with as few scores as possible.
- But for conceptual ease, imagine 5 scores: P1, N1, P2, N2, P3 amplitude

PCA (3): The Loading matrix (to guess what components mean)

| | | | |
|--------------|---|-----------|---|
| | $L_{m \times n} =$ | | |
| Component #1 | $[l_{0,1}, l_{1,1}, l_{2,1}, \dots, l_{n-1,1}]$ | Where m = | Number of components |
| Component #2 | $[l_{0,2}, l_{1,2}, l_{2,2}, \dots, l_{n-1,2}]$ | n = | Number sample points per average |
| Component #3 | $[l_{0,3}, l_{1,3}, l_{2,3}, \dots, l_{n-1,3}]$ | | |
| ... | ... | | |
| Component #m | $[l_{0,m}, l_{1,m}, l_{2,m}, \dots, l_{n-1,m}]$ | l = | component loading for time point 0, 1, ... |

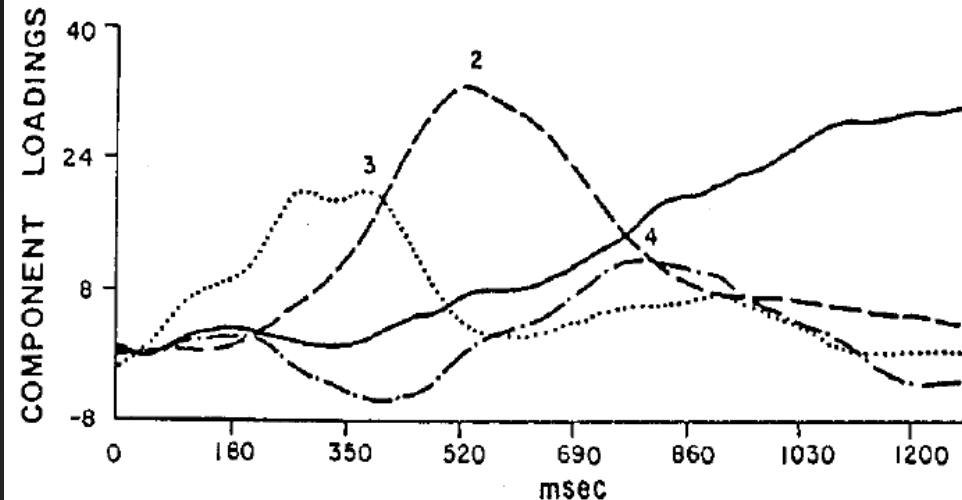
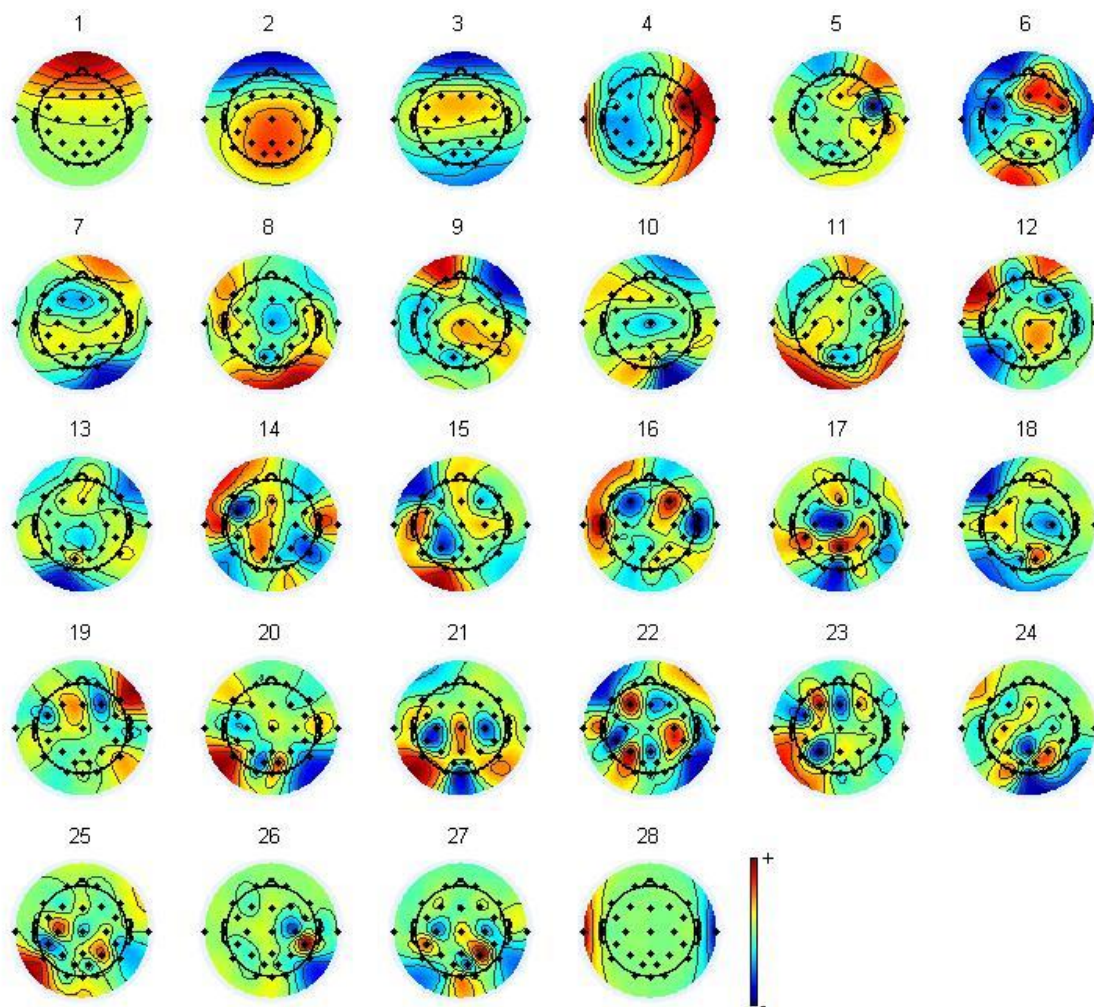


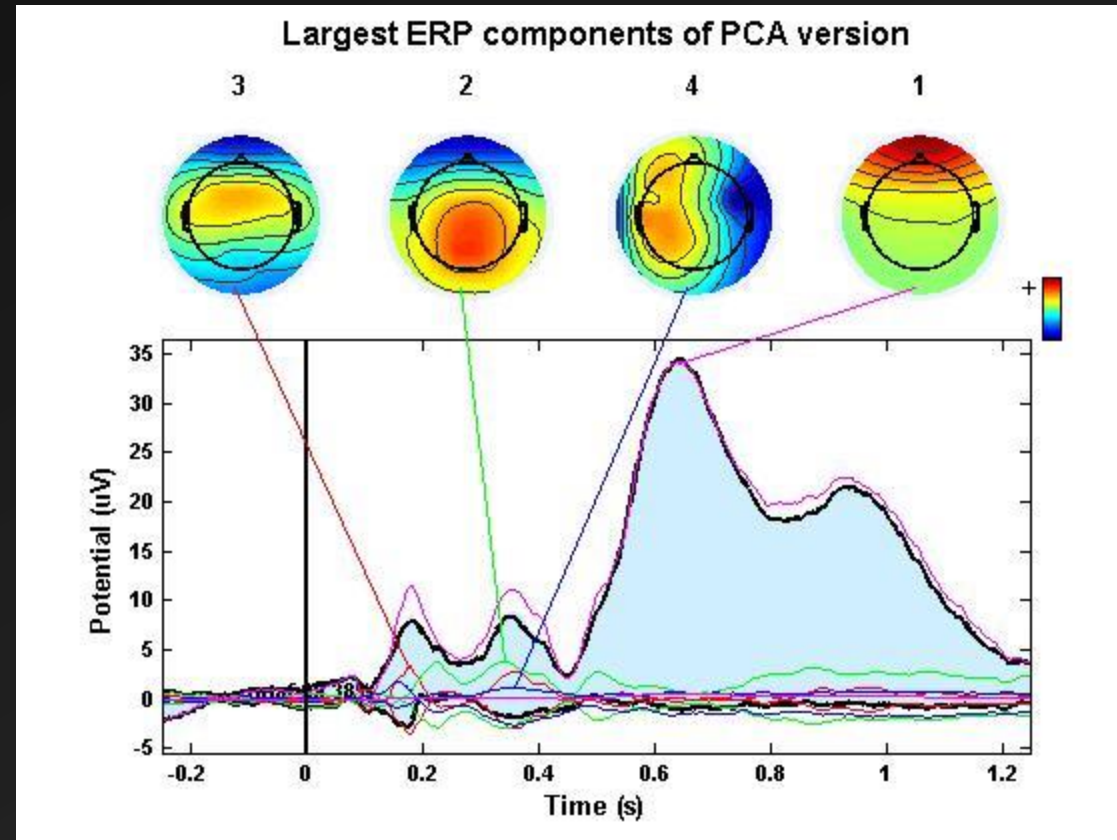
Figure 10-4. Plot of four sets of component loadings derived from a principal-components analysis (PCA) of an ERP data set. Each of the component loading vectors is composed of 128 points corresponding to 128 time points (100-Hz digitizing rate) in the waveforms.

Spatial PCA on Sample Data

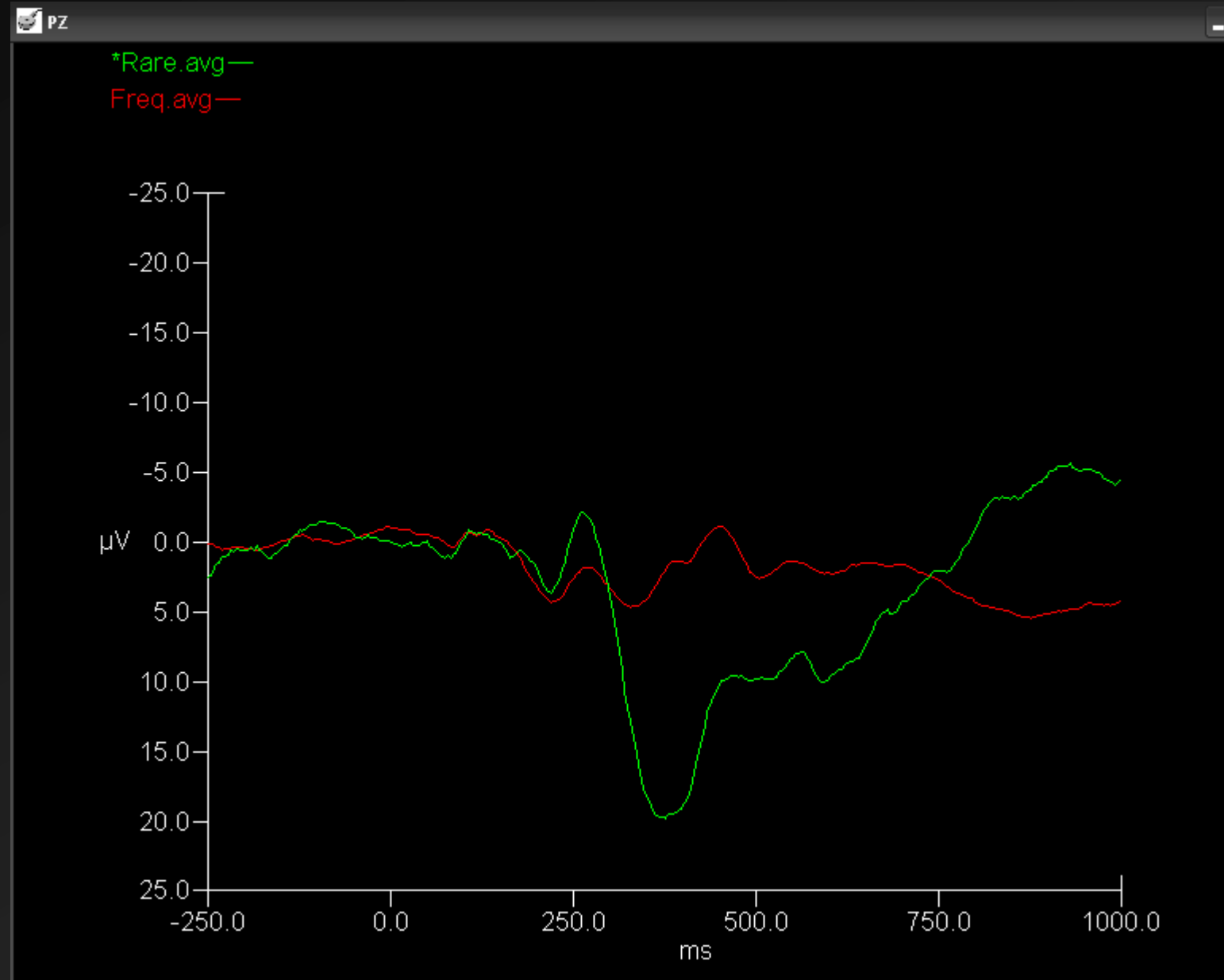


PCA version

PCA (3b): The Loading Map (for Spatial PCA)

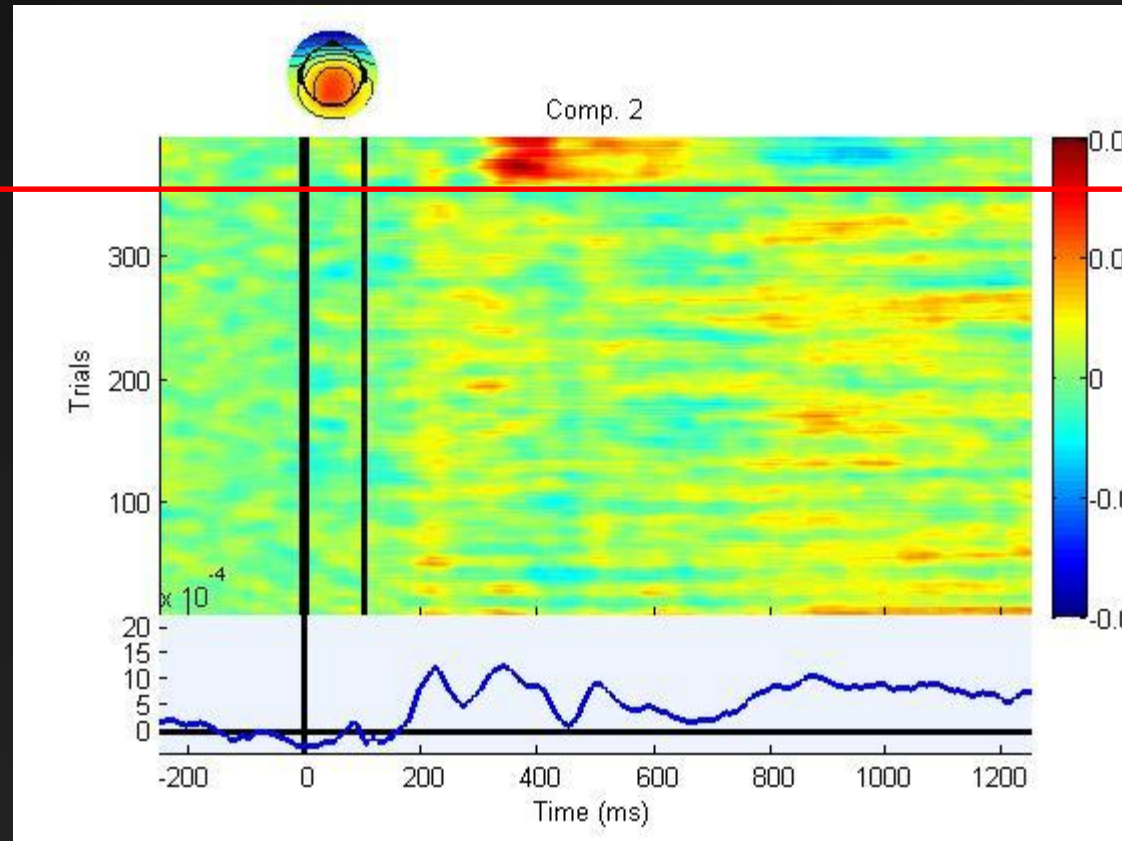


Reminder: The ERP from which it derives



PCA Component 2

Rare
Frequent



PCA (4): Reconstructing Data Matrix

➤ $\mathbf{D}_{N \times n} \approx \mathbf{S}_{N \times m} * \mathbf{L}_{m \times n}$

- This reconstructed Data matrix will differ slightly from the original Data matrix because not all n components are used.
- To the extent that the m components account for most of the variance in the original data set, the reconstructed data matrix will closely approximate the original data matrix.

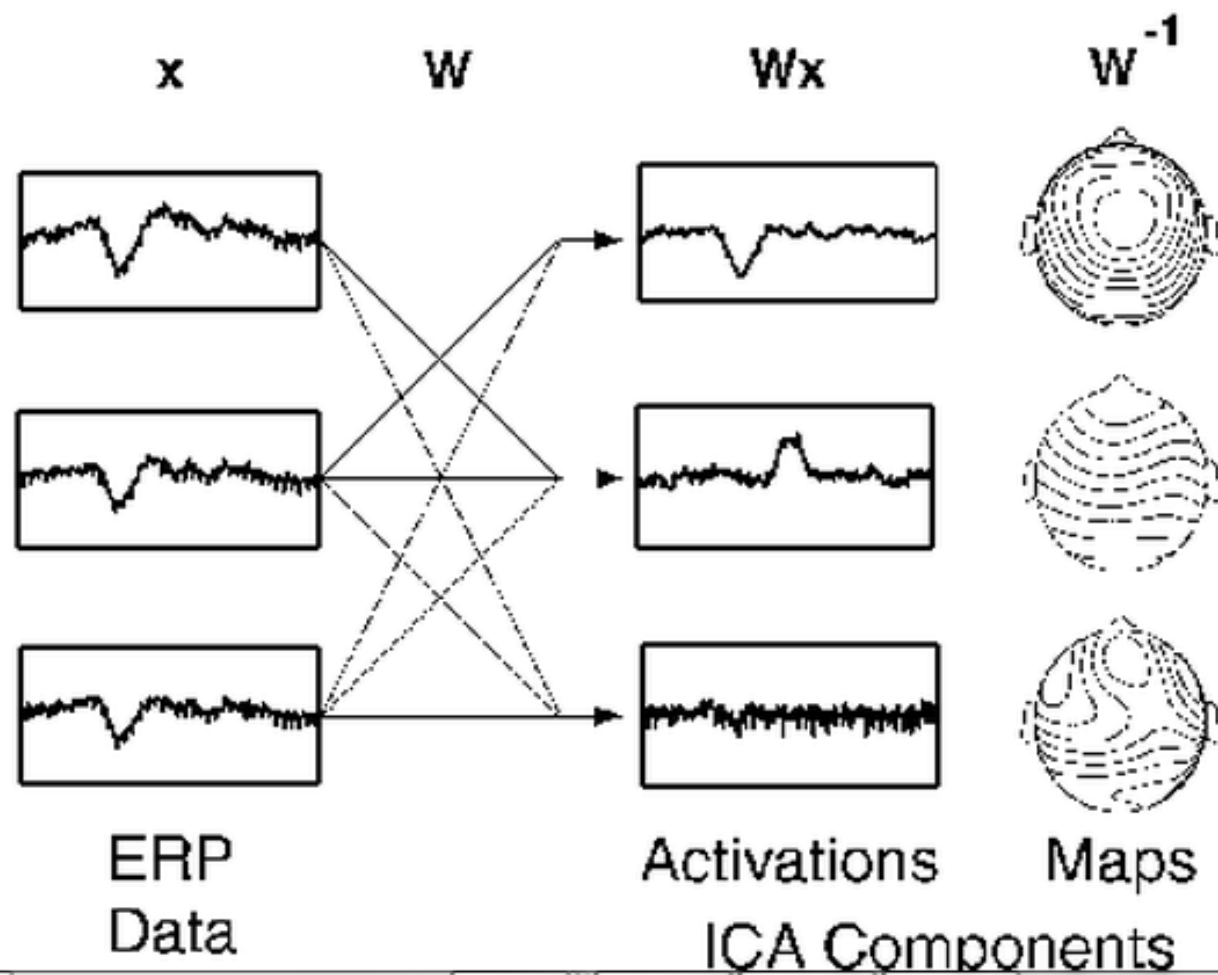
PCA (4): Caveat Emptor

- PCA is a linear model; assumes the components sum together without interaction to produce the actual waveform
- Sources of variance are orthogonal; if two sources are highly correlated, may result in a composite PCA component reflecting both
- Component invariability in terms of latency jitter across subjects
 - PCA does not distinguish between variations in amplitude vs variations in latency
 - Especially a problem in comparing control vs pathological groups; pathological groups will typically be more variable
 - Allen & Collins unpublished simulation study:
 - Two groups: Control & Pathological
 - Identical waveforms for each group differed only in latency
 - The two groups differed significantly on three of four principal component scores
 - In other words, if one indiscriminately interprets these as amplitude or morphology differences, one would be WRONG!!!

ICA ... a “better” PCA?

- PCA finds orthogonal components
 - First PC accounts for most variance
 - Next PC accounts for most remaining variance
 - Components will have orthogonal scalp distributions
- ICA separates temporally independent components
 - Also known as blind source separation
 - May or may not correspond to brain “hotspots” but do represent functional brain networks
- See:
http://arnauddelorme.com/ica_for_dummies/

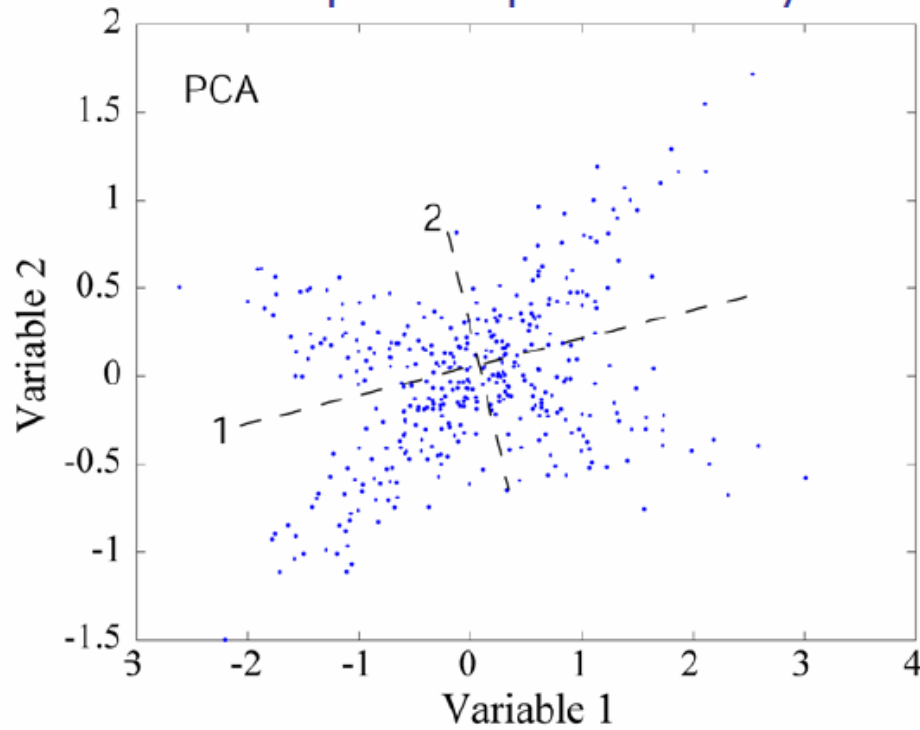
ICA Decomposition



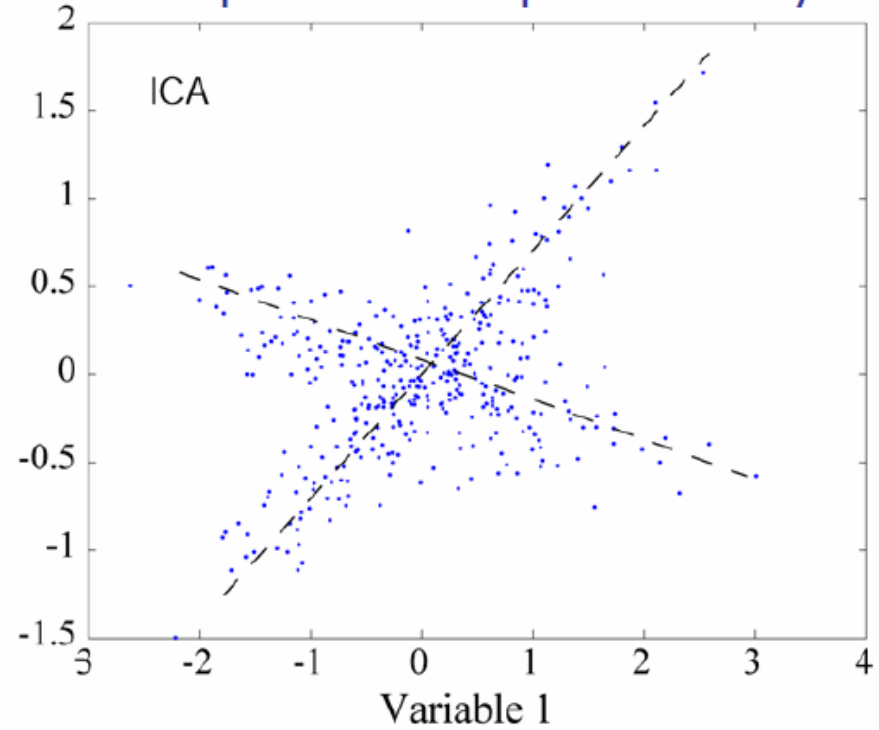


ICA vs PCA

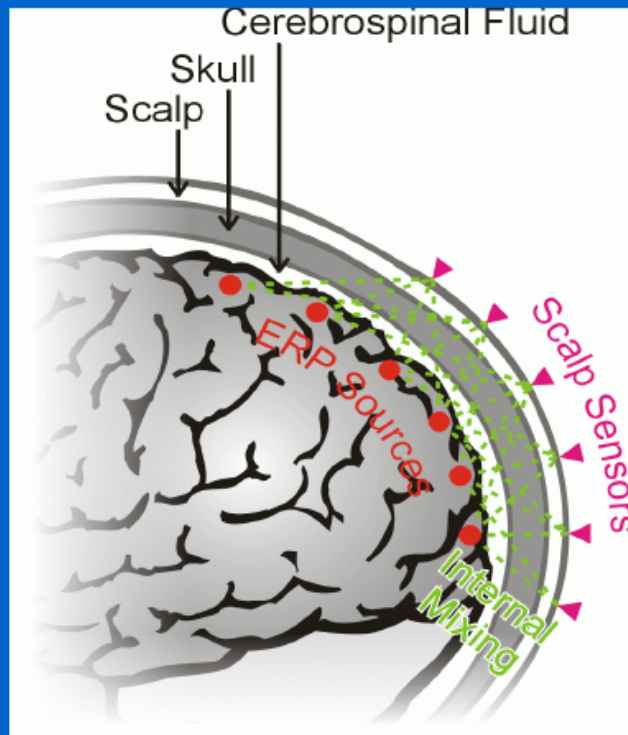
Principal component analysis



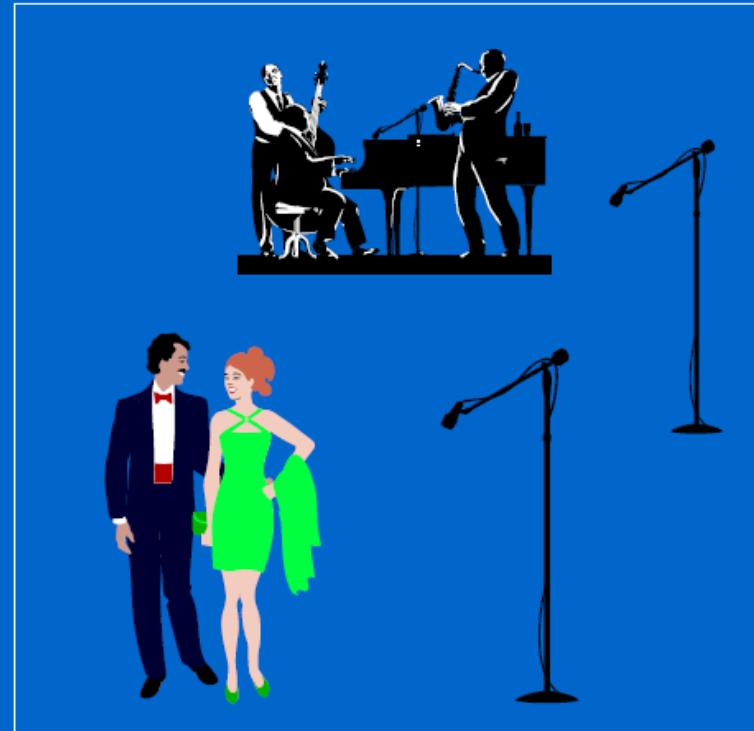
Independent component analysis



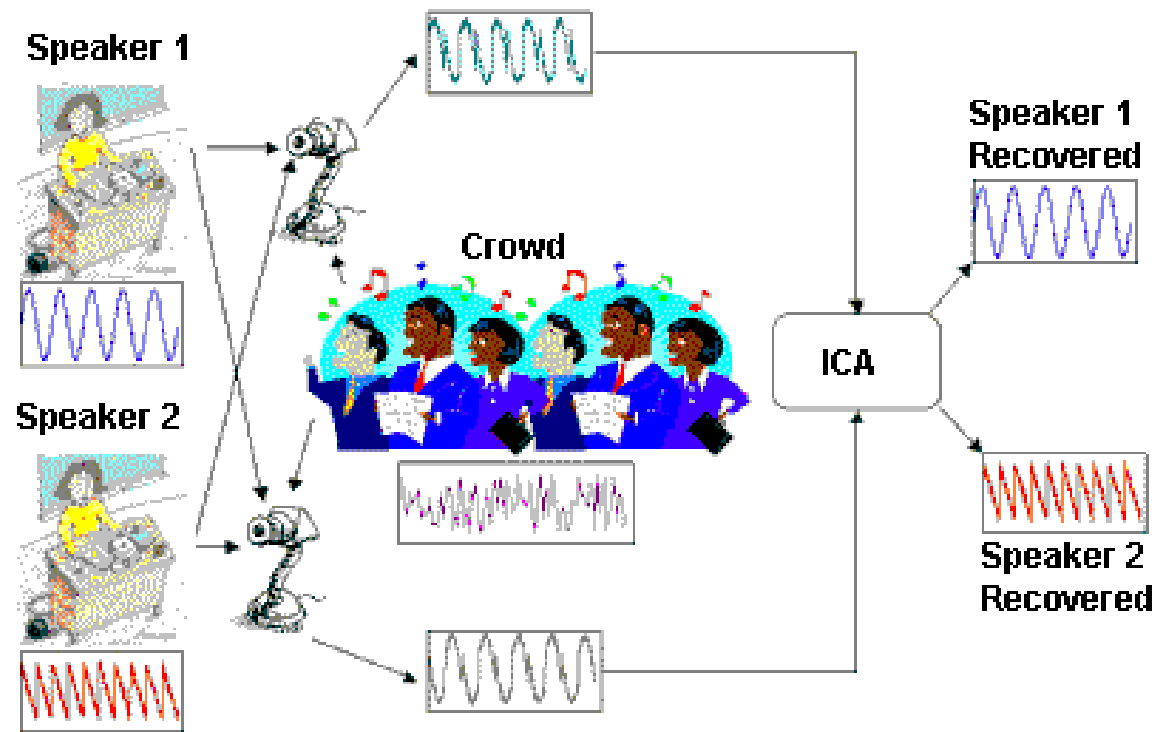
EEG data are mixtures of source signals

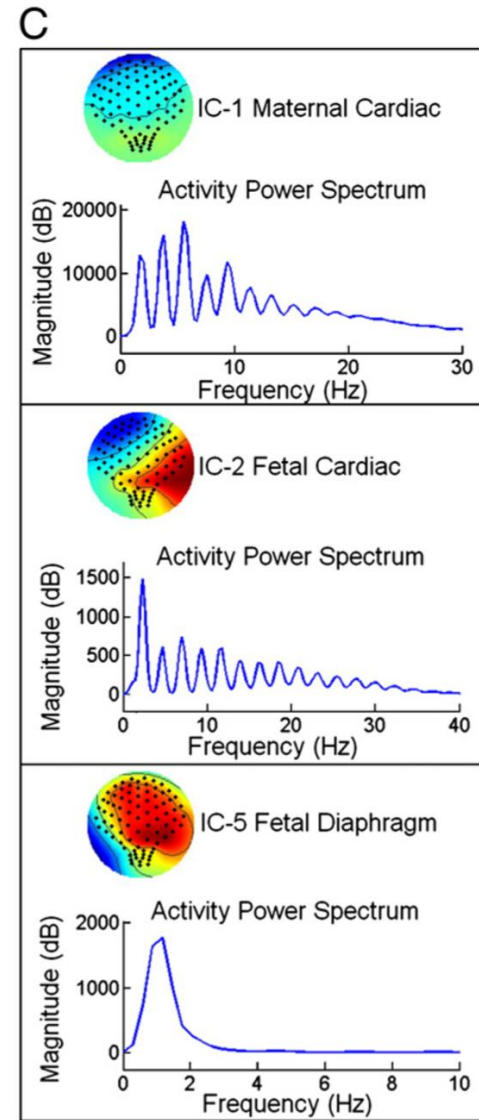
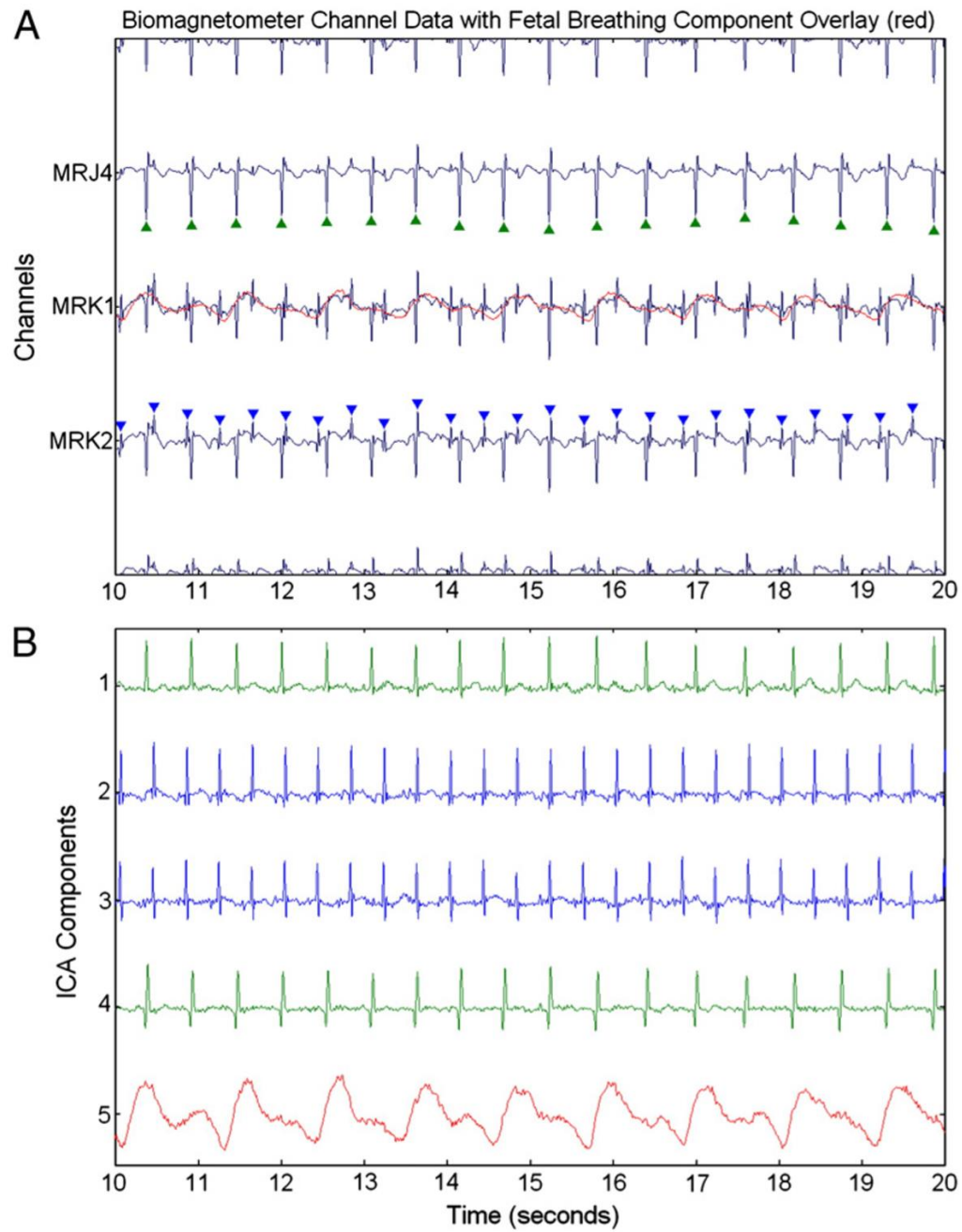


Cocktail Party



26

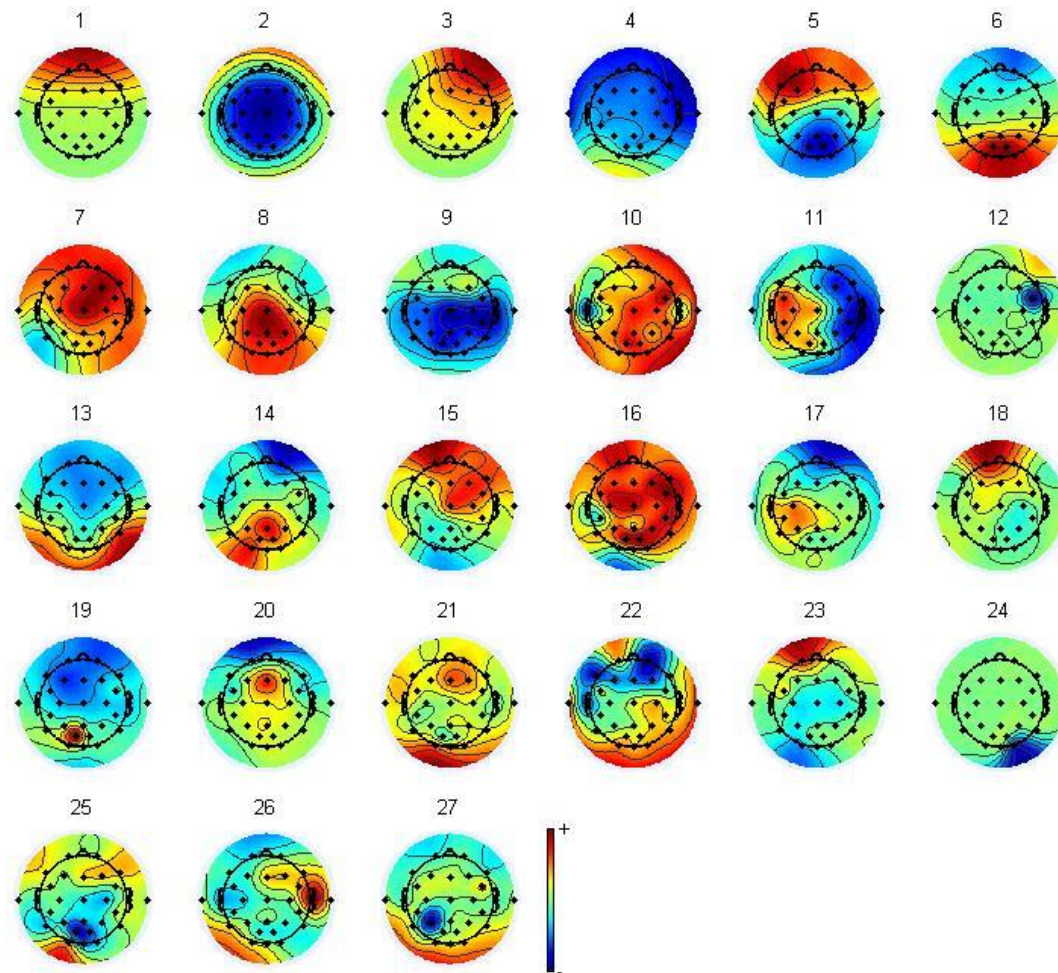




ICA/EEG Assumptions

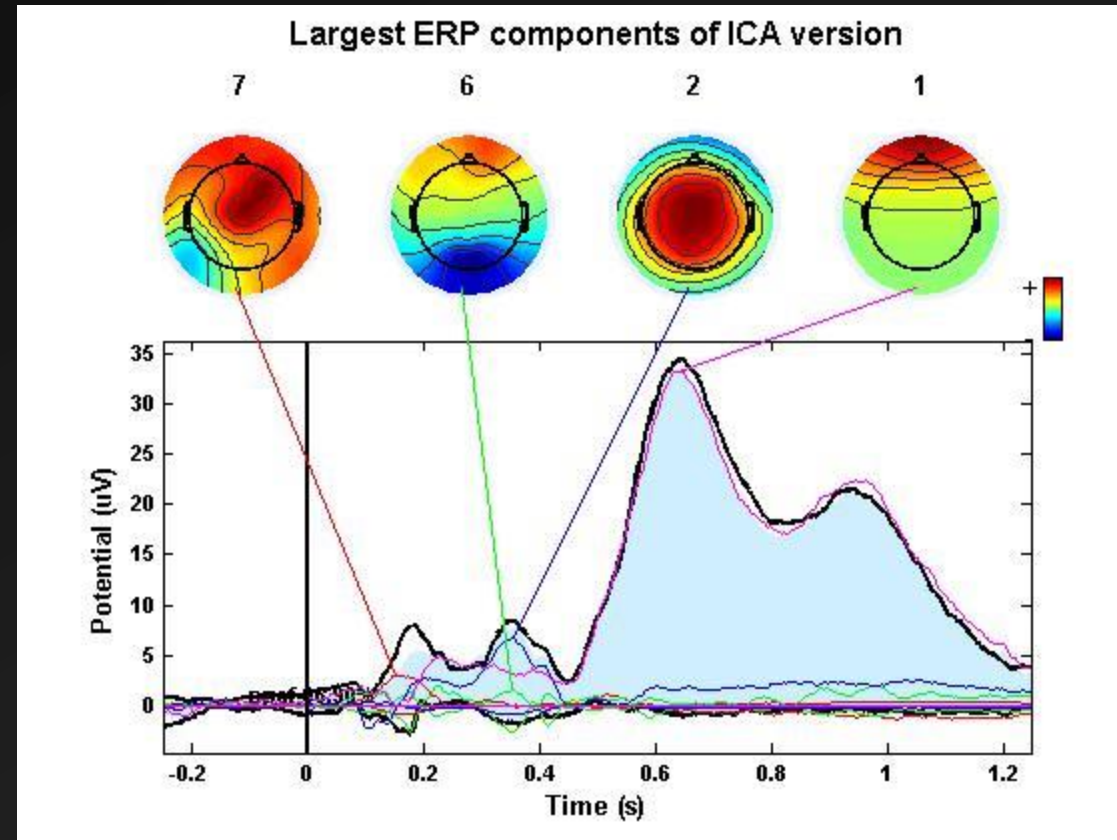
- Mixing is linear at electrodes
- Propagation delays are negligible
- Component time courses are independent
- Number of components \leq number of channels.

ICA: The Projection Map



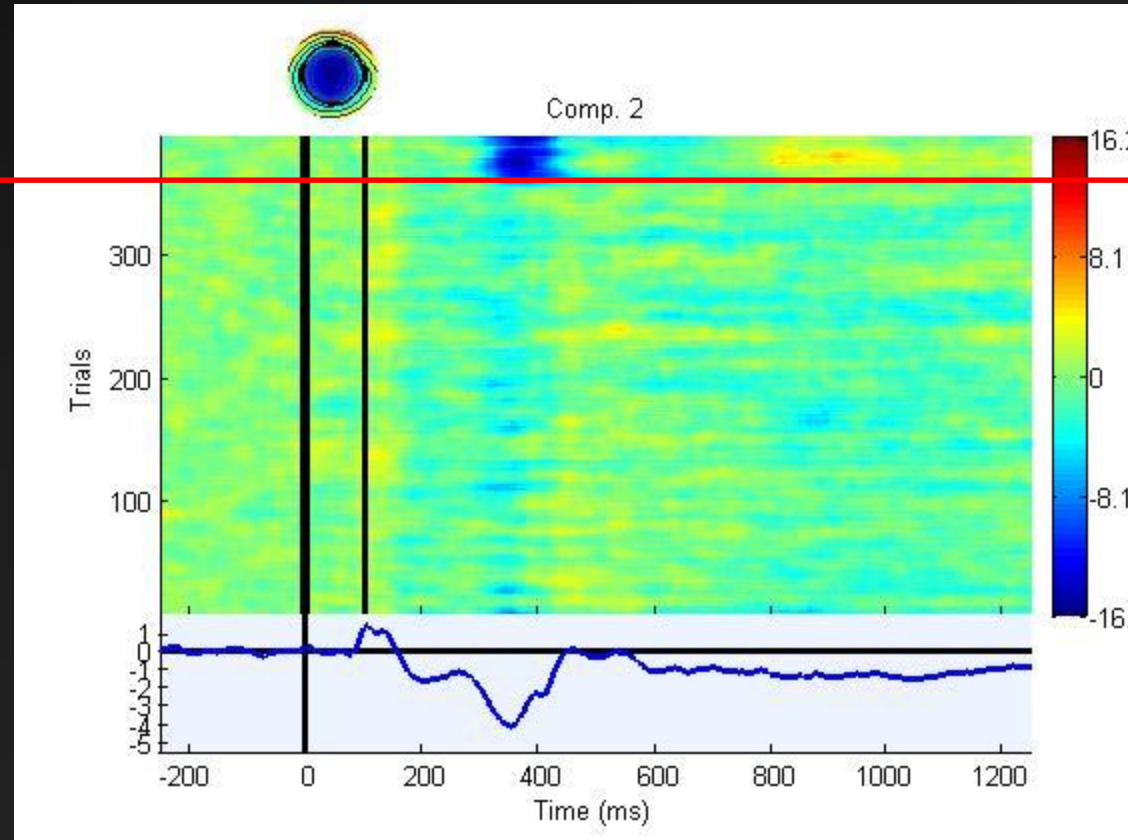
ICA version

ICA: The Projection Map



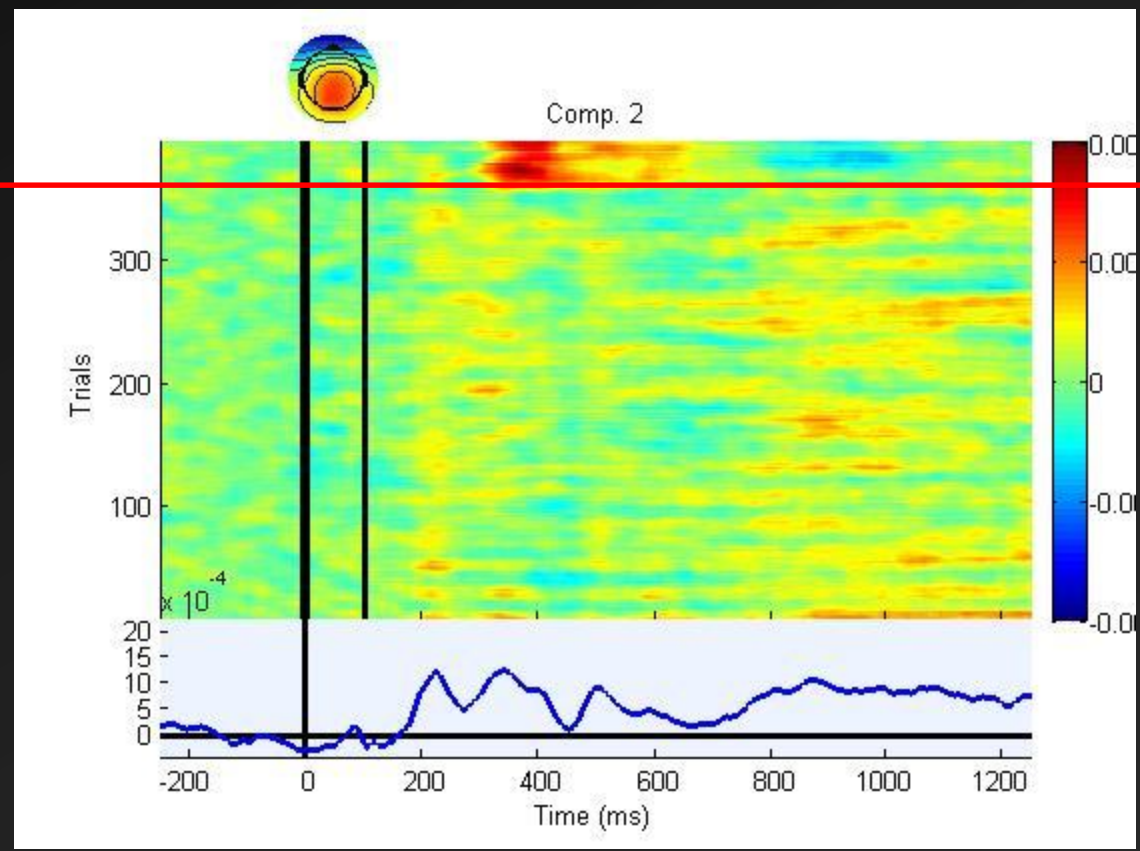
ICA: Trial by Trial IC Projection to Pz

Rare
Frequent



PCA Component 2

Rare
Frequent



ICs as *Artifacts!*

“Clinical” vs Actuarial Approaches

Clinical Versus Actuarial Judgment

ROBYN M. DAWES, DAVID FAUST, PAUL E. MEEHL

Professionals are frequently consulted to diagnose and predict human behavior; optimal treatment and planning often hinge on the consultant's judgmental accuracy. The consultant may rely on one of two contrasting approaches to decision-making—the clinical and actuarial methods. Research comparing these two approaches shows the actuarial method to be superior. Factors underlying the greater accuracy of actuarial methods, sources of resistance to the scientific findings, and the benefits of increased reliance on actuarial approaches are discussed.

a clinical practitioner. A clinician in psychiatry or medicine may use the clinical or actuarial method. Conversely, the actuarial method should not be equated with automated decision rules alone. For example, computers can automate clinical judgments. The computer can be programmed to yield the description “dependency traits,” just as the clinical judge would, whenever a certain response appears on a psychological test. To be truly actuarial, interpretations must be both automatic (that is, prespecified or routinized) and based on empirically established relations.

Virtually any type of data is amenable to actuarial interpretation. For example, interview observations can be coded quantitatively (patient appears withdrawn: [1] yes, [2] no). It is thereby possible to incorporate qualitative observations and quantitative data into

“Clinical” vs Actuarial Approaches

- Human raters
 - Good source of possible algorithms
 - Lousy at reliably implementing them
 - Inter-rater
 - Intra-rater
- Actuarial methods
 - Always arrive at the same conclusion
 - Weight variables according to *actual* predictive power

ICs as Artifacts!

ADJUST:

An automatic EEG artifact detector based
on the joint use of spatial and temporal
features

ICs as Artifacts!

MARA (Multiple Artifact Rejection Algorithm)

FASTER (Fully Automated Statistical Thresholding for EEG artifact Rejection)

SASICA (a tool for implementing these and more)...

Table 1

Measures computed by the three automated tools evaluated here. Abbreviations refer to those used in figures and throughout the paper.

| Tool | Artifact type | Measure | Abbreviation |
|--------|-------------------------------|--|------------------|
| SASICA | Blinks/vertical eye movements | Correlation with vertical EOG electrodes | CorrV |
| | Horizontal eye movements | Correlation with horizontal EOG electrodes | CorrH |
| | Muscle | Low autocorrelation of time-course | LoAC or AutoCorr |
| | Bad channel | Focal channel topography | FocCh |
| | Rare event | Focal trial activity | FocTr |
| | Non dipolar component | Residual variance | ResVar |
| | Bad channel | Correlation with Bad channel | CorrCh |
| | Eye blinks/saccades | Correlation with EOG electrodes | EOGcorr |
| FASTER | "Pop-Off" | Spatial Kurtosis | SK |
| | White noise | Slope of the power spectrum | SpecSI |
| | White noise | Hurst exponent | HE |
| | White noise | Median slope of time-course | MedGrad |
| | Eye blinks | Temporal Kurtosis | TK |
| ADJUST | Eye blinks | Spatial average difference | SAD |
| | Eye blinks | Spatial variance difference | SVD |
| | Vertical Eye Movements | Maximum epoch variance | MEV |
| | Horizontal Eye Movements | Spatial eye difference | SED |
| | Generic Discontinuities | Generic discontinuity spatial feature | GDSF |

A Neural components
Expected properties

Smooth/dipolar topography

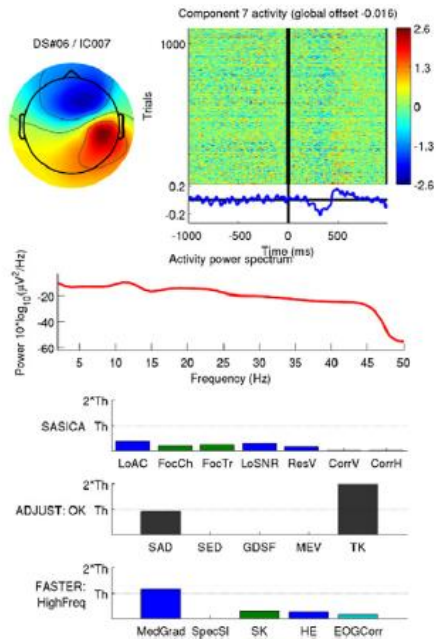
Large amplitude

Strong evoked activity

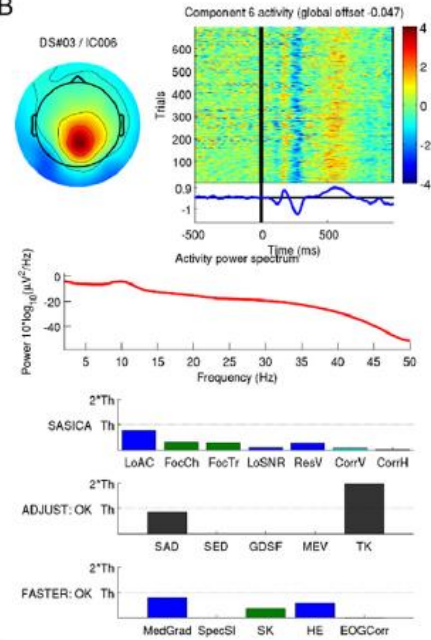
Power peak at physiological frequency

Low artefact measures

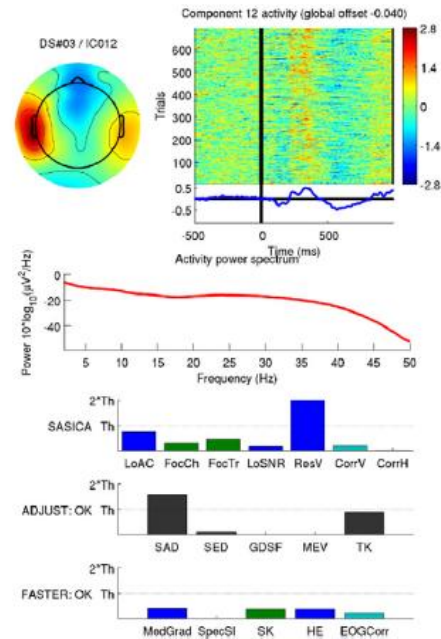
C



B



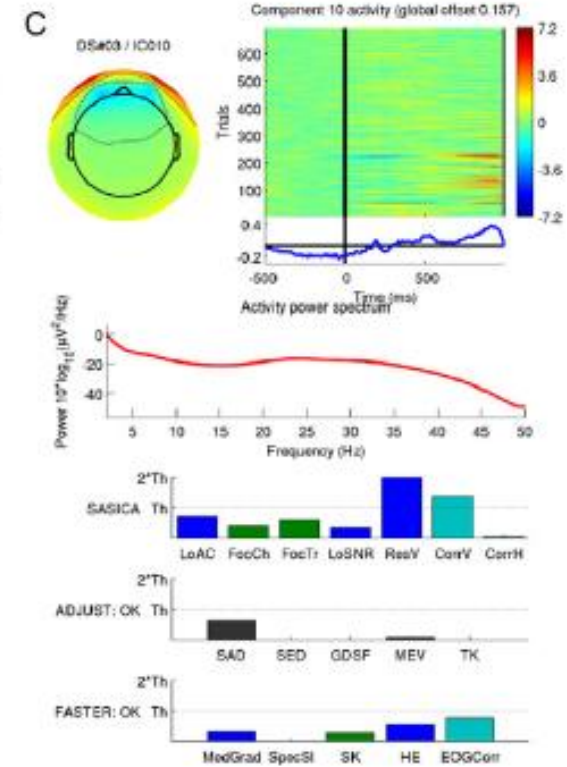
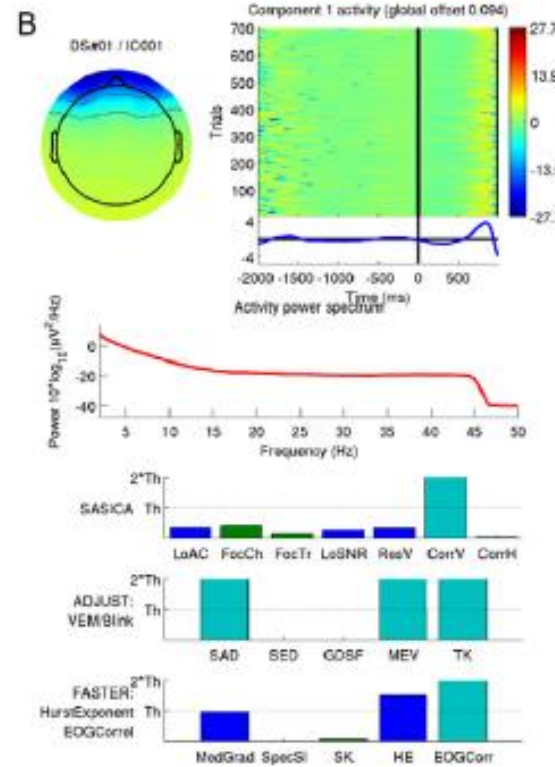
D



Blink components

A Expected properties

- Frontal topography
- Large amplitude
- Opposite polarity below the eyes
- No peak at physiological frequencies
- High correlation with vertical EOGs
- High eye movement related measures



Horizontal eye movement components

D

Expected properties

Opposite sign bilateral frontal topography

Step-like events

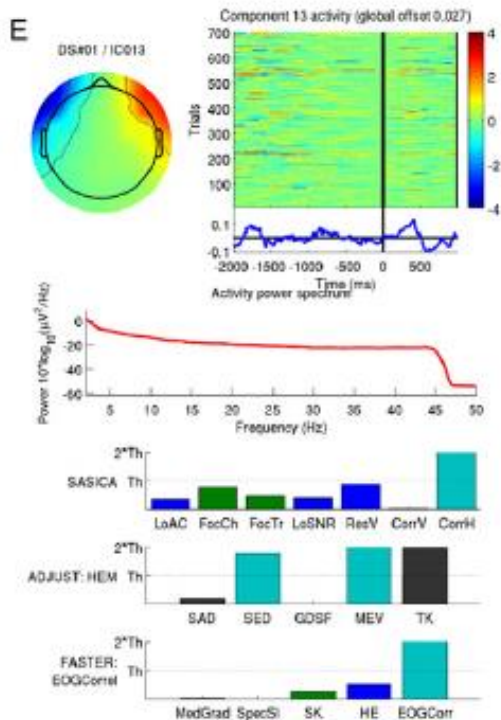
Opposite polarity around the eyes

No peak at physiological frequencies

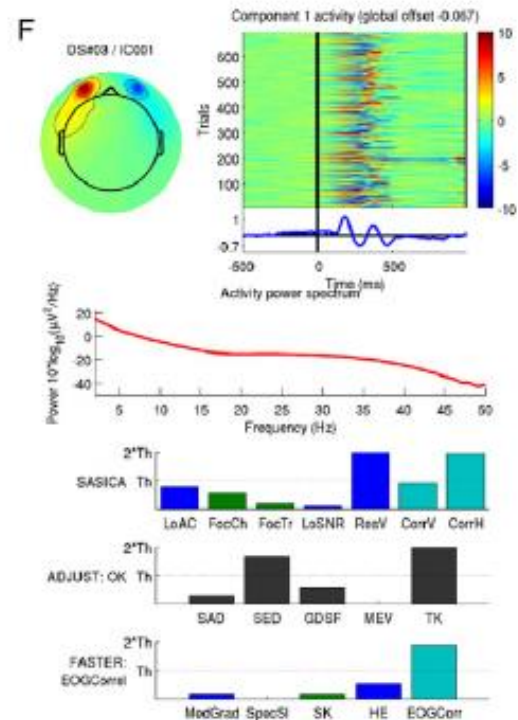
High correlation with vertical/horizontal EOGs

High eye movement related measures

MedGrad SpecSI SK HE EOGCorr



MedGrad SpecSI SK HE EOGCorr



Non-artifact components may be mistaken for ocular components

G

Expected properties

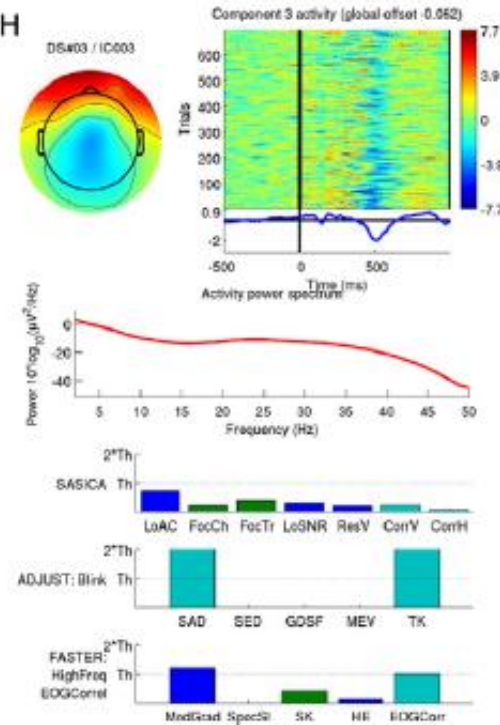
Inverse weight at posterior channels

Noisy time course

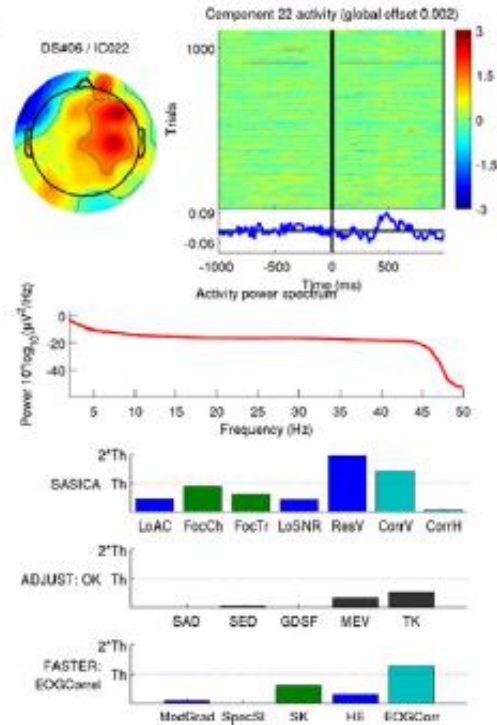
No opposite polarity around the eyes

Weak correlation with EOGs

H



I



A Muscle components
Expected properties

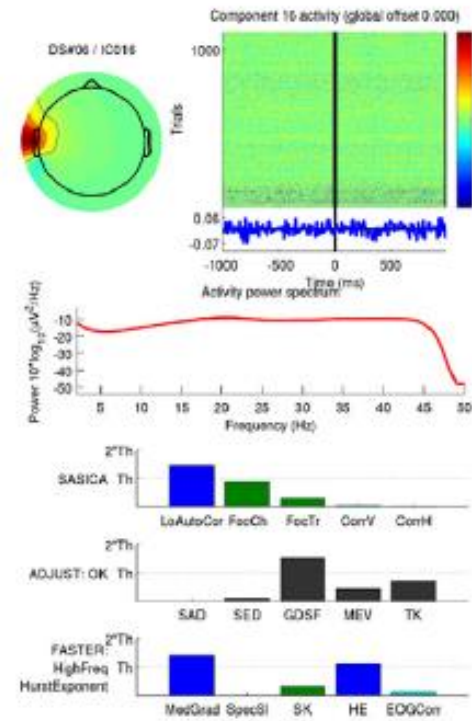
Focal topography

Steady noisy
time courses
dissipating /
building up
across trials

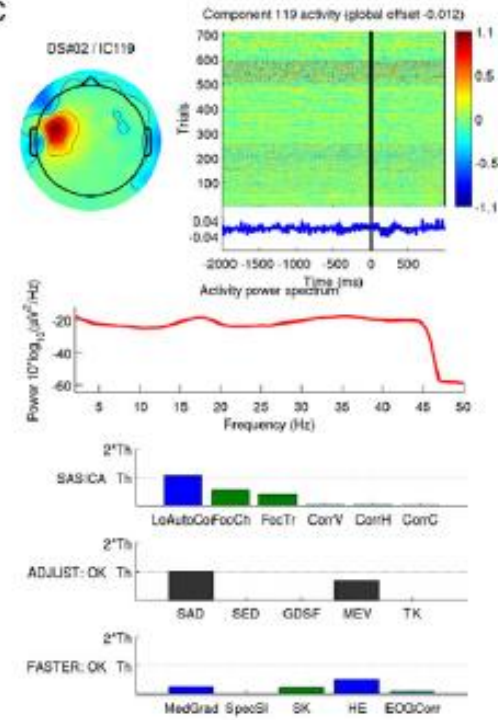
Power at
high frequencies

High noise
measures

B



C



Bad Channel components

A

Expected properties

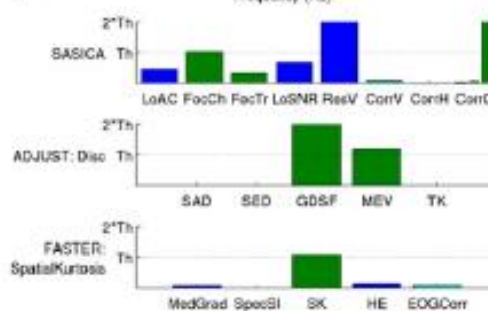
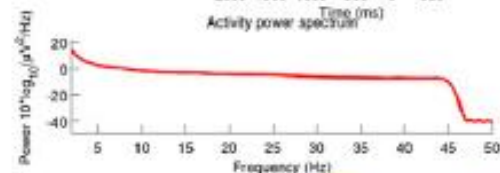
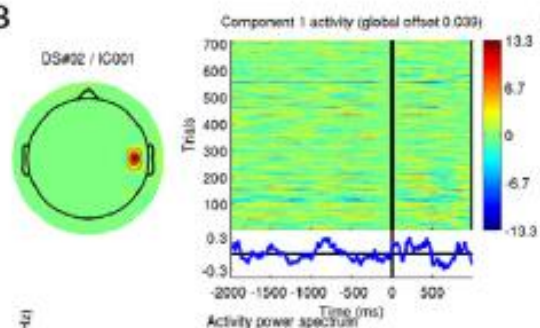
Focal (one channel) topography

Noisy time course

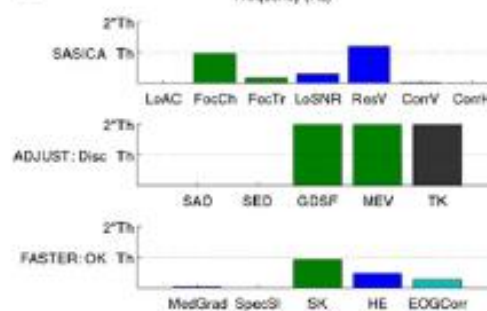
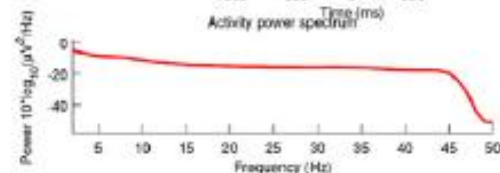
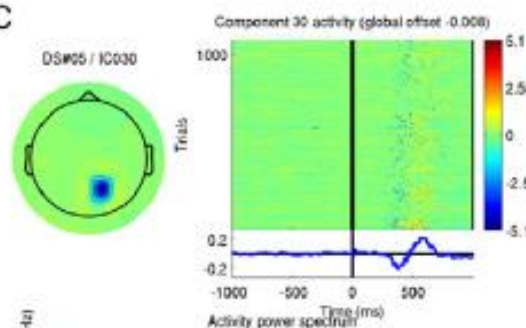
High correlation with marked bad channel

High spatial / intertrial noise measures

B



C



Ambiguous mixture components

D

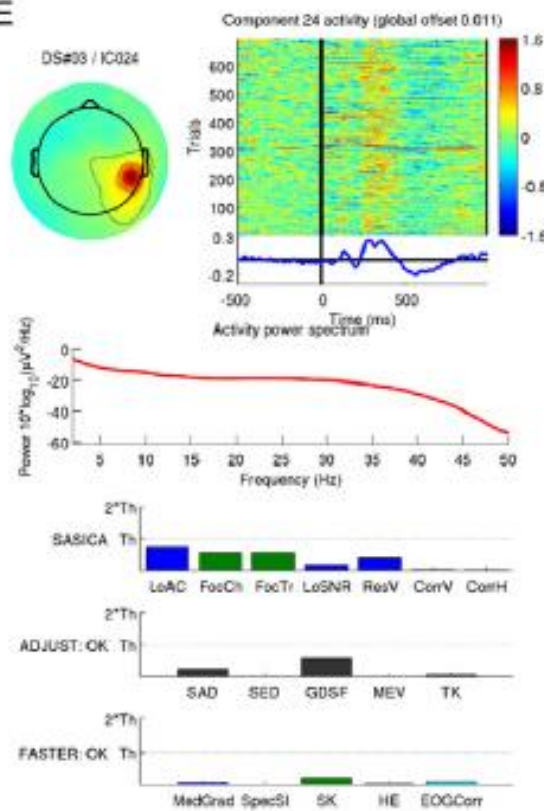
Expected properties

More spread-out topography

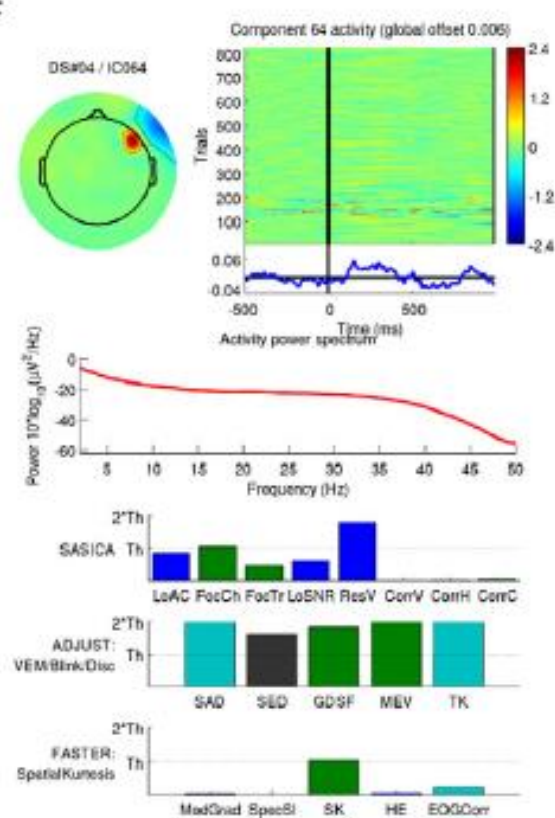
Stimulus evoked response

Transient noise activity

E



F



Rare Events

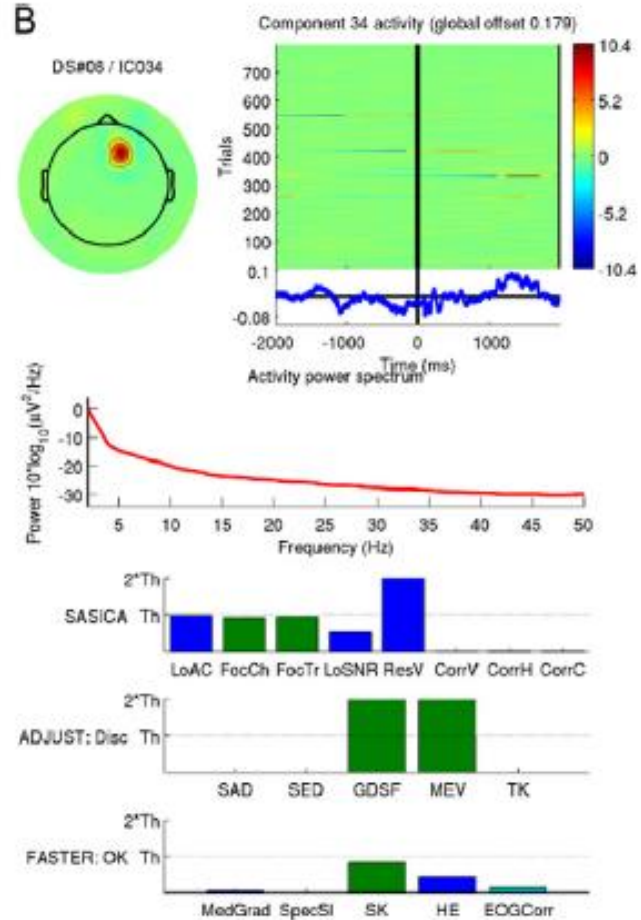
A

Expected properties

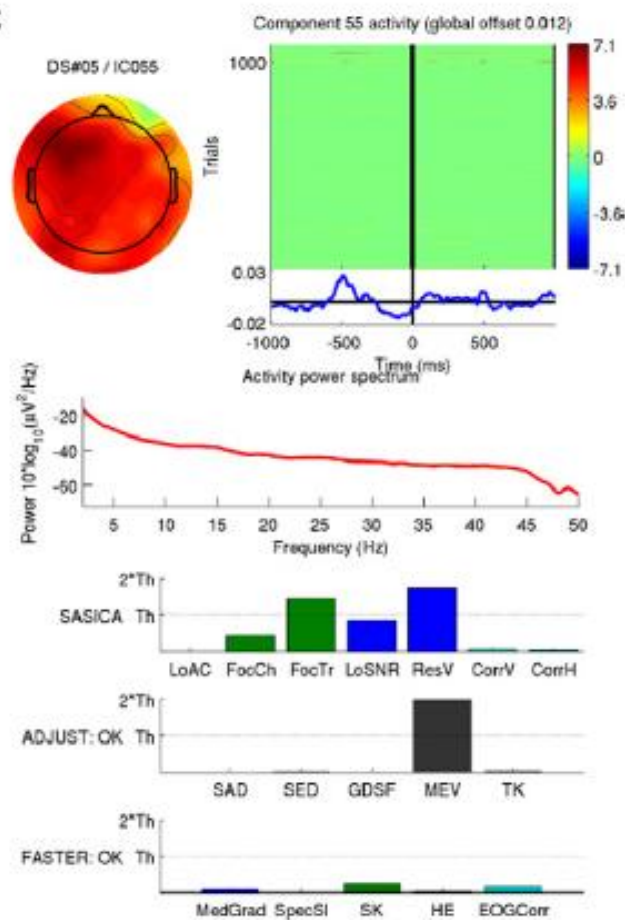
Few high amplitude events in otherwise low amplitude time courses

High spatial / intertrial noise measures

B

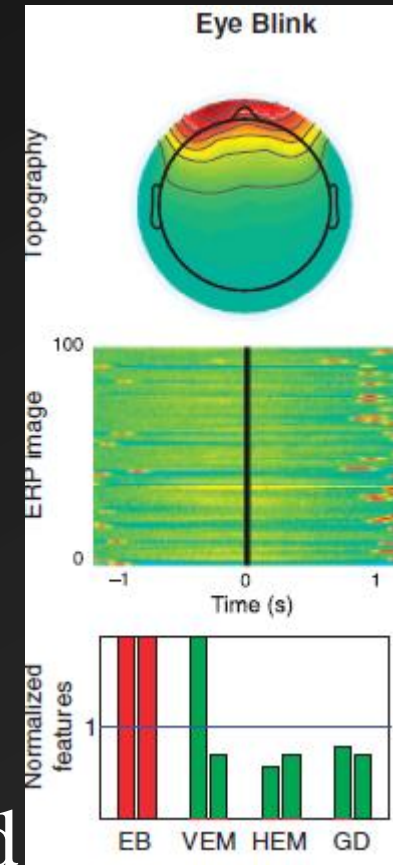


C

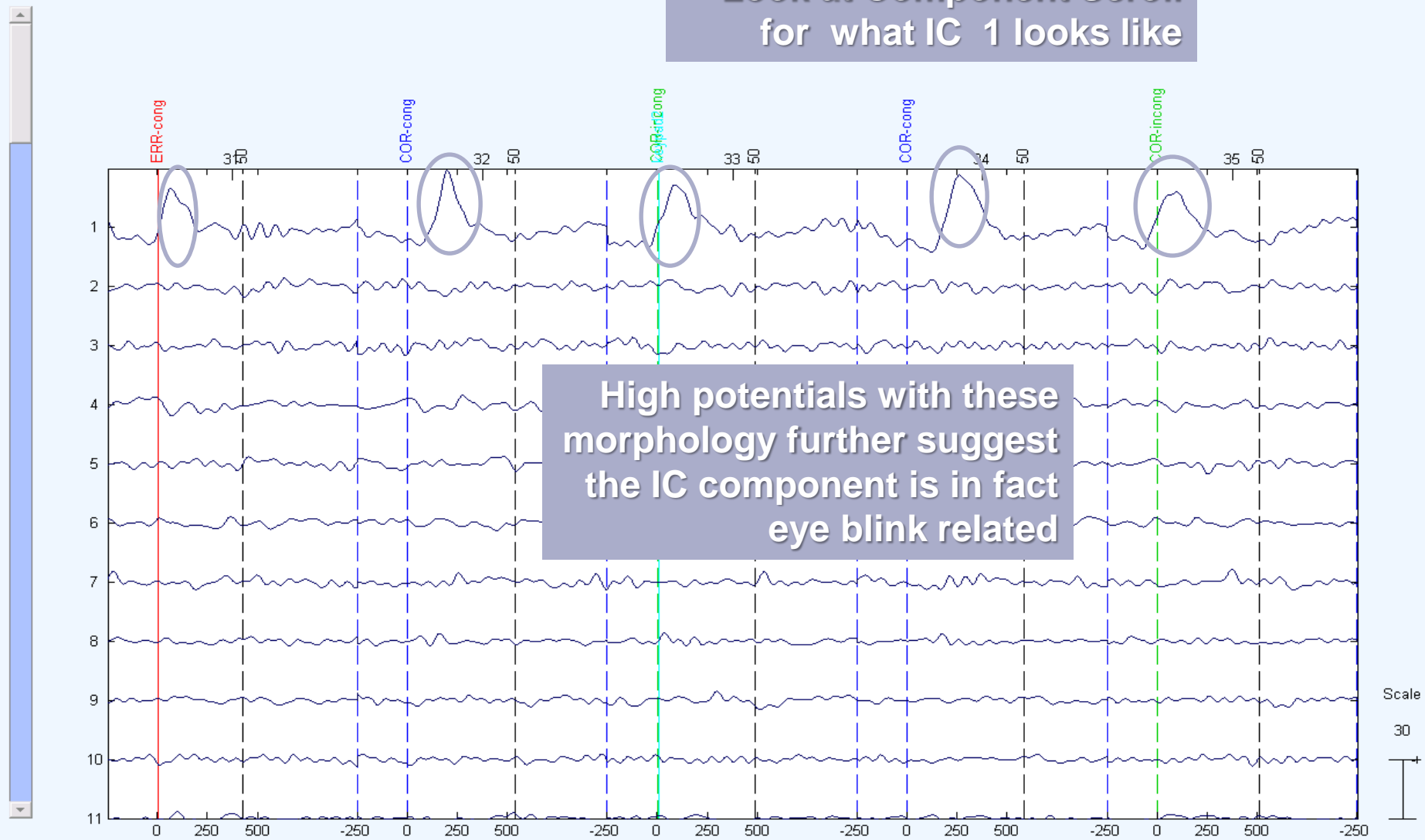


Eye blinks

- Features used
 - Spatial Average Difference (SAD)
 - Temporal Kurtosis (TK)
- Frontal distribution
- High power in delta frequency band



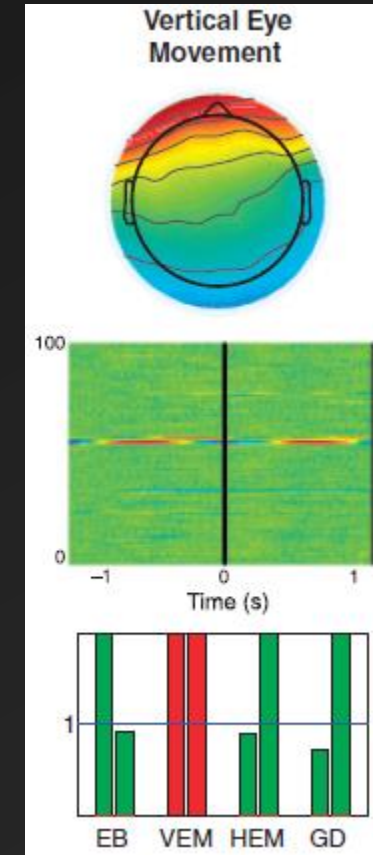
Look at Component Scroll
for what IC 1 looks like



CANCEL Event types << < 31 > >> Chan. Time Value 1 -138.282 -7.3186 30 + REJECT -

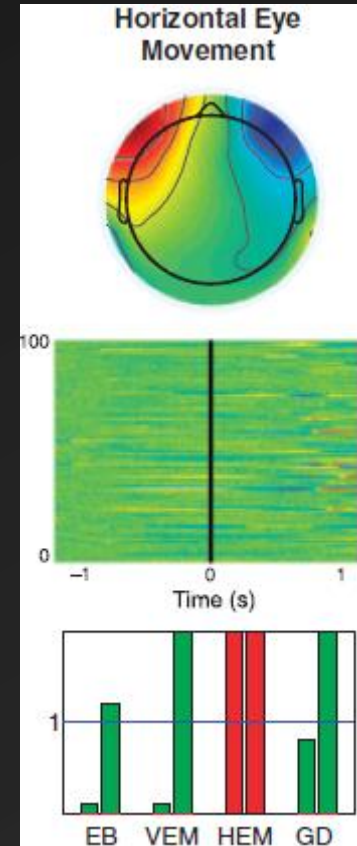
Vertical Eye Movement

- Features used
 - Spatial Average Difference (SAD)
 - Maximum Epoch Variance (MEV)
- Frontal distribution similar to that of an eye blink



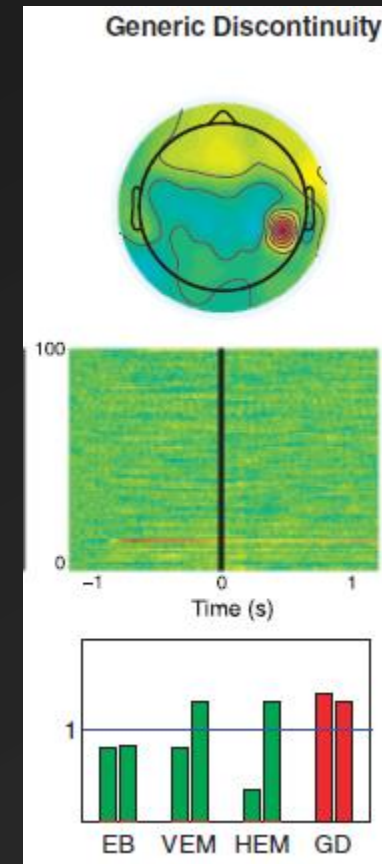
Horizontal Eye Movement

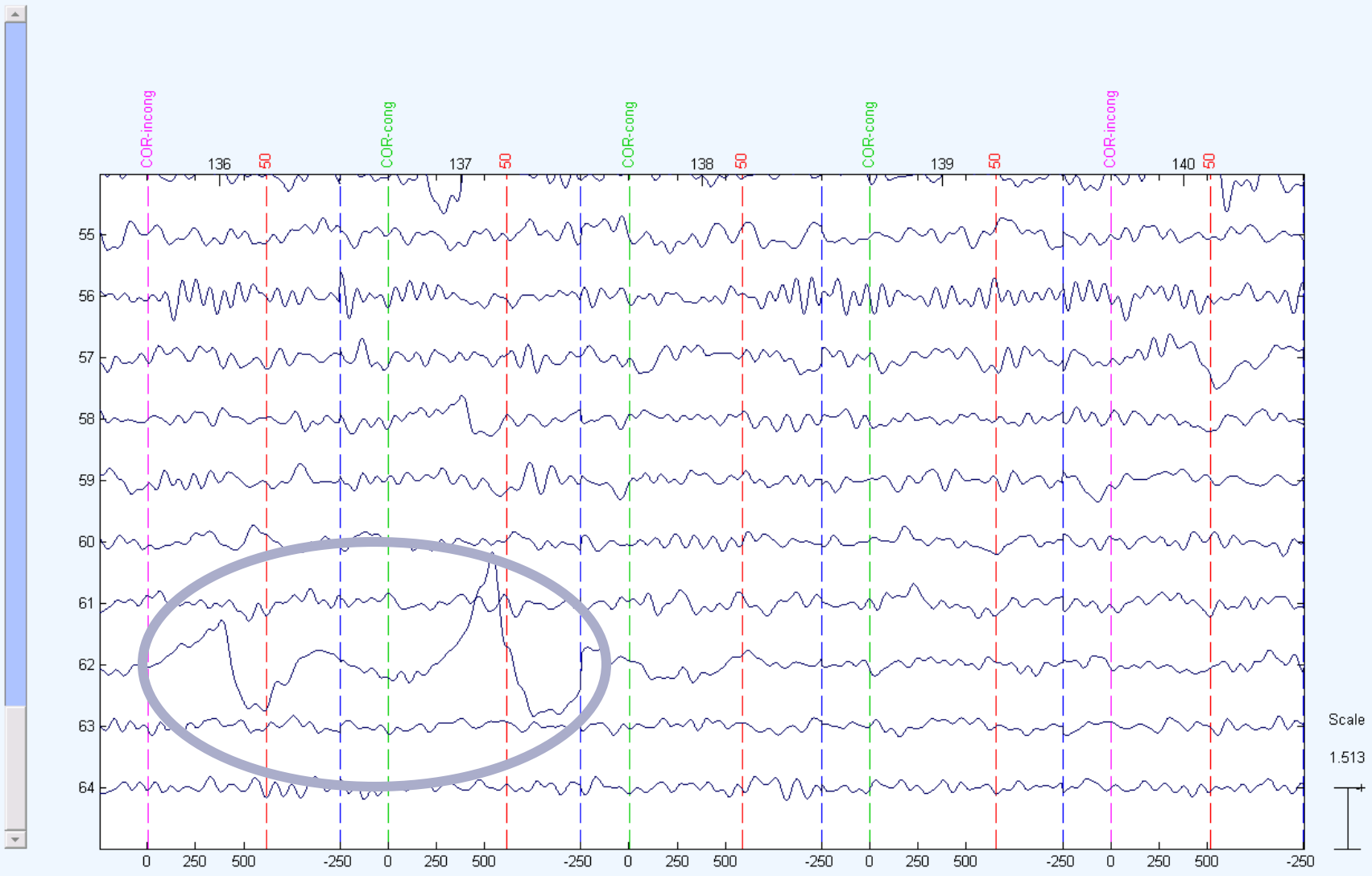
- Features used
 - Spatial Eye Difference (SED)
 - Maximum Epoch Variance (MEV)
- Frontal distribution in anti-phase (one positive and one negative)



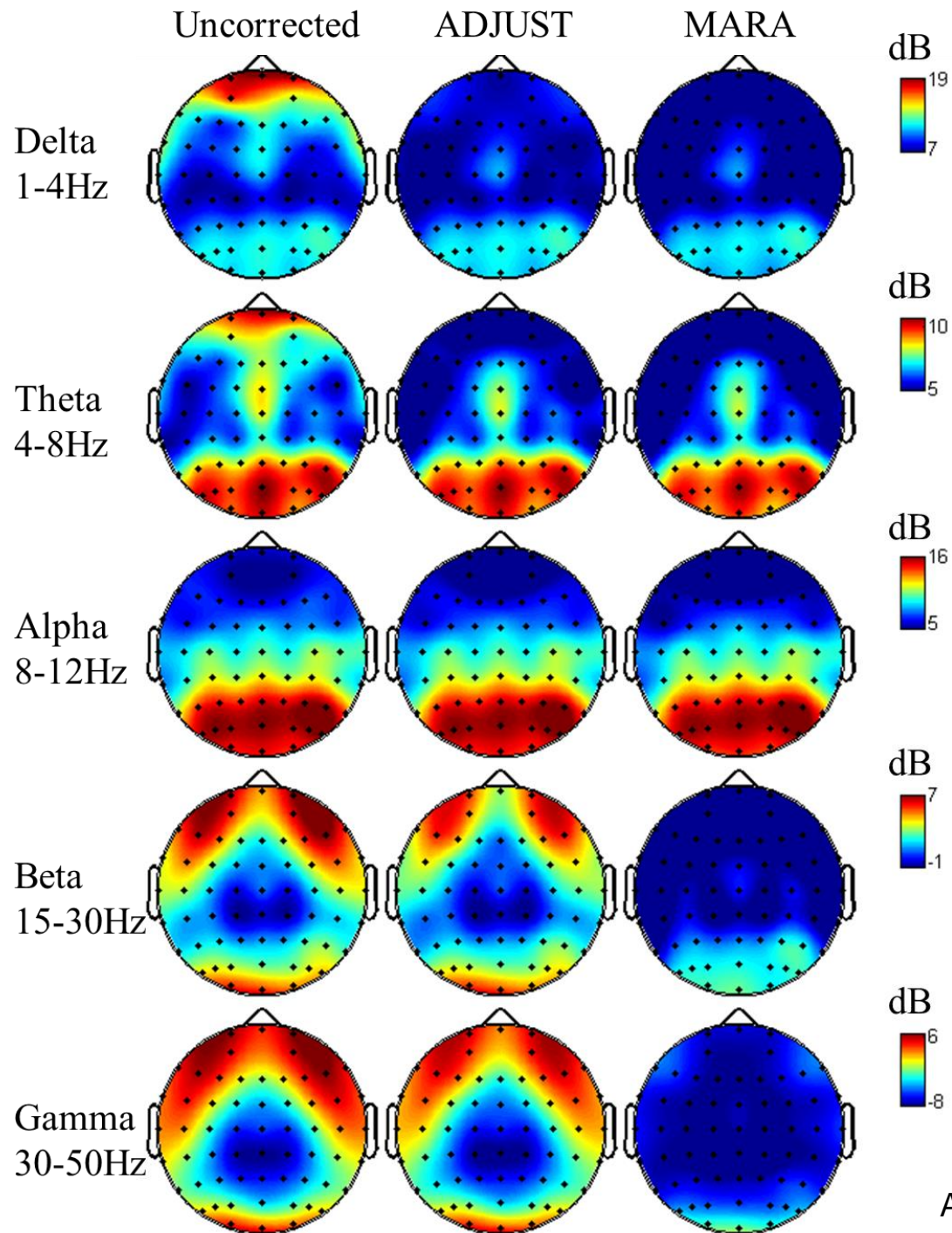
Generic Discontinuities

- Features used
 - Generic Discontinuities Spatial Feature (GDSF)
 - Maximum Epoch Variance (MEV)
- Variable distribution
- Sudden amplitude fluctuations with no spatial preference
 - Could be present in as little as one or 2 trials, and limited to 1 channel
- In component data scroll weird activity in the trial plotted on the IC activity





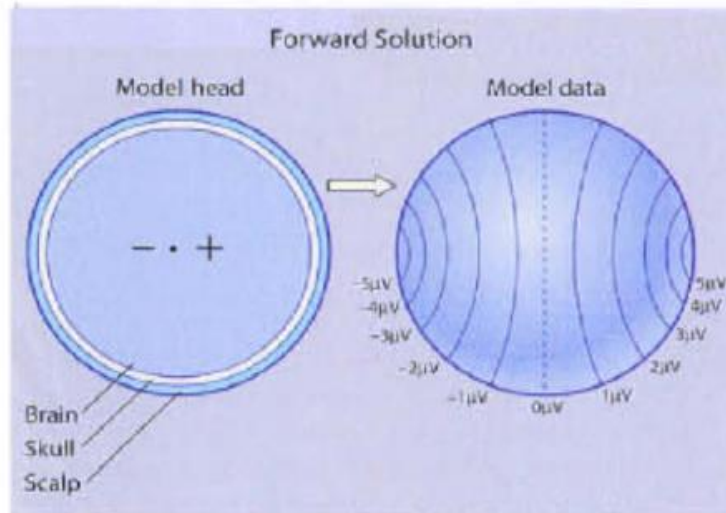
CANCEL Event types << < 136 > >> Chan. Time Value 59 -130.1781 0.079446 1.5132 + - REJECT



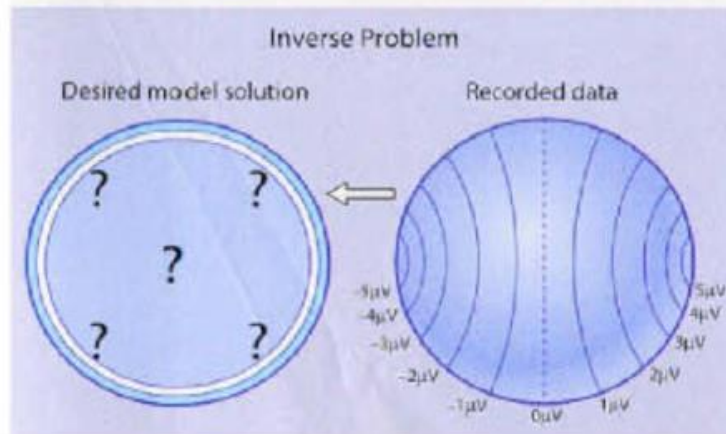
After Smith, Reznik, Stewart, Allen (2017)

Neural Sources of EEG

Inverse solution is not unique



A single pattern of neural activity will produce a unique scalp map



BUT ...A single scalp map could have been produced by an infinite number of patterns of neural activity

Source Analysis

- BESA -- Brain Electrical Source Analysis
- This is a model-fitting procedure for estimating intracranial sources underlying ERPs
 - Estimate -- if model fits, then data are consistent with these sources; yet there is no unique solution
 - Not for ongoing EEG -- too many sources

BESA

- Imagine a data matrix of ERPs:

\mathbf{V}_{Cxn} (# Channels by # timepoints)

- Note that this is really the result of the subtraction of the activity at the reference from the activity at the these sites; i.e.,

$$\mathbf{V}_{\text{Cxn}} = \mathbf{U}_{\text{Cxn}} - \mathbf{R}_{\text{Cxn}}$$

- Note: the reference matrix has identical rows! Thus BESA Presumes that all channels referenced to the same reference!

BESA

- Reconstruct a data matrix that includes not only the original channels, but the implicit channel (reference) as well:

\mathbf{U}_{Exn} (# electrodes = # channels+1),

which represents the activity at each electrode with respect to an average reference (i.e., the average of all channels)

BESA

- Now this matrix \mathbf{U}_{Exn} can be decomposed into
 - a set of sources: \mathbf{S}_{Sxn} (# Sources by # timepoints)
 - a set of attenuation coefficients \mathbf{C}_{ExS}
 - so that $\mathbf{U}_{\text{Exn}} = \mathbf{C}_{\text{ExS}} \mathbf{S}_{\text{Sxn}}$

BESA

- The attenuation matrix is determined by:
 - the geometry between the source and the electrodes
 - the nature of the conductance of the three-layer head model (Brain, Skull, Scalp);
 - the skull is less conductive than the layers on either side
 - this results in a spatial smearing of potentials as they cross the skull
 - the skull produces the equivalent of a brain that is 60% of the radius of the outer scalp (rather than the "true" figure of ~84%)

Next

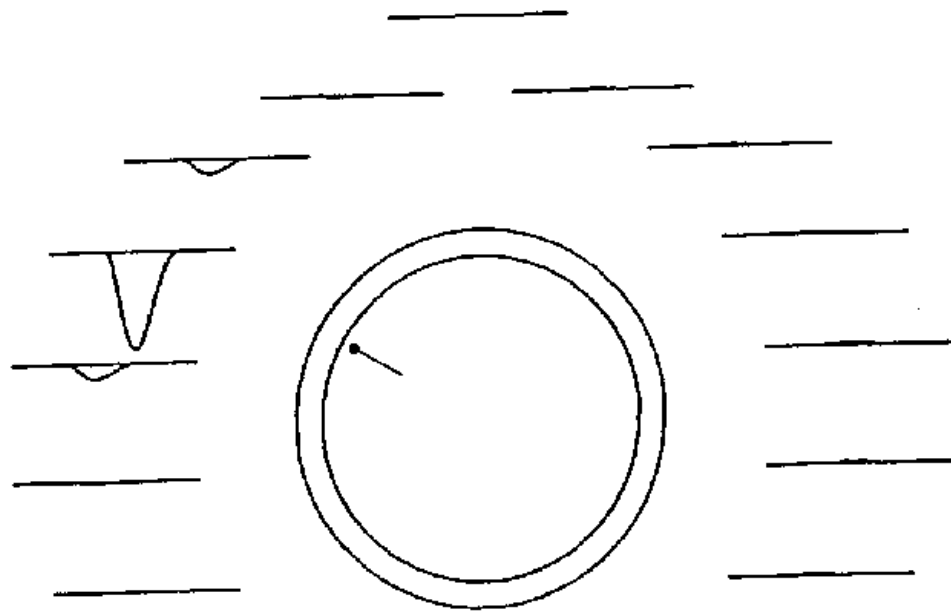
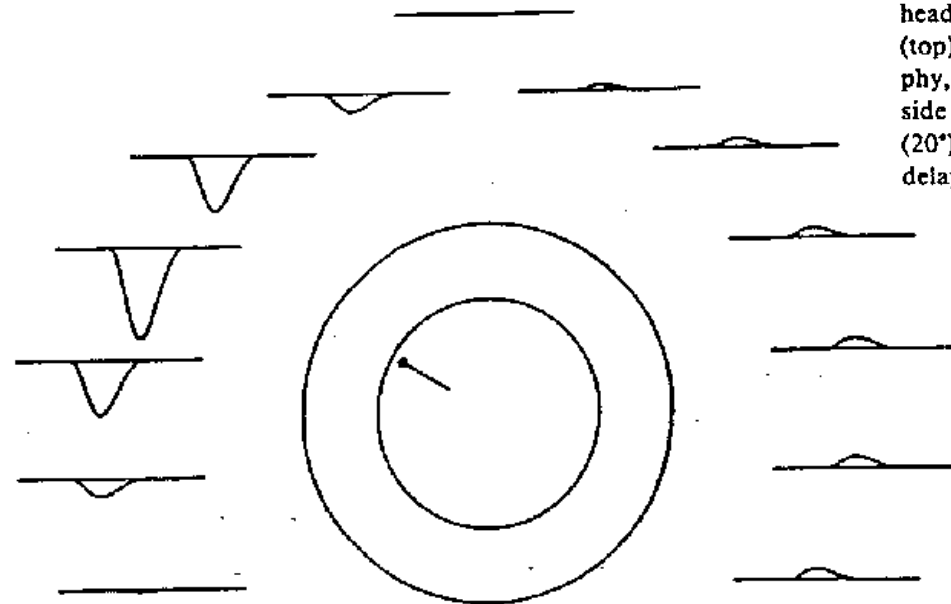


Fig. 4. Coronal scalp potential distribution of a radial equivalent dipole modeling activity of superficial cortex. The dipole is oriented inward to mimic, for example, excitatory pyramidal cell activation at the apical dendrites, producing surface negativity. neglecting the shielding effect, i.e. taking an eccentricity of about 80% in a homogeneous head model, results in a narrow focus, similar to the epicortically recorded topography (top). Adequate reduction of equivalent eccentricity results in a realistic scalp topography, which is much more widespread and exhibits a positive maximum on the opposite side of the sphere (bottom). The simulated waveforms at the vertex (C_z) and at equidistant (20°) electrodes over both hemispheres depict a monophasic activity arising with some delay after stimulus delivery.



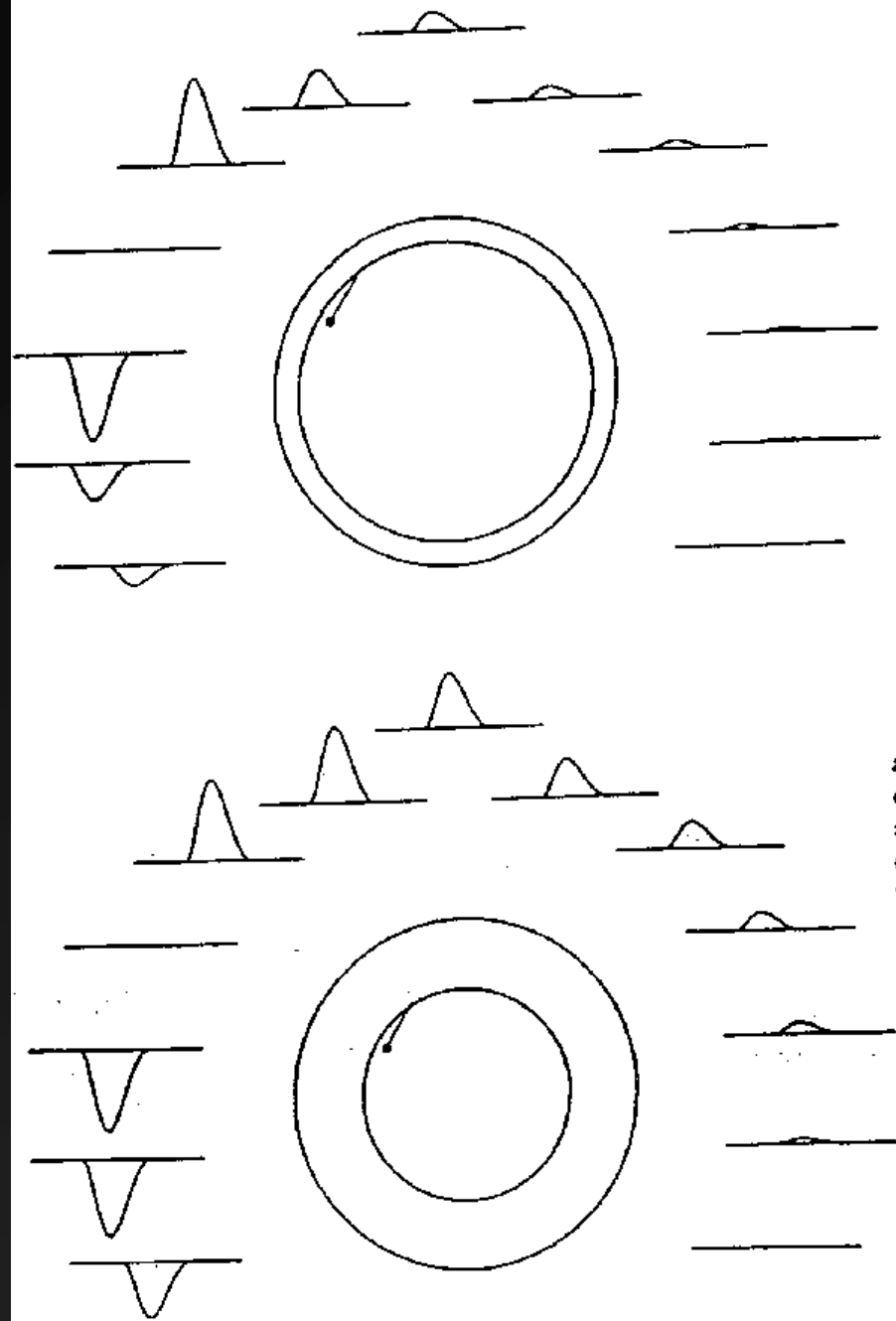


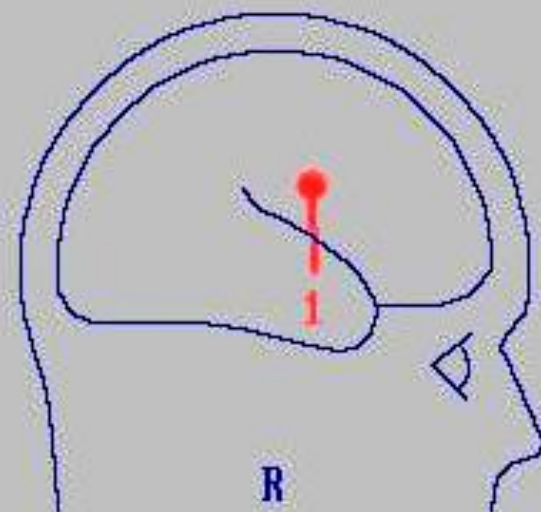
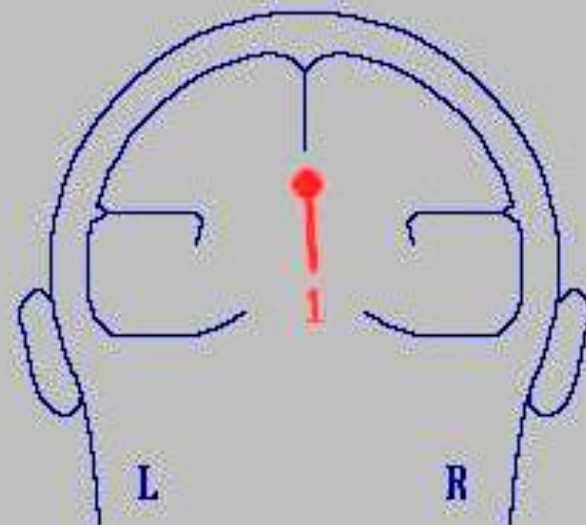
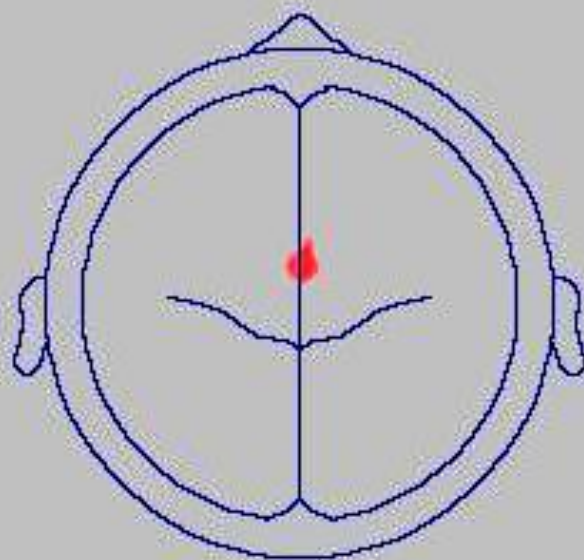
Fig. 5. Coronal scalp distribution of a tangential dipole modeling fissural cortical activity. As explained for figure 4, the correctly transformed eccentricity in the homogeneous head model (bottom) results in a realistic scalp topography with widespread positive and negative maxima to either side of the actual location of the source. Note that in the quasistatic approach a single dipole source contributes the same waveform at all electrodes. Only the attenuation factor and the sign vary with electrode site.

BESA

- Note that the decomposition of \mathbf{U} into \mathbf{C} and \mathbf{S} results in
 - an electroanatomical time-independent matrix (\mathbf{C}) that reflects that anatomical substrates do not move around in the head
 - a time-variant dipole source potential matrix that represents the change in activity of each source over time

RU = 9.6% [-1.7 - 118 ms]

Data: LOREWECS.RAW



BESA Vs PCA Vs ICA

(a battle of acronyms)

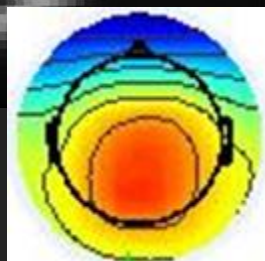
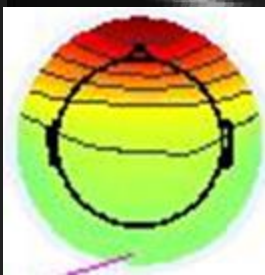
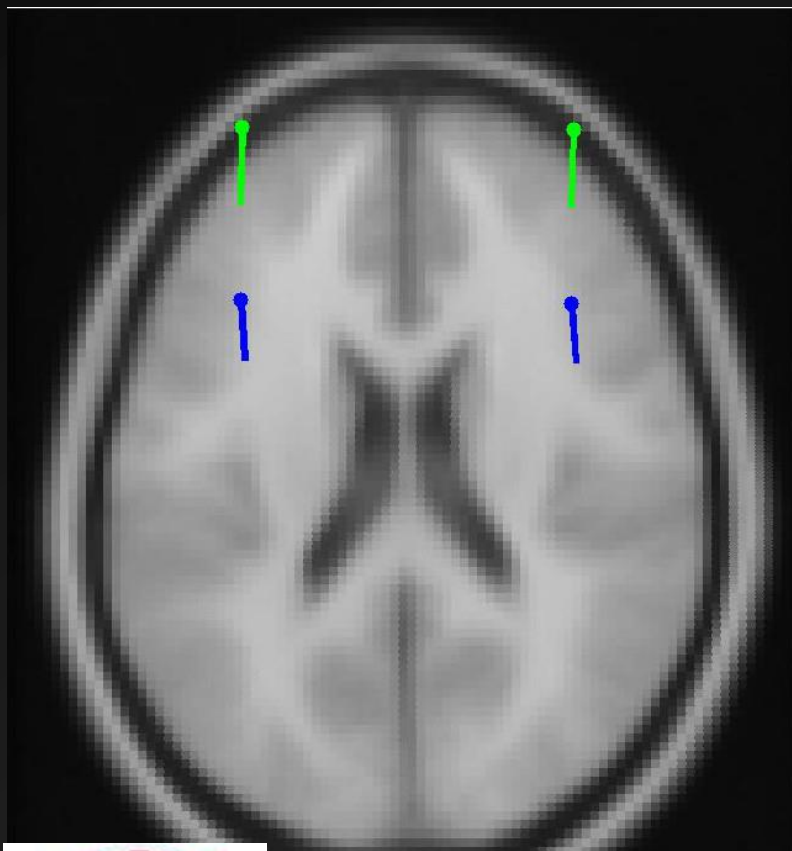
- This decomposition is akin to PCA/ICA
 - PCA and ICA have sources and propagation coefficients
 - PCA solutions are constrained by orthogonality of components, and by those that account for greatest common variance
 - ICA constrained to find temporally independent components
 - BESA solutions are constrained by the geometry of the head, the volume conduction of the dipoles, and the anatomical constraints dictated by the user (e.g., inside the head, symmetrical, not in the ventricles, must not be in the brainstem after a certain point in time, etc...)

BESA Vs PCA Vs ICA continued

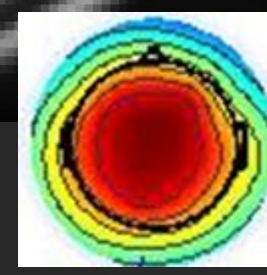
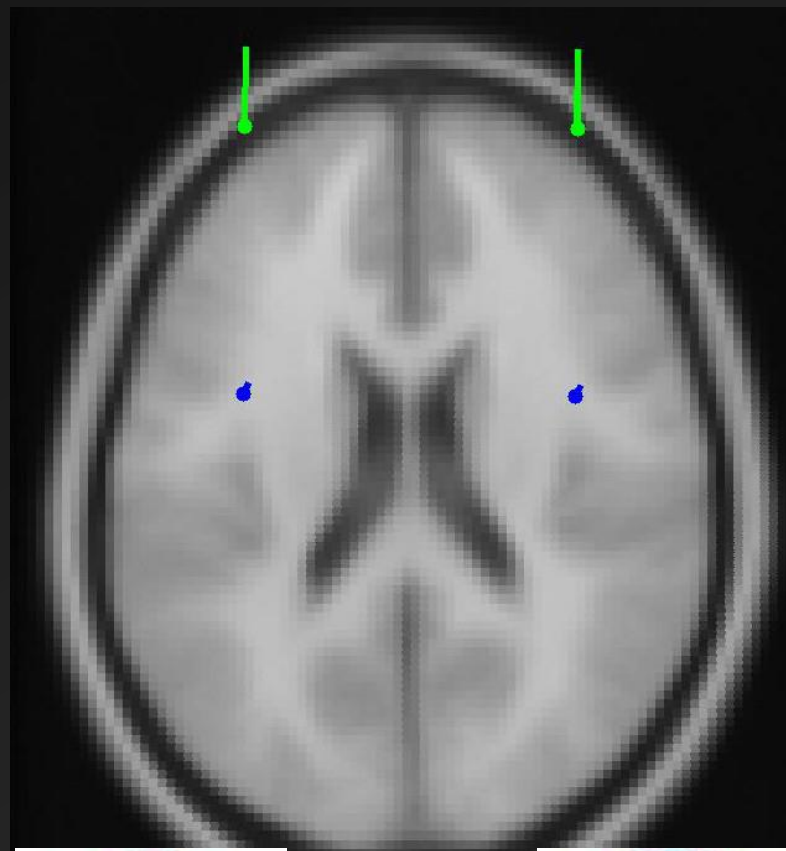
- Like PCA/ICA, the reconstruction of the original data set will be imperfect
 - With all methods. better chance of reconstructing the original matrix if data are reliable
 - If you capture the important sources, the reconstruction should be very good (i.e., small residual variance)
 - It is useful to attempt to upset a solution by inserting another source and seeing if:
 - the original solution is stable
 - the new source accounts for any substantial variance
- Can do dipole localization (BESA) on an IC!

Dipole Fitting

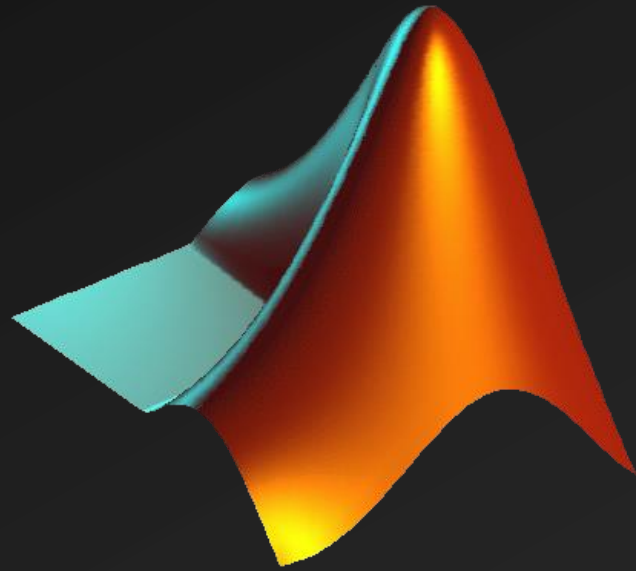
PCA



ICA



You can try it!



Implementations

- BESA can be used:
 - in a strict hypothesis-testing manner by designating sources a priori and testing the fit
 - in an exploratory/optimizing manner by allowing the program to iteratively minimize the residual variance (between observed and reconstructed waveforms) by:
 - moving dipoles
 - changing the orientation of dipoles
 - altering the time-by-activity function of the dipoles

BESA – Did it work?

- In the end, the adequacy of your solution will be judged by
 - stability of your solution:
 - against insertion of additional dipoles
 - across multiple subjects
 - anatomical feasibility
 - follow-up tests with patients with lesions
 - Reviewer 2!

Are you nutz?

EEG IN THE MRI

Recording EEG in fMRI environments: Oodles of Issues

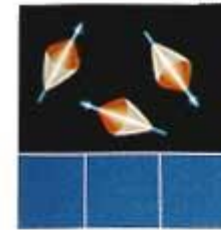
- EEG can be bad for fMRI
 - Wires and electrodes can be ferromagnetic = TROUBLE
 - Wires and electrodes can be paramagnetic = less trouble
- MRI and fMRI can be bad for EEG
 - Gradient switching creates huge artifact for EEG
 - Movement in Magnetic fields creates current in any conductive medium (e.g. wires!)
 - High frequency current can make wires HOT and RF is 127.68 MHz at 3T – that's fast, and can create mega-hurts!
 - Thus in-line 10K resistor

Special Caps

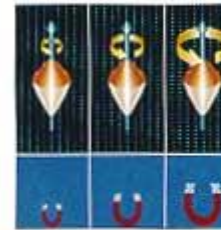


- Need conductive material
- That will not heat up
- That will not pose hazard in strong magnetic field
- That includes inline resistor to prevent any induced current from reaching the subject
- That includes Styrofoam head at no charge

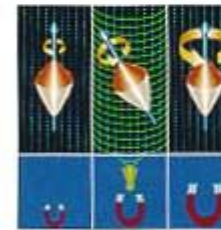
Whence EEG Artifacts in fMRI?



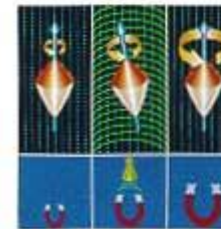
1. Hydrogen protons, positively charged particles in the hydrogen molecule's nucleus, normally spin in random directions



2. Protons wobble in alignment with magnetic fields of varying intensity; frequency of wobble is proportionate to strength of individual magnetic field



3. A brief radio signal, whose soundwave frequency equals the frequency of wobble of certain protons, knocks those protons out of alignment



4. When radio signal ceases, protons snap back into alignment with magnetic field, emitting a radio signal of their own, that announces the presence of a specific tissue

Whence EEG Artifacts in fMRI?

◆ Faraday's law of induction...

- ◆ induced electromotive force is proportional to the time derivative of the magnetic flux

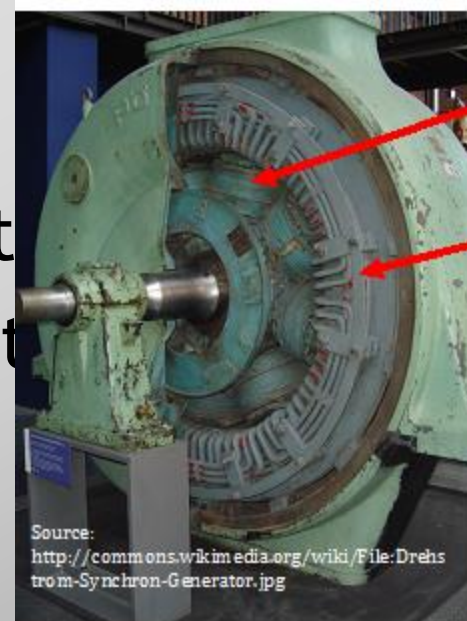
- ◆ Flux = summation of the magnetic field perpendicular to the circuit plane over the area circuit

- ◆ $\varepsilon = d\Phi/dt$

◆ Can reflect:

- ◆ changes in the field (gradient)

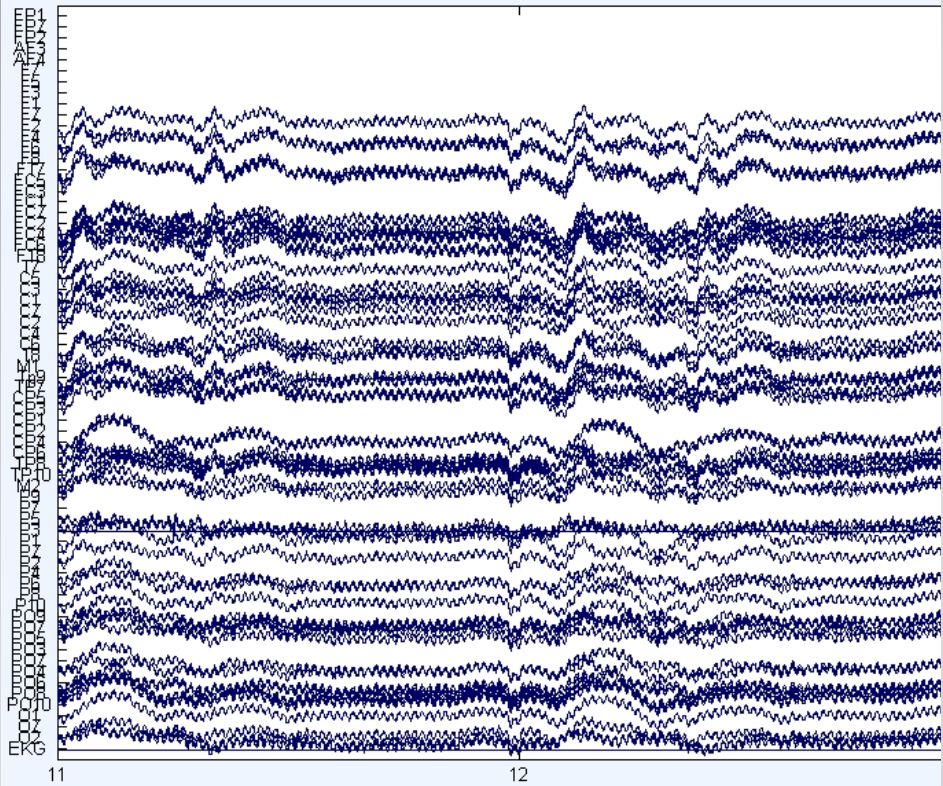
- ◆ Changes in the circuit geometry
field due to body motion

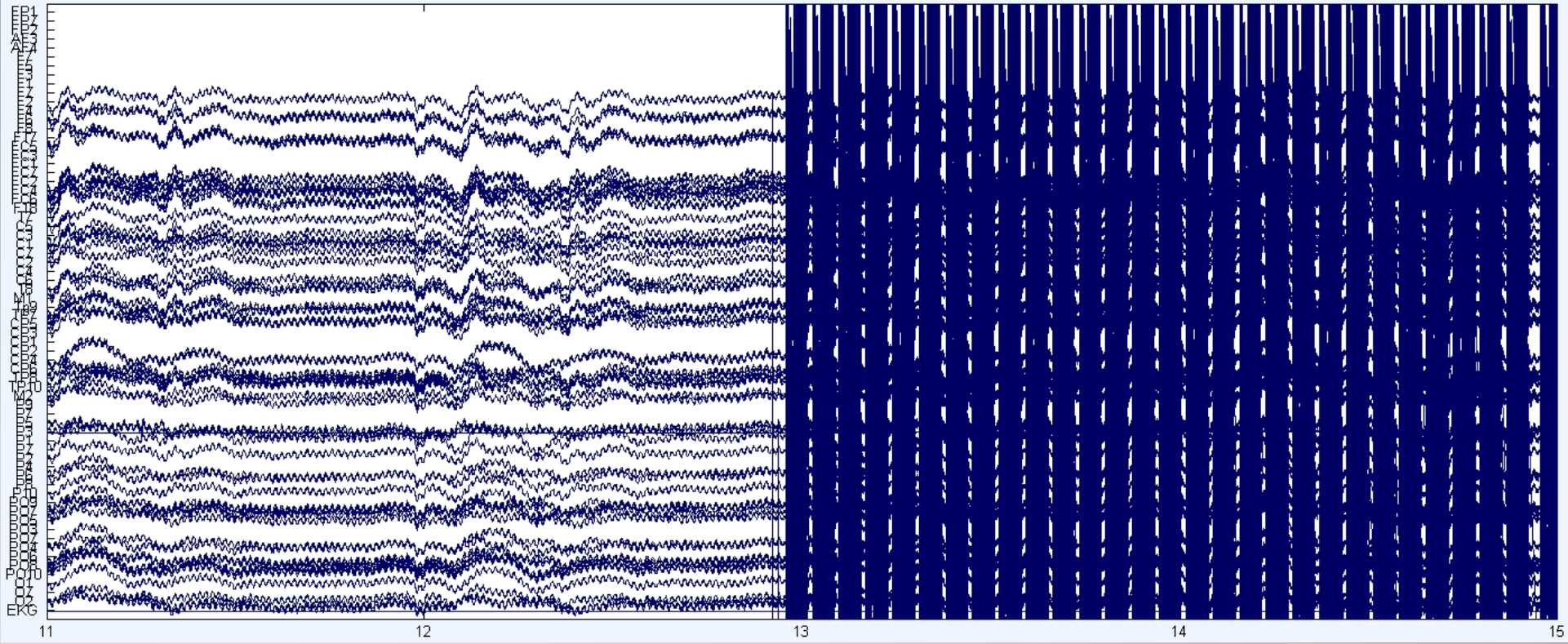


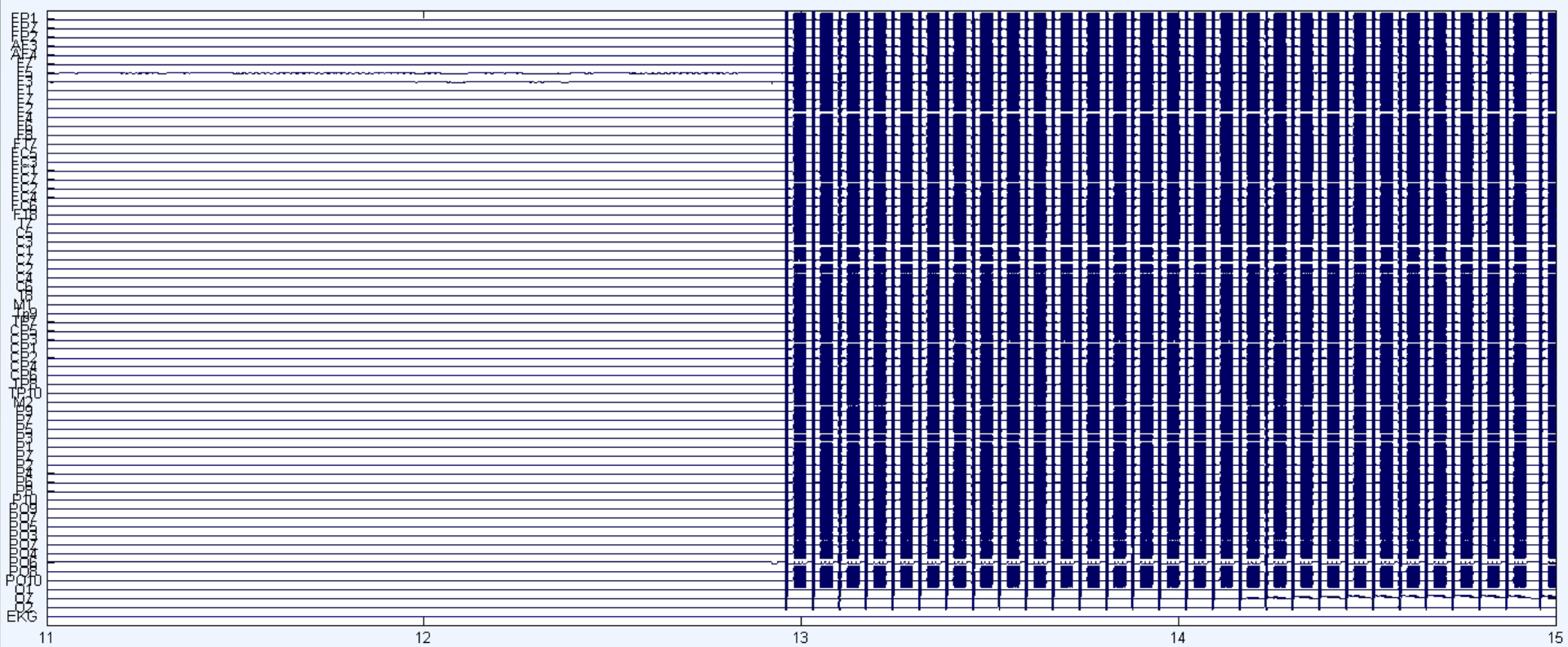
Coils of wire

Magnets. (I know they don't LOOK like magnets, but they are. Trust me)

Source:
<http://commons.wikimedia.org/wiki/File:Drehstrom-Synchron-Generator.jpg>





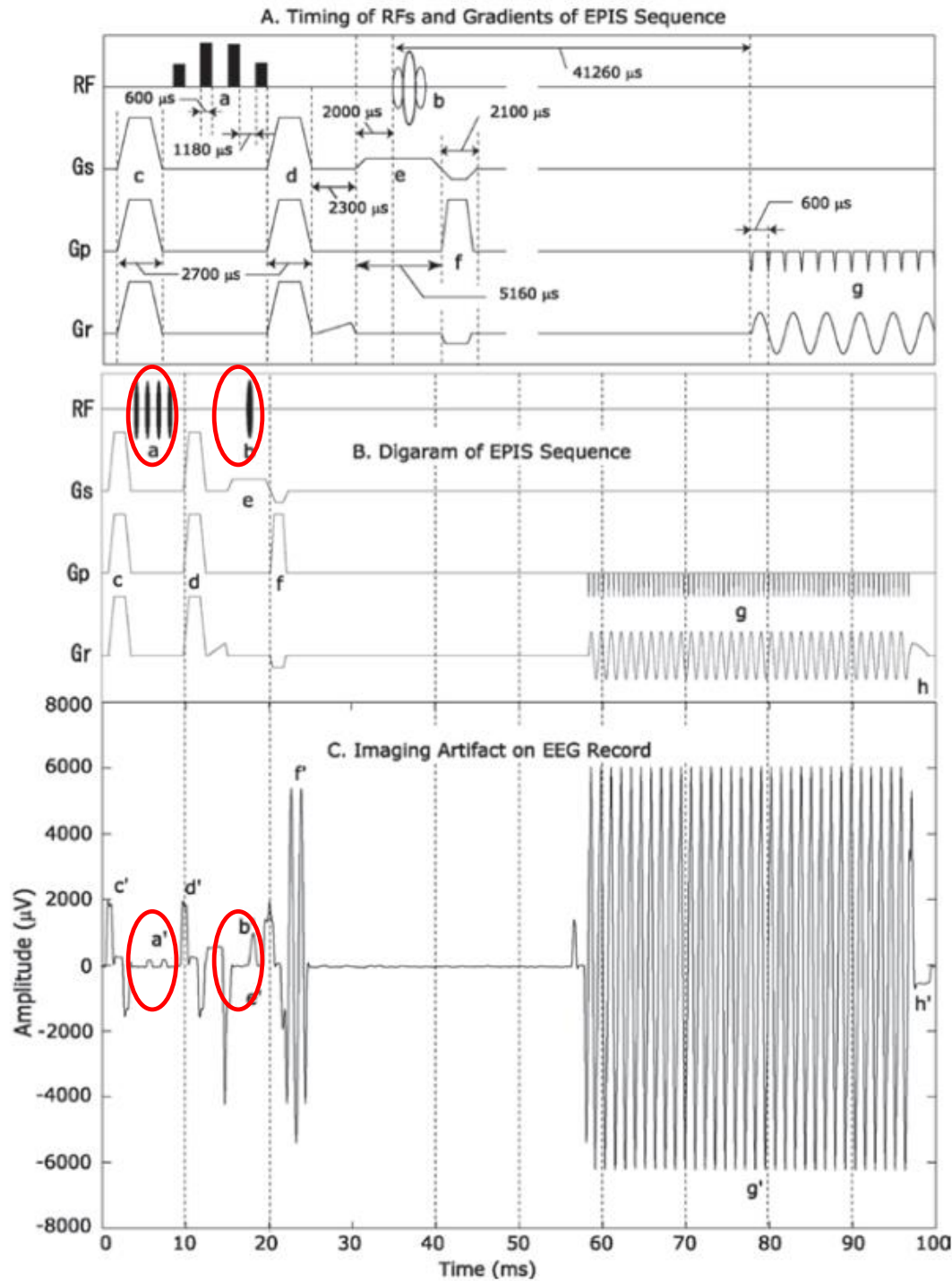


Whence EEG Artifacts in fMRI?

- ◆ RF pulses
 - ◆ For 3T = 127.6 MHz
 - ◆ Brain oscillations \approx 0.5-50 Hz
 - ◆ Amplifier frequency range = DC-3.0 KHz
- ◆ Artifacts thus attenuated, but still range overwhelm the EEG signal

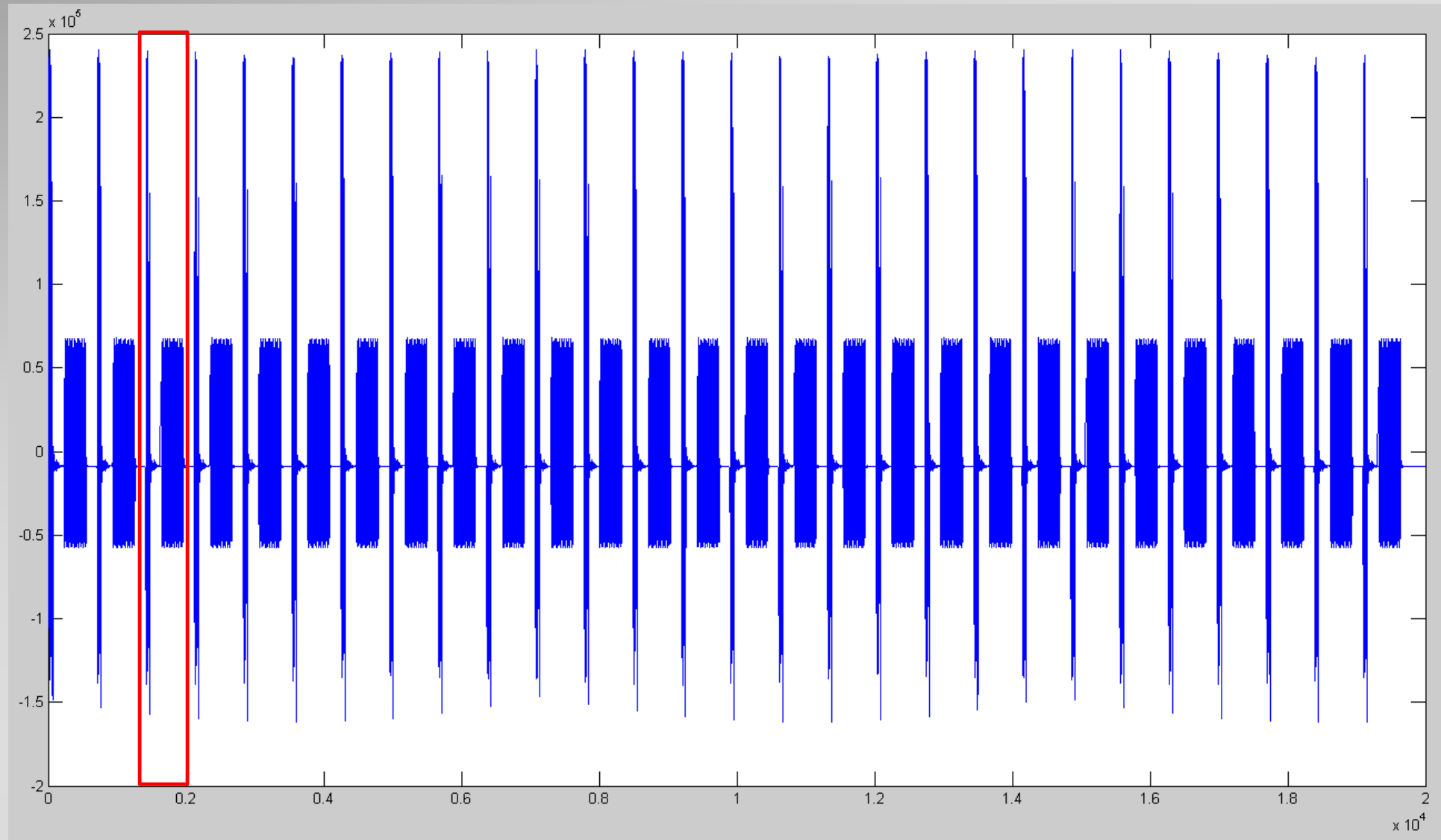
Whence EEG Artifacts in fMRI?

- ◆ Gradient Switching
 - ◆ Artifact approximates differential waveform of the gradient pulse
 - ◆ Polarity and amplitude varies across channels
 - ◆ Frequency \approx 500-900 Hz
- ◆ EEG dominated by
 - ◆ harmonics of slice repetition frequency (\approx 10-25 Hz)
 - ◆ convolved with harmonics of volume repetition frequency (\approx 0.2-2 Hz)
- ◆ Artifacts in range from 1000-10,000 μ V!

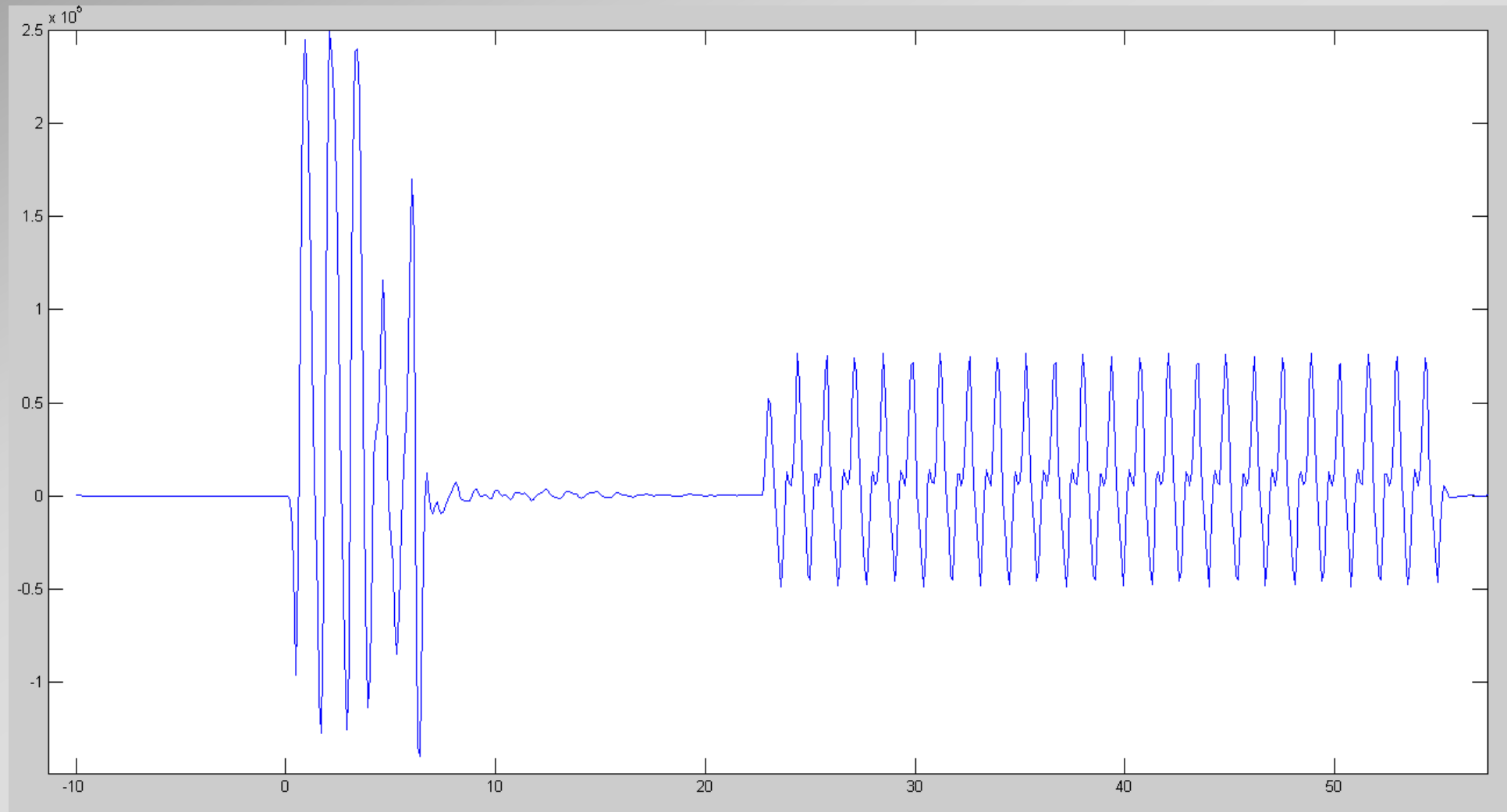


RF = radiofrequency wave;
 Gs = slice selection gradient
 Gp = phase encoding gradient
 Gr = readout gradient
 a = Fat suppression pulses (1-3-3-1 pulses)
 b = slice selection RF
 c, d, h = spoilers
 e = slice selection gradient
 f = dephasing and rephasing gradient
 g = readout gradient
 ' = EEG artifact corresponding to letter

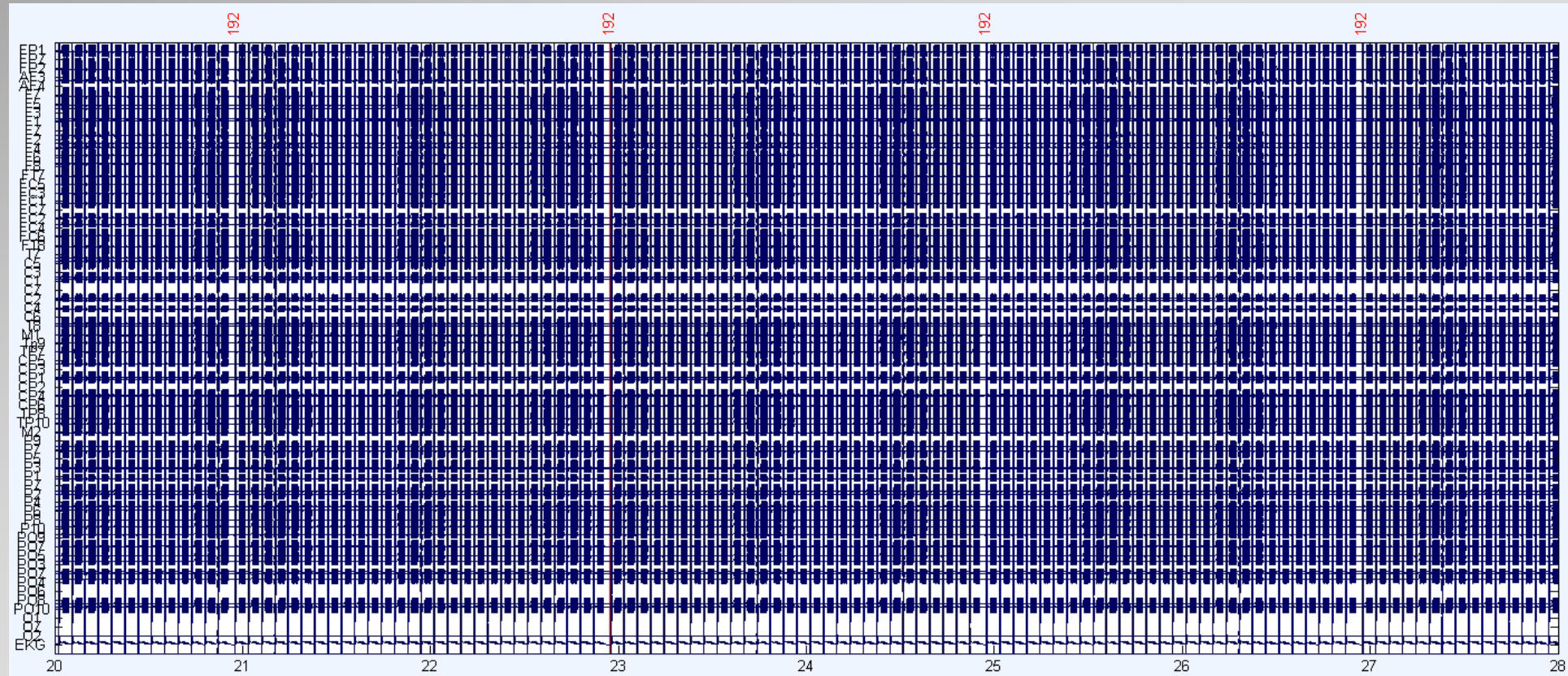
Average Artifact (across 1 TR)



Average Artifact (0-60 msec)

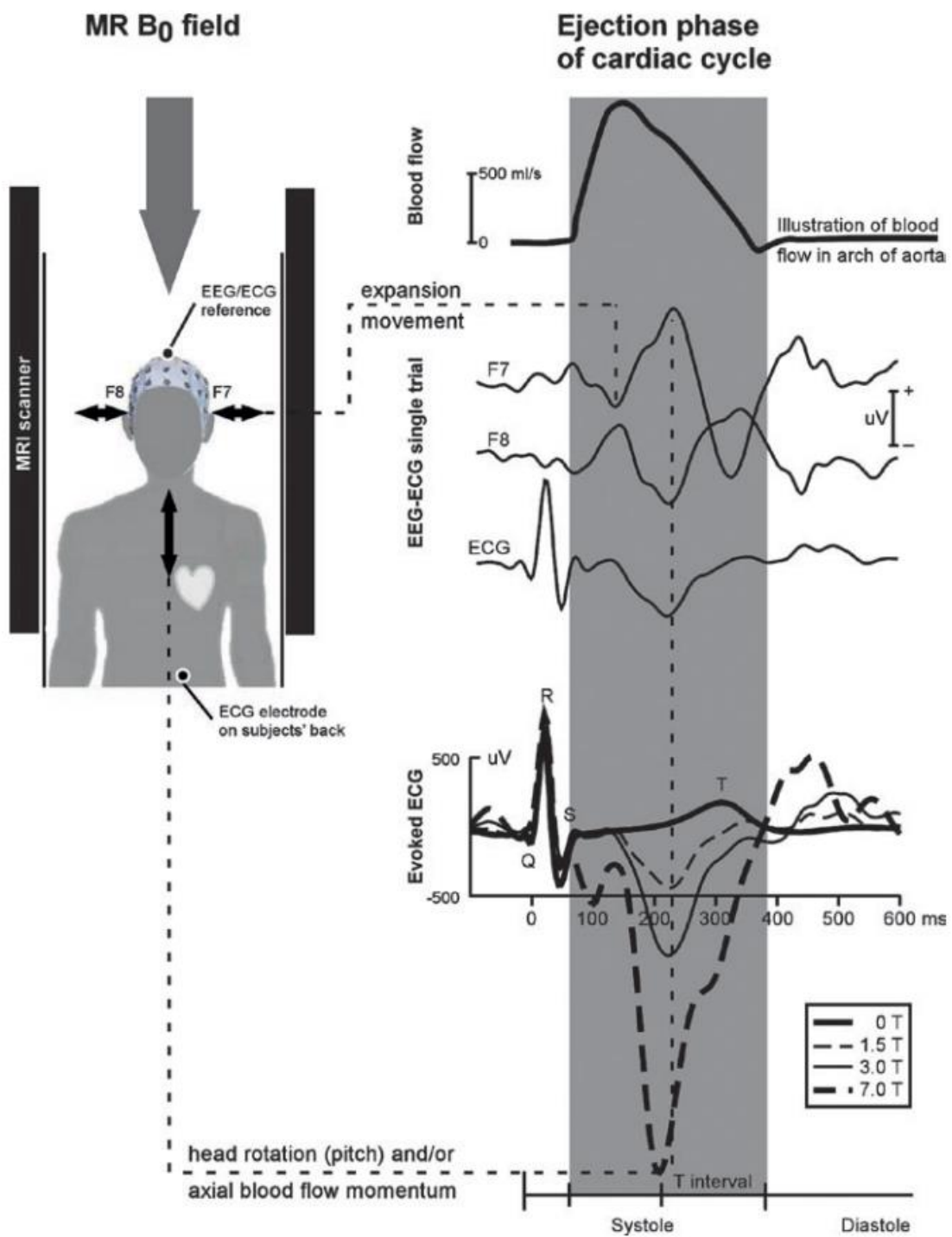


Artifact (across several TRs)



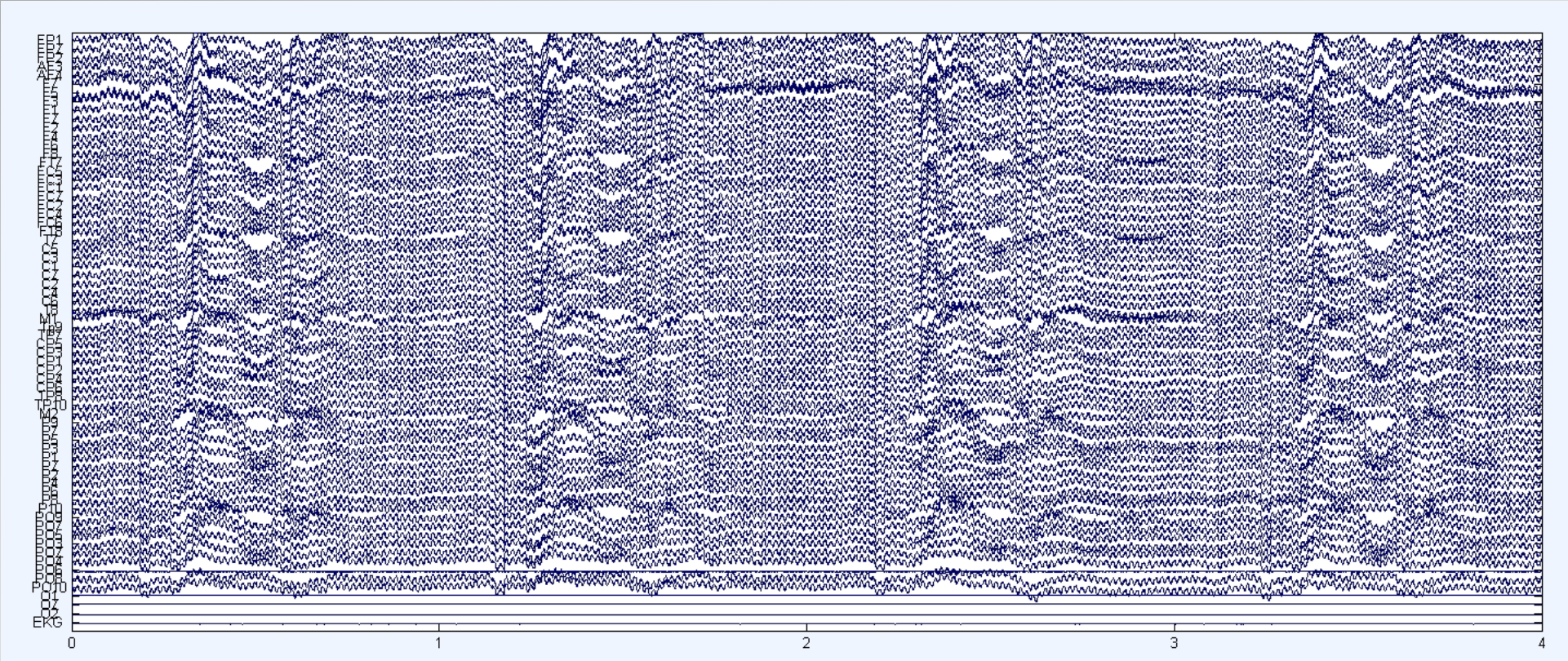
Whence EEG Artifacts in fMRI?

- ◆ Faraday's law of induction...
 - ◆ induced electromotive force is proportional to the time derivative of the magnetic flux
 - ◆ Flux = summation of the magnetic field perpendicular to the circuit plane over the area circuit
 - ◆ $\varepsilon = d\Phi / dt$
- ◆ Can reflect:
 - ◆ changes in the field (gradient switching, RF)
 - ◆ Changes in the circuit geometry or position relative to the field due to body motion

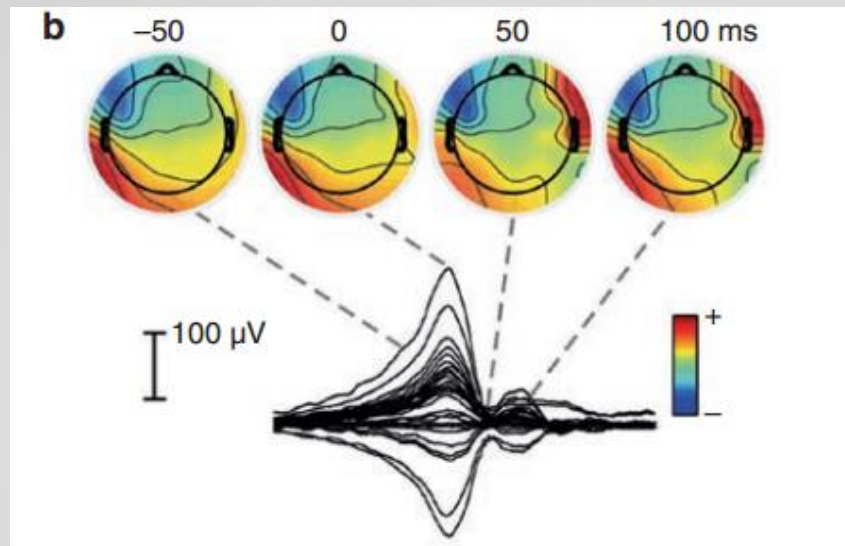


- ◆ Two types of movement:
 - ◆ Axial nodding
 - ◆ Expansion at lateral sites
- ◆ Motion of blood (flow) can lead to “Hall effect”
 - ◆ Voltage difference on opposite sides of a moving conductor through which current is flowing, when within a strong magnetic field
- ◆ Note field-strength dependent nature of the artifact

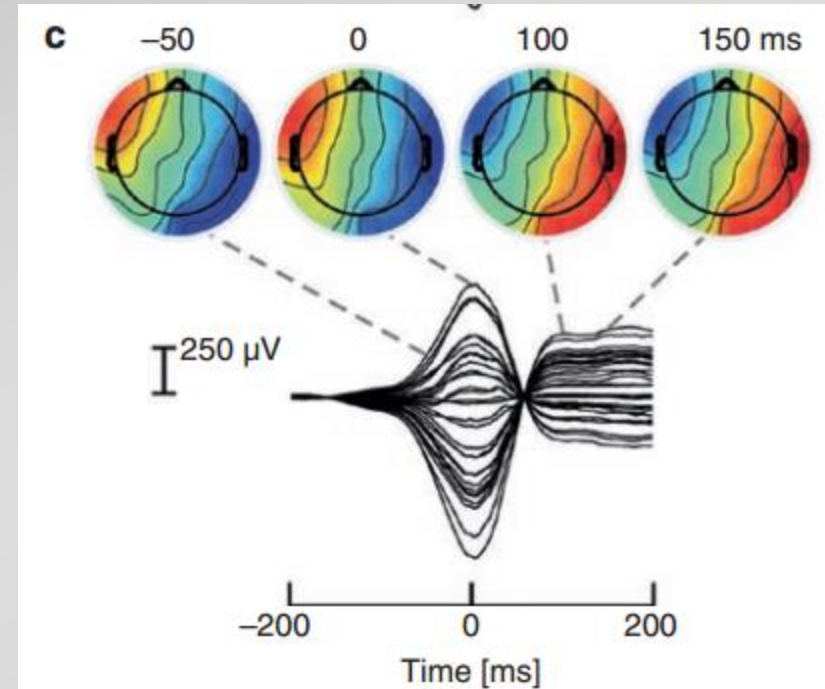
EEG in Magnet (no scanning)



Simulated EKG Artifact



Lateral balloon expansion - locally circumscribed artifact

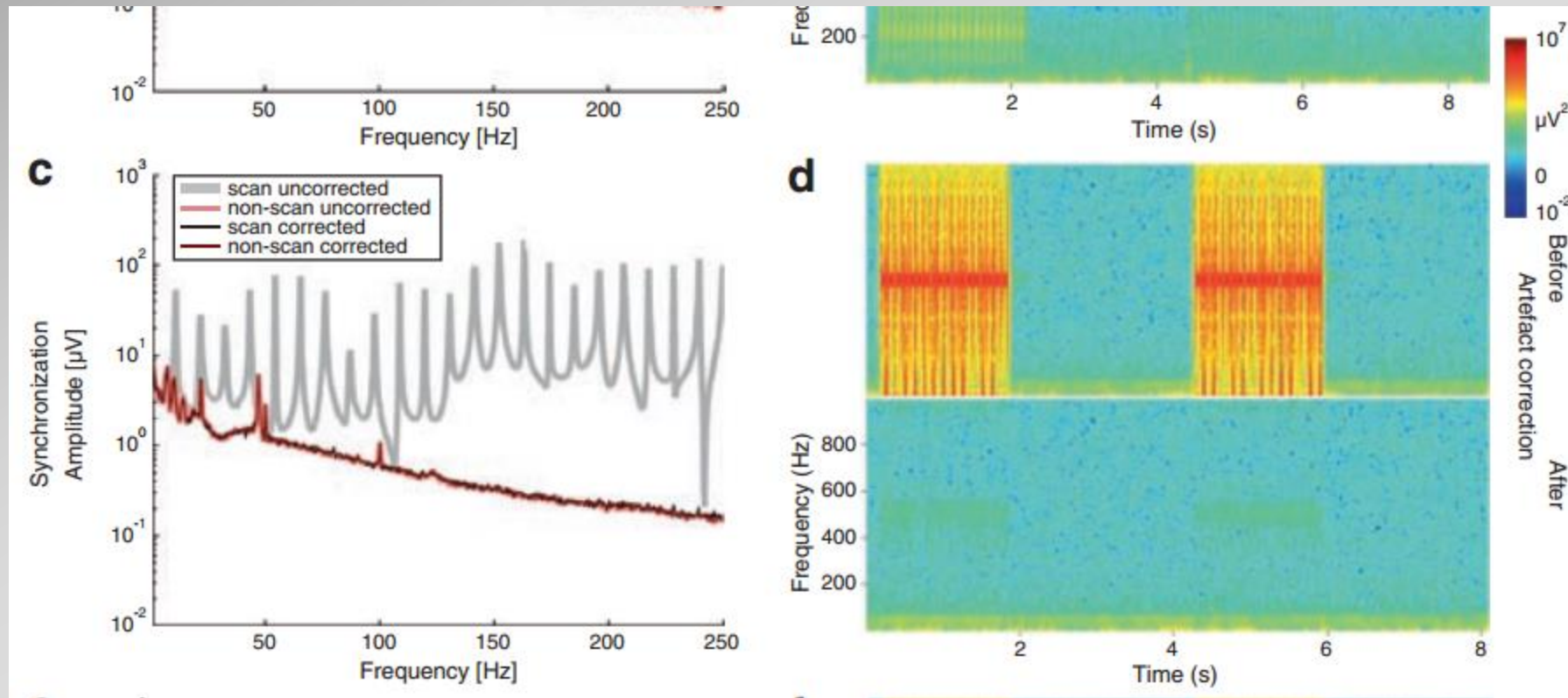


Axial rotation - low frequency spatially-distributed effect, with polarity reversal

Ohmagawd... Help me in

REMOVING THOSE PESKY ARTIFACTS!

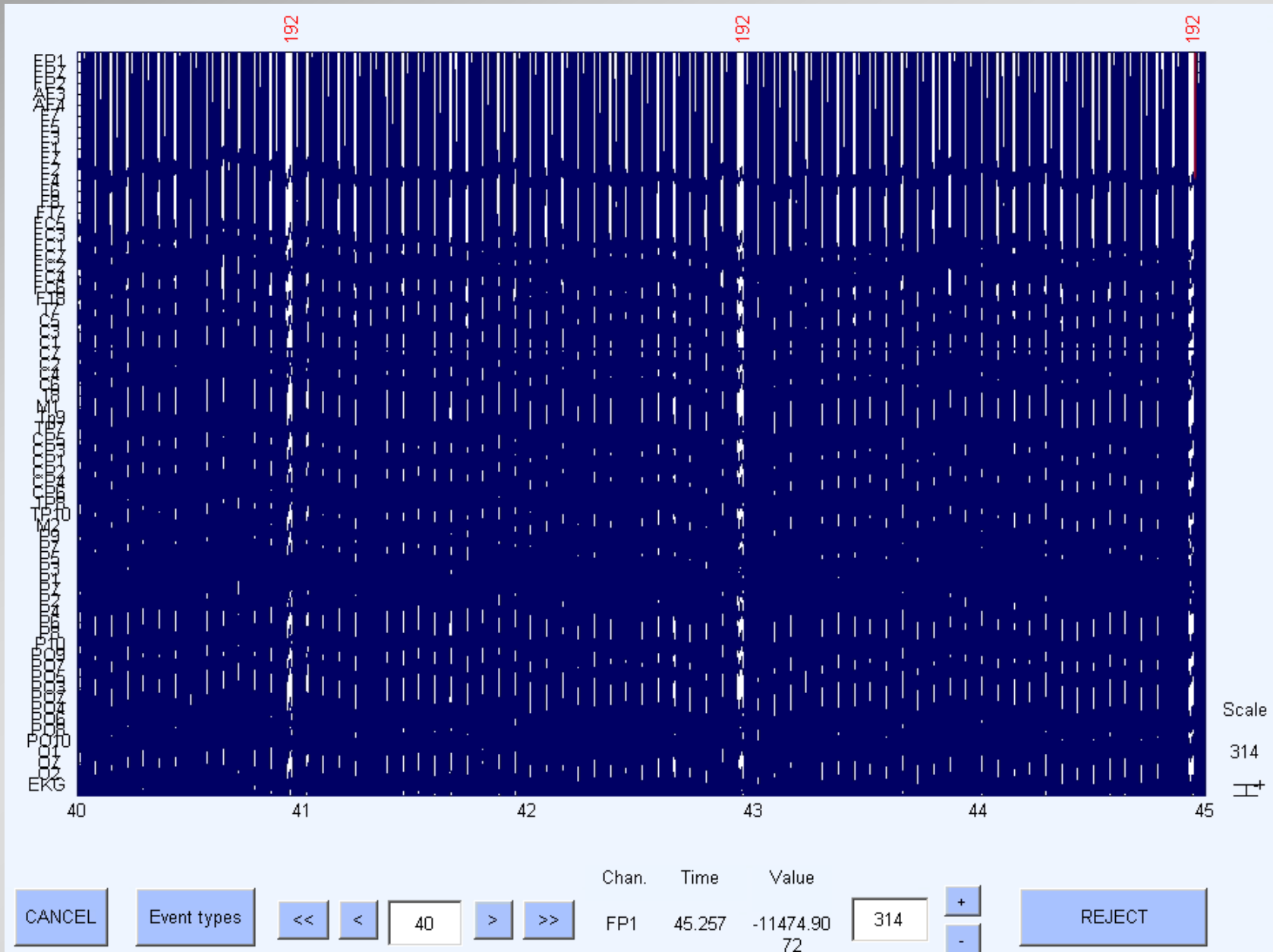
Gradient/RF removal via moving average subtraction



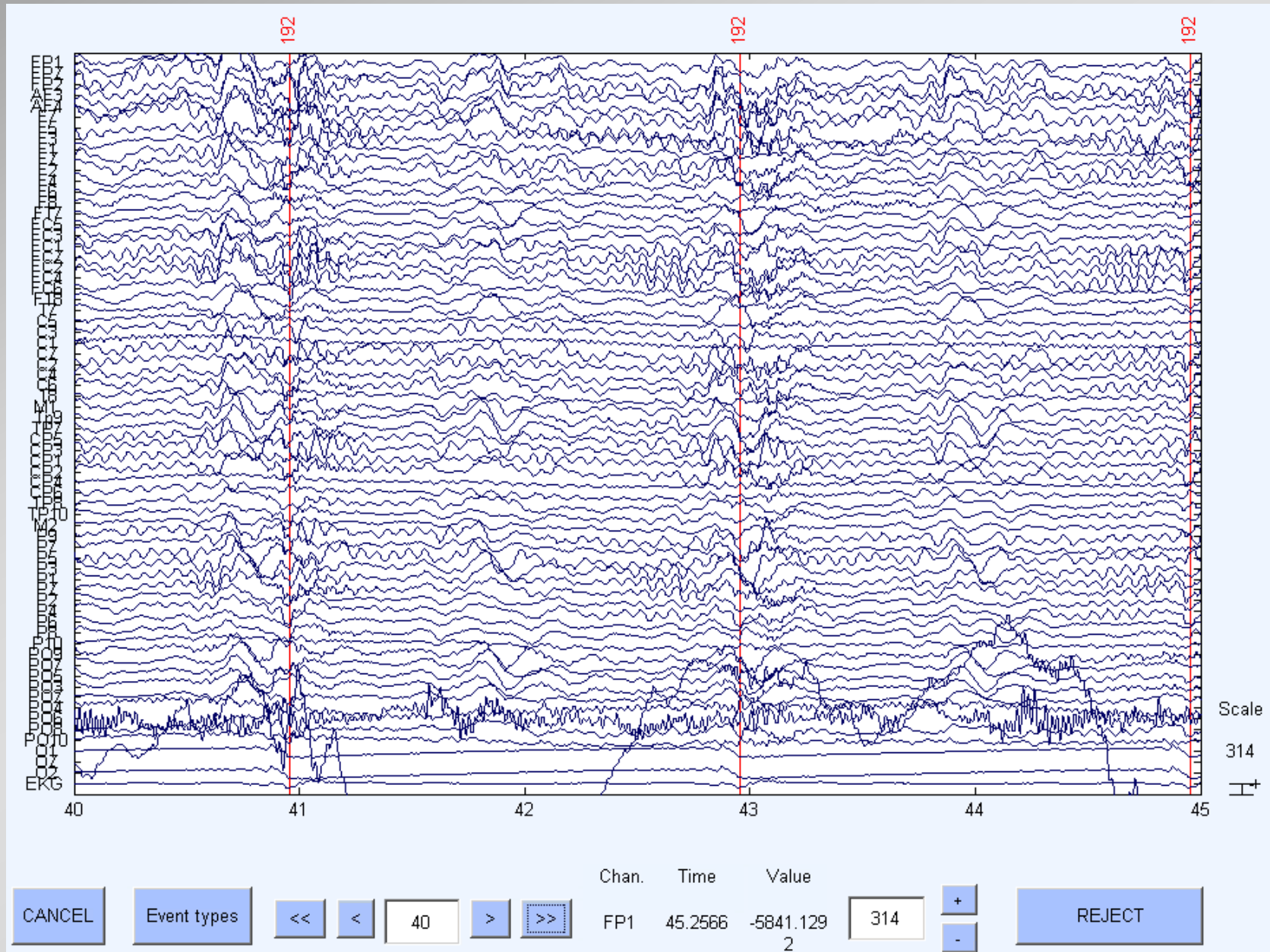
FASTR: fMRI Artifact Slice Template Removal

- ◆ Part of FMRIB Plug-in for EEGLAB
- ◆ Upsample to at least 20K Hz
- ◆ Align slices for slight jitter in timing
- ◆ Moving Window approach with subtraction
- ◆ PCA on artifact residuals form Optimum Basis Set (OBS) to reduce residual artifacts by 90%
- ◆ Downsample to original rate
- ◆ Sample Results.....

Before

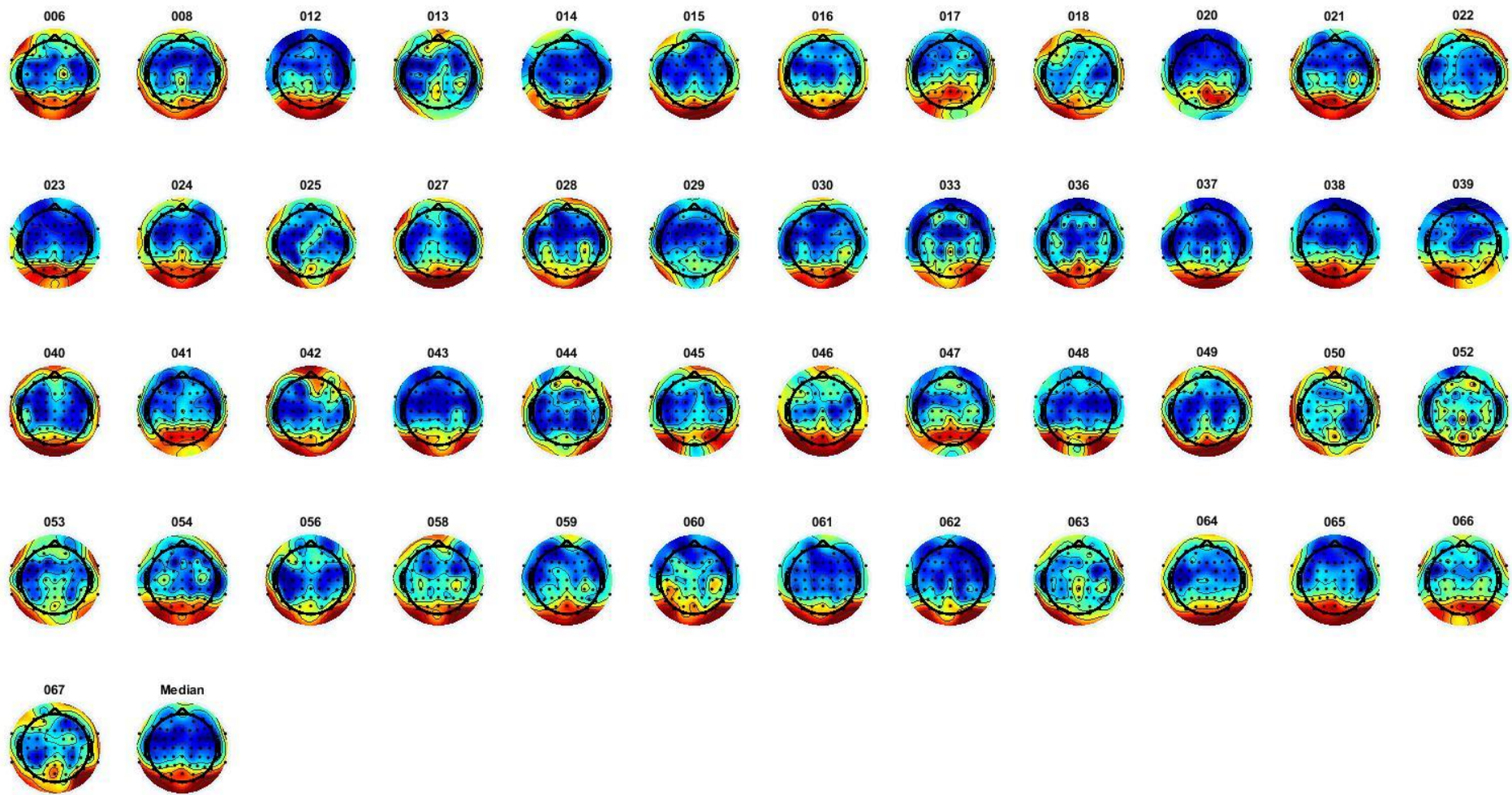


After



Alternatively ... BrainVision

- ◆ Sync EEG clock to MR clock
- ◆ No jitter in timing, no need to upsample (recorded at 5000 hz)
- ◆ Moving Window approach with subtraction
- ◆ Downsample to original rate
- ◆ Sample Results.....



ECG-related removal via moving average subtraction (Allen et al. 1998)

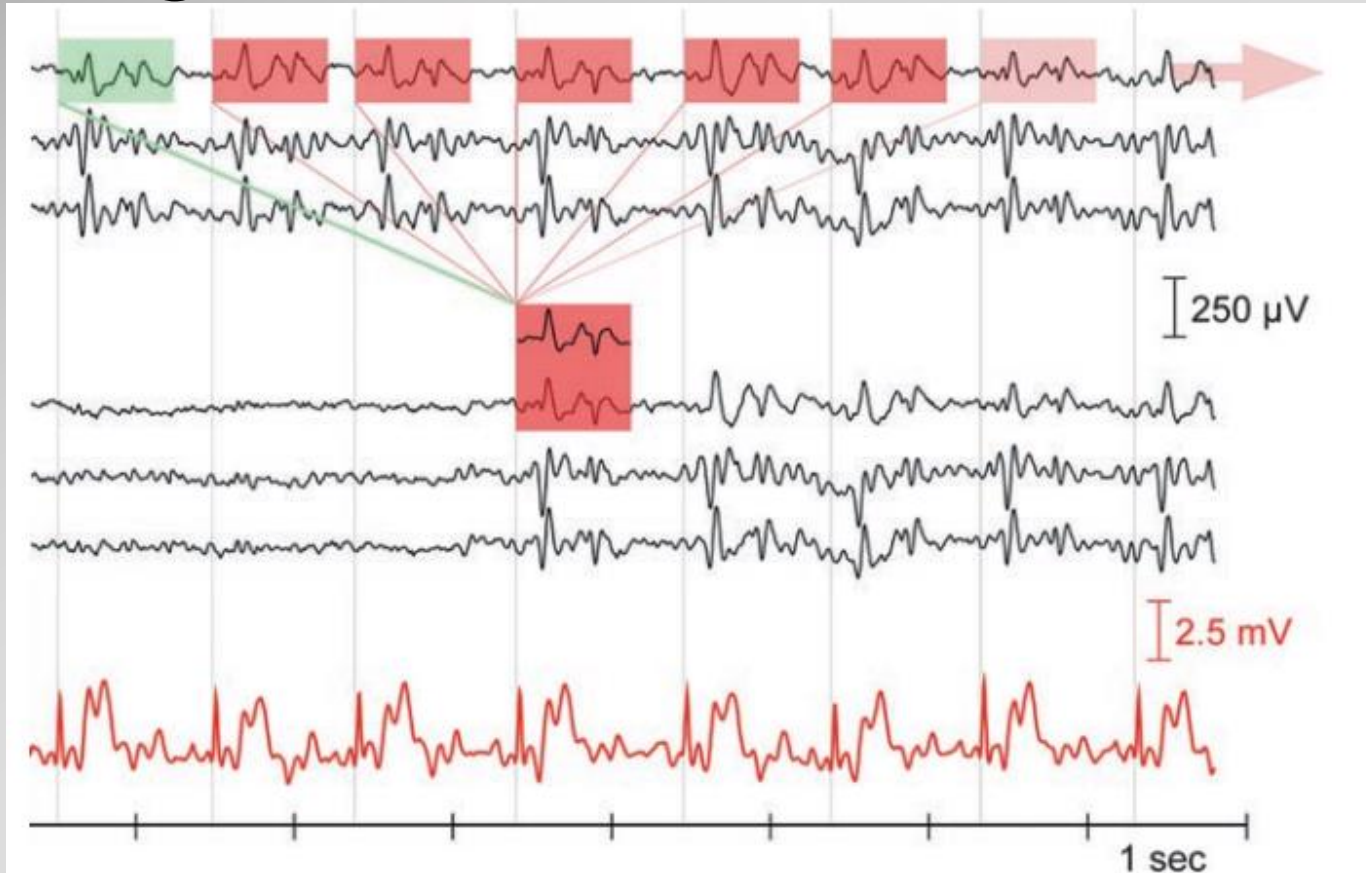
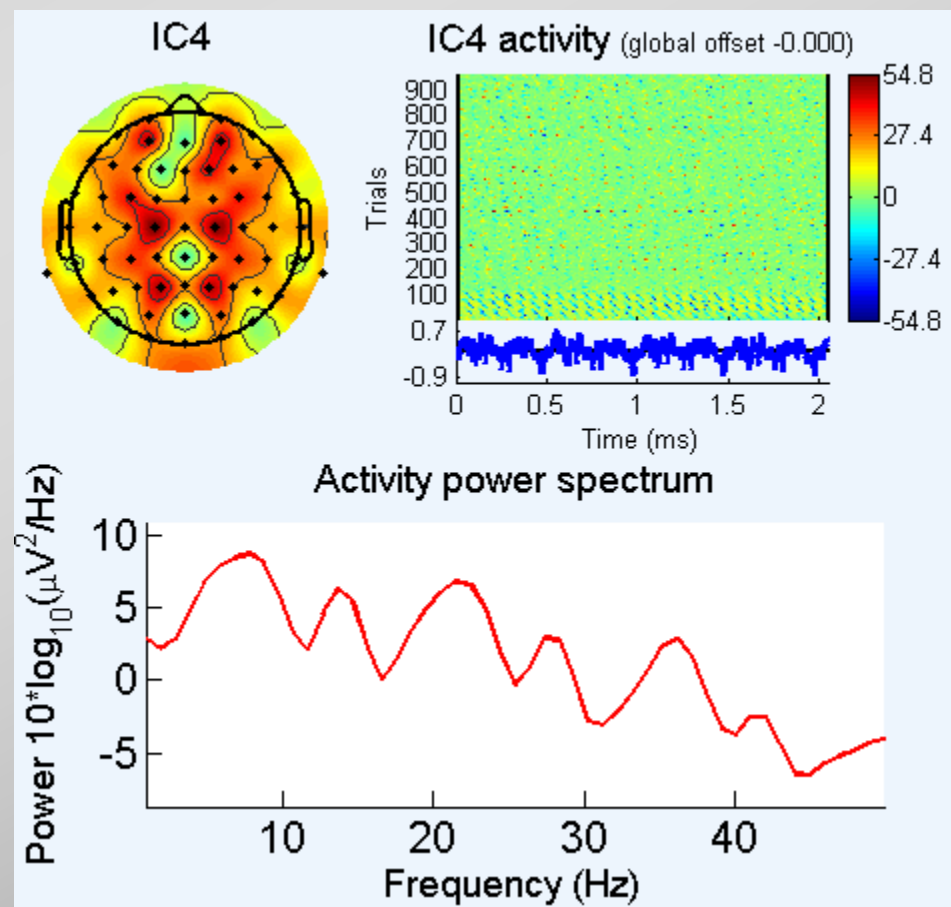
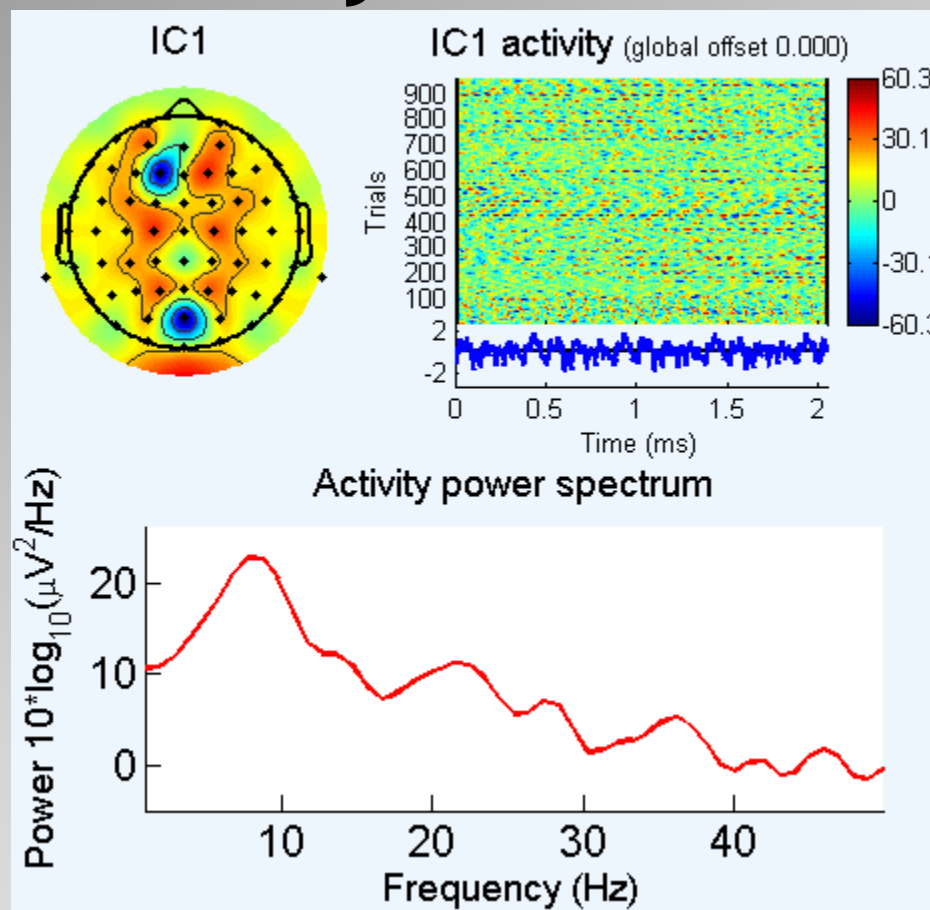
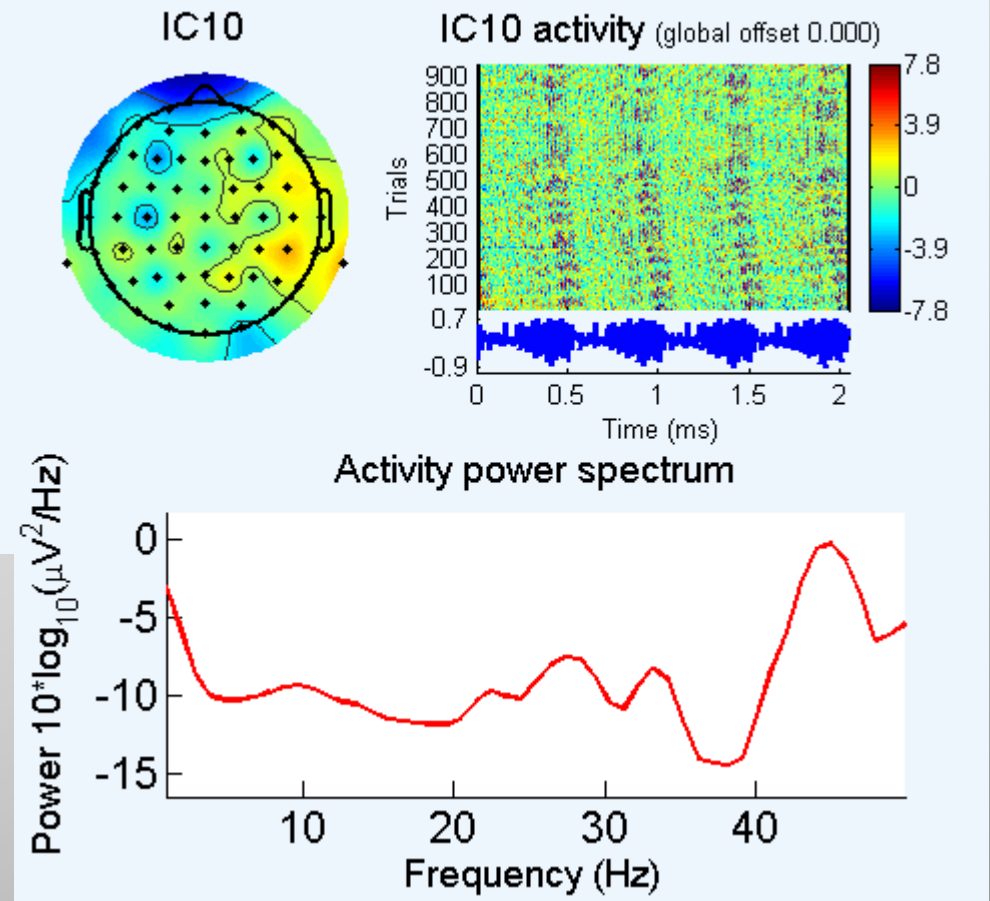
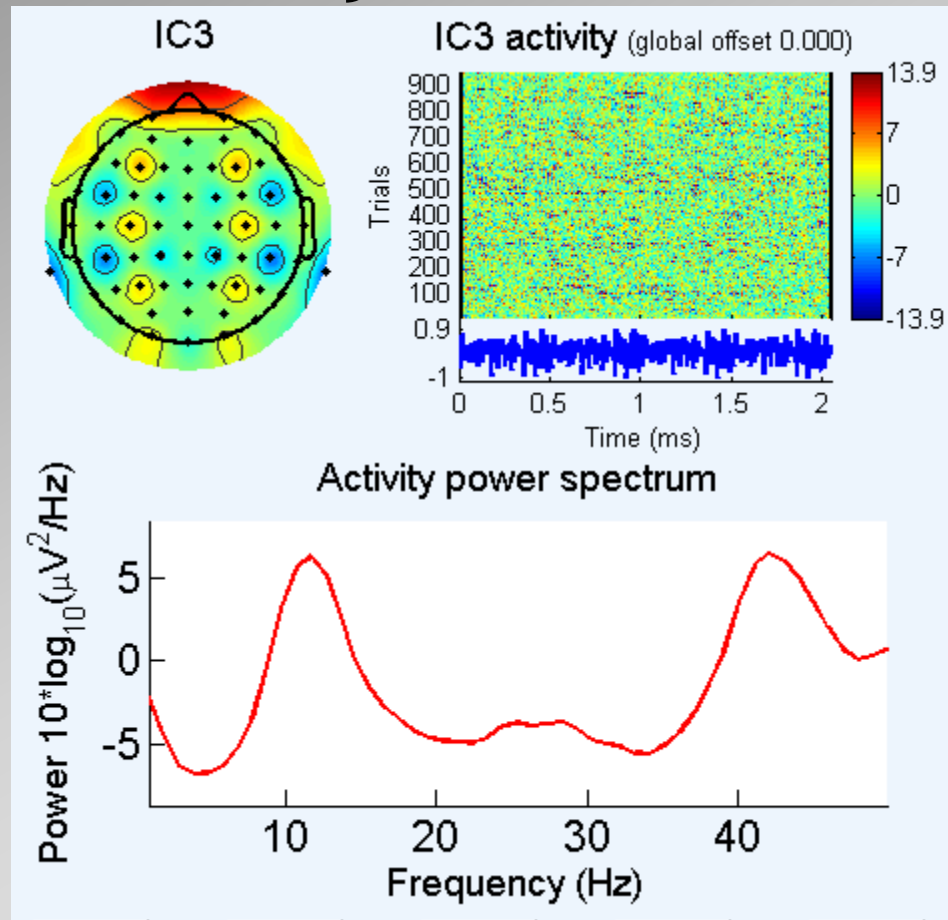


Fig. 5 Schematic of the average artefact subtraction procedure. For each channel, a waveform template is generated by averaging EEG epochs over adjacent cardiac cycles, with the time-locking event being derived from the ECG. The template generation is combined with a moving average procedure, and new templates are generated for each cardiac cycle. The procedure is repeated for each EEG channel

There may be residual crud (RC)



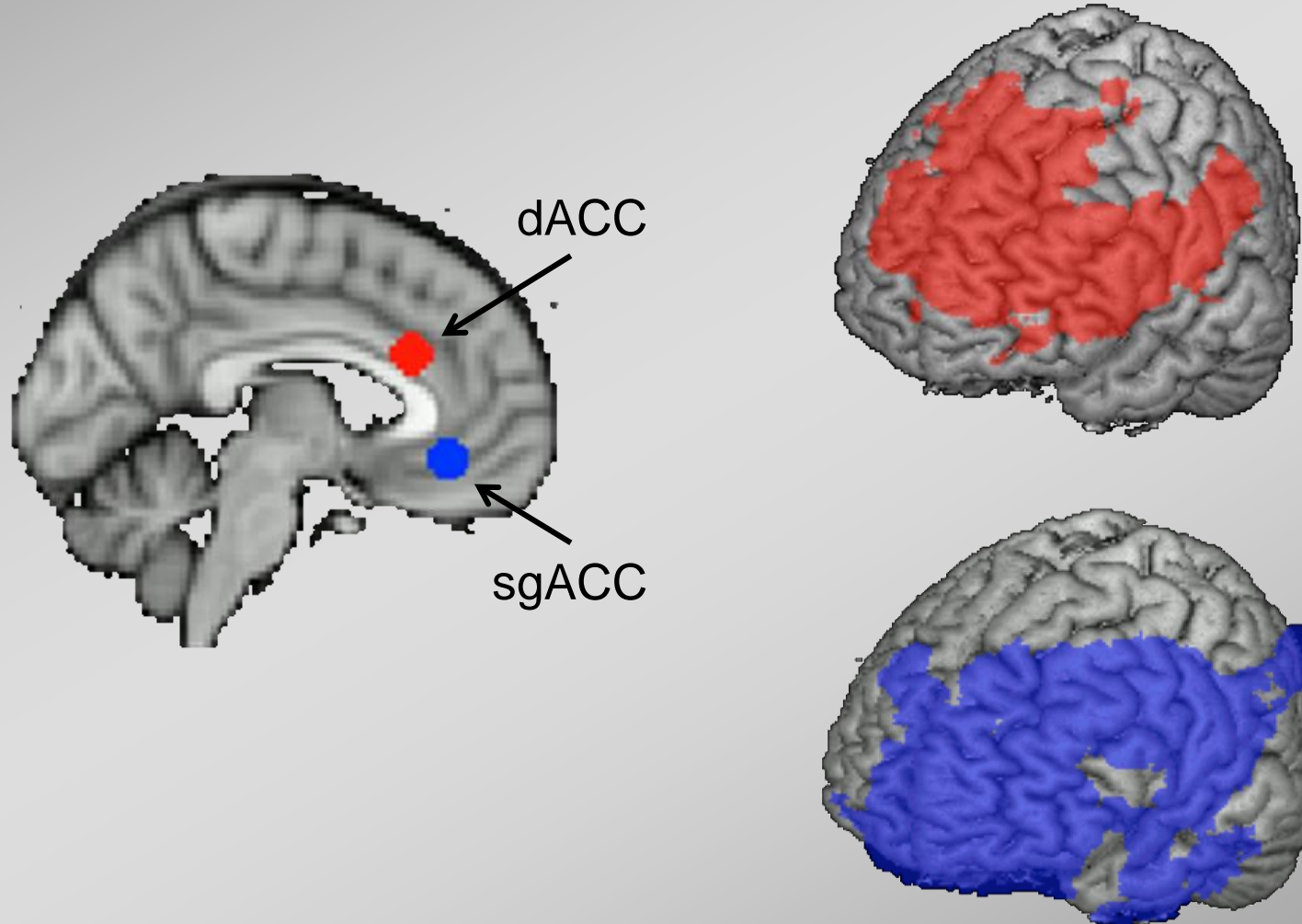
There may be residual crud (RC)



Simultaneous EEG and RSfMRI (following ICA!)

Multi-modal Imaging

- ◆ Create RS-fMRI network with ACC seeds



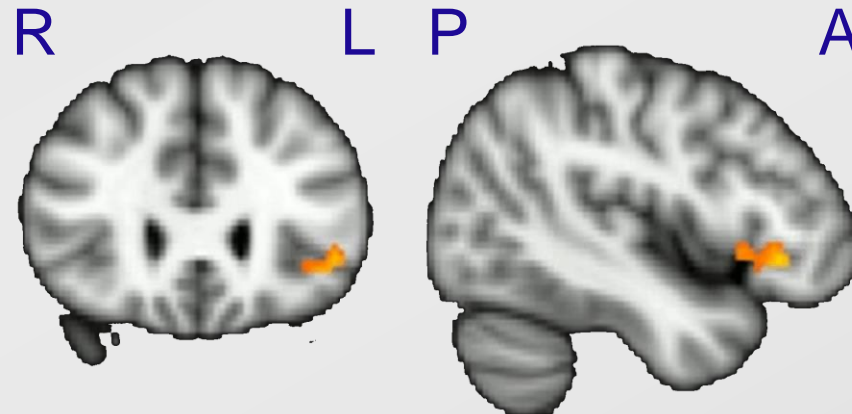
EEG Alpha Asymmetry is Negatively Correlated with IFG Connectivity in Two ACC-seeded Resting State Networks

Spatially-enhanced EEG asymmetry (using CSD transform) at sites F8-F7 is related to resting state connectivity between left inferior frontal gyrus and two ACC-seeded networks.

Dorsal ACC-seeded Network

Center of the depicted cluster is (x,y,z) -46, 28, -4 MNI coordinates.

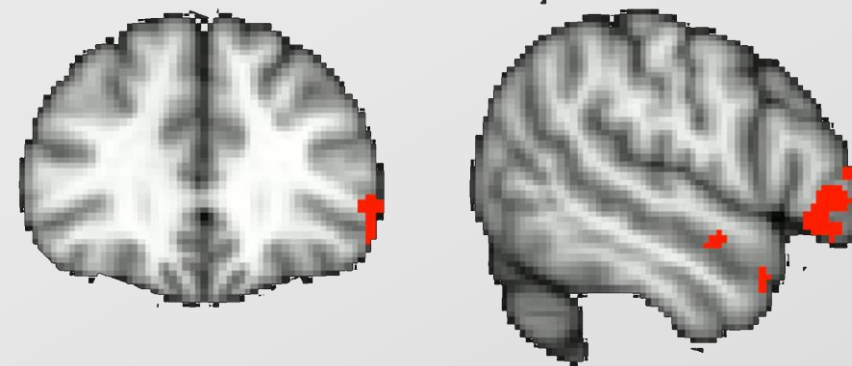
Largest correlation: $r = -0.69$



Subgenual ACC-seeded Network

Center of the depicted cluster is (x,y,z) -54, 28, -4 MNI coordinates.

Largest correlation: $r = -0.71$



EEG-fMRI Synopsis

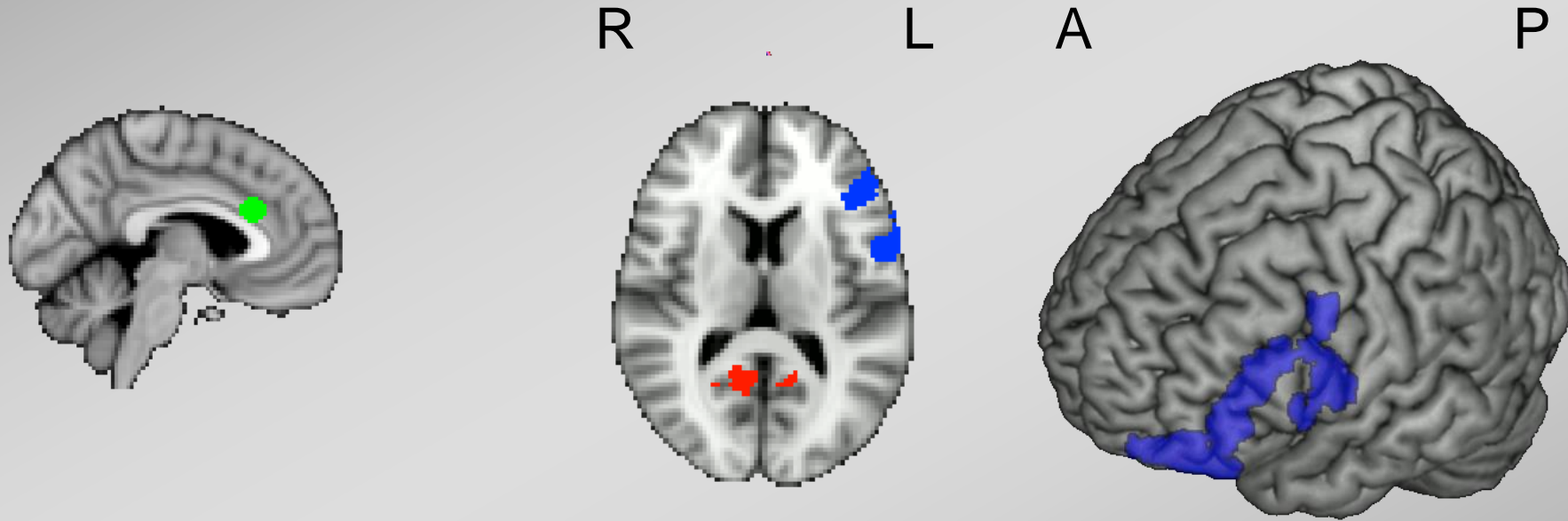
- ◆ Less relative left frontal activity (indexed by EEG) is related to increased connectivity of left IFG to two ACC-seeded RS networks
- ◆ Consistent with:
 - ◆ Hyper-connectivity in RSfMRI emotion networks in MDD (e.g., Greicius et al., 2007; Sheline et al., 2010)
 - ◆ Frontal EEG asymmetry findings of less relative left frontal activity in risk for MDD.
- ◆ Alpha power may regulate network connectivity
 - ◆ Note: Between vs Within Subjects

**BETWEEN-SUBJECTS' DATA DOES NOT
NECESSARILY SUPPORT A WITHIN-
SUBJECTS' INTERPRETATION**

Within Subjects' Moderation of RSfMRI Connectivity

- ◆ Calculate F8-F7 alpha asymmetry for each TR
 - ◆ EEG leads TR by 4.096 seconds
- ◆ Median split into high (left) and low (right)
- ◆ Entered as moderator in PPI approach (cf. Friston et al., 1997)
 - ◆ Tests whether strength of connectivity to seed region varies as a function of the moderator

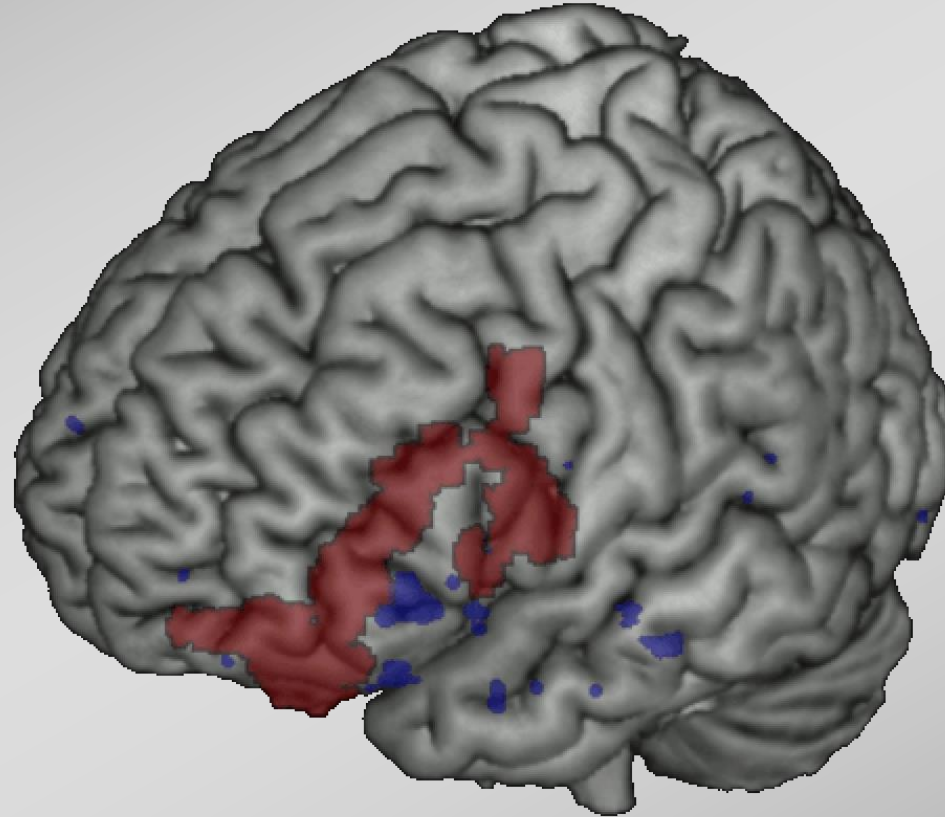
Within Subjects' Moderation of RSfMRI Connectivity



Dorsal ACC Seed

Greater Connectivity with
Less Left Frontal Alpha or
Greater Left Frontal Alpha

Within (red) and Between (blue)
Within-subject effects more extensive

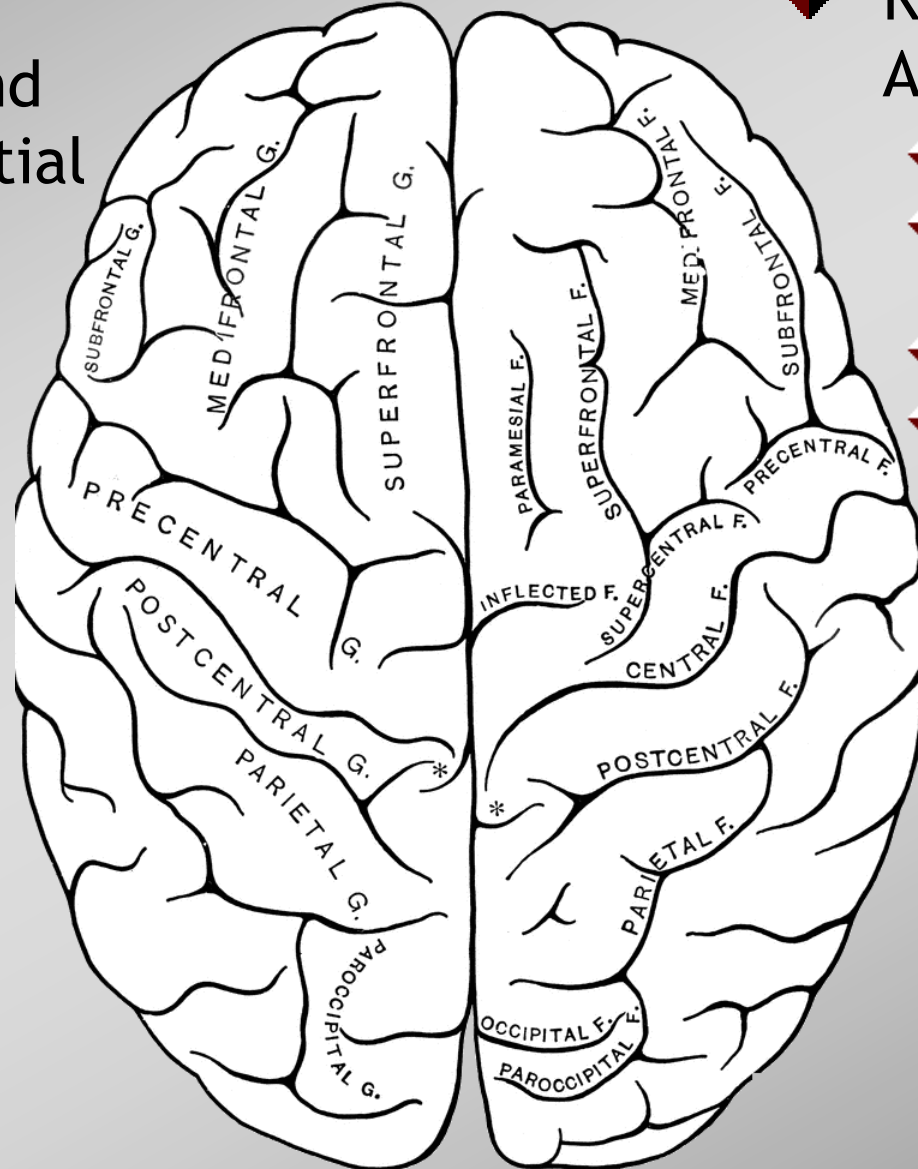


Cognitive Control over Emotion

- ◆ IFG has a key role in mediating the success of cognitive control over emotional stimuli

Cognitive Control over Emotion

◆ Left IFG:
Language and
self-referential
processing



◆ Right IFG:
Attentional control

- ◆ behavioral inhibition
- ◆ suppression of unwanted thoughts
- ◆ attention shifting
- ◆ efforts to reappraise emotional stimuli

Cognitive Control over Emotion

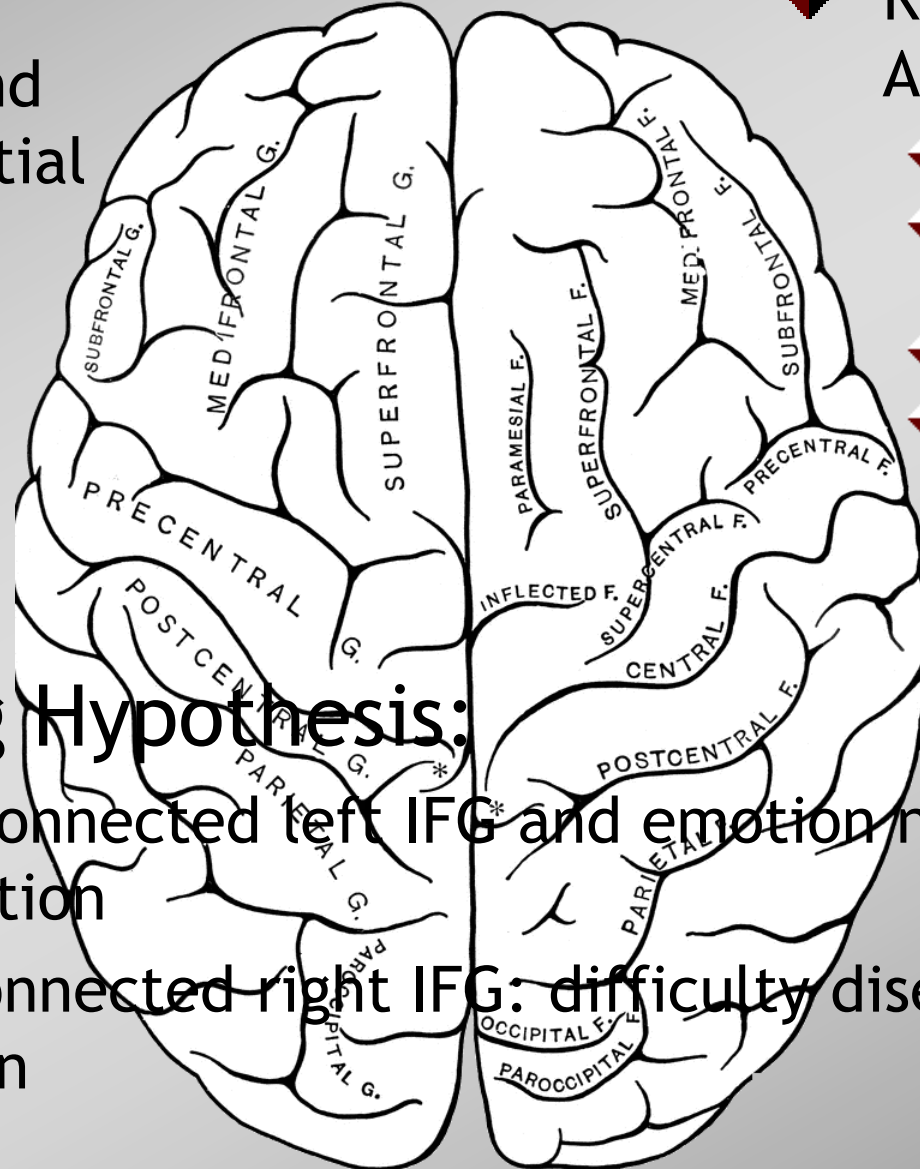
◆ Left IFG:
Language and
self-referential
processing

◆ Right IFG:
Attentional control

- ◆ behavioral inhibition
- ◆ suppression of unwanted thoughts
- ◆ attention shifting
- ◆ efforts to reappraise emotional stimuli

◆ Working Hypothesis:

- ◆ Hyperconnected left IFG* and emotion networks:
rumination
- ◆ Hypoconnected right IFG: difficulty disengaging from emotion



Epilogue

Psychophysiology -- Synopsis

- Psychophysiology is inherently interdisciplinary, and systemic
- Principles learned here can apply to a wide range of physiological signals
 - Recording
 - Processing
 - Interpretation

Psychophysiology -- Synopsis

- Ultimately we obtain correlates of behavior and experience
 - Psychophysiological Correlates are not privileged; they are no better, no worse, than any other correlate of behavior and experience
- The utility of these correlates – like any correlates in science – hinges upon:
 - good experimental design
 - strong theoretically driven hypothesis testing
 - the development of a nomological net, a set of inter-relationships among tangible measures and constructs that place the findings in a larger theoretical context, and lend construct validity to the measures and findings