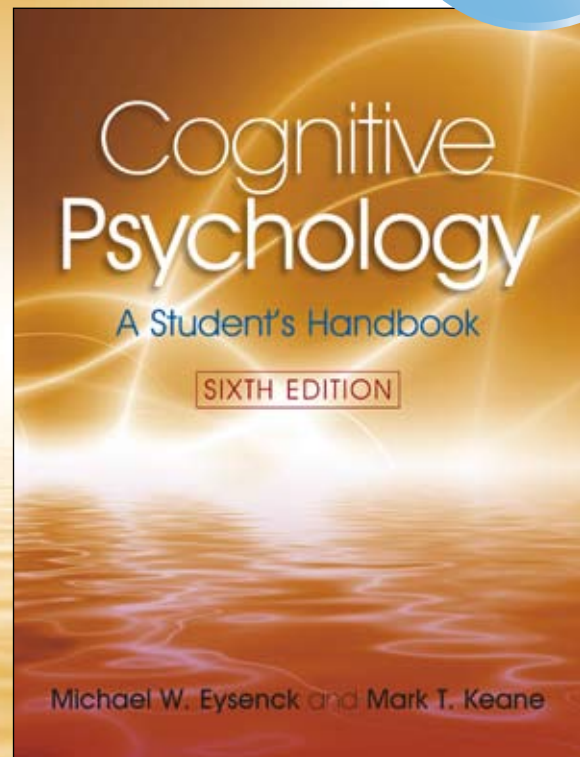


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Cognitive Psychology

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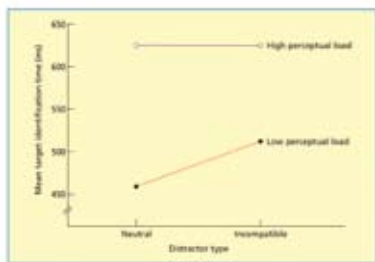


Figure 5.9 Mean target identification time as a function of distractor type (neutral vs. incompatible) and perceptual load (low vs. high). Based on data in Lavie (1995).

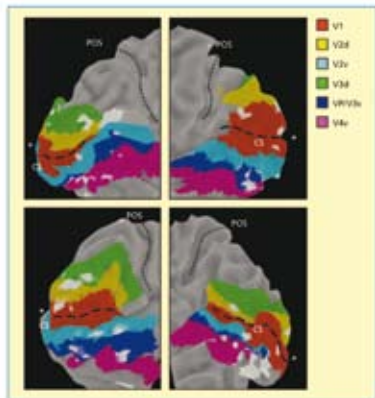


Figure 5.10 Areas of medial occipital cortex (shown in white) in which the activation associated with distractors was significantly less when the central task involved high rather than low perceptual load. CS = calcarine sulcus; POS = parieto-occipital sulcus. From Schwartz et al. (2005).

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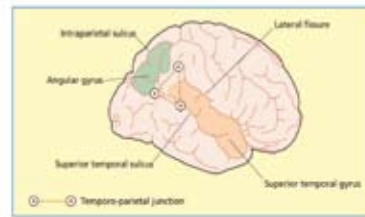


Figure 5.12 The areas within the parietal and temporal association cortex probably involved in unilateral neglect (adapted from Duvernoy, 1999). The region of the angular gyrus is outlined in light grey and that of the superior temporal gyrus in dark grey. The region of the temporo-parietal junction is shown by a dotted line. From Duncans and Ferber (2006).

Some neglect patients show personal neglect (e.g., failing to shave the left side of their face), whereas others show neglect for far space but not for near space. Buxbaum et al. (2004) found 12 different patterns of deficit. Thus, neglect is not a single disorder.

We can test for the presence of neglect in various ways (e.g., tasks in which patients copy figures). Neglect patients typically distort or neglect the left side of any figure they copy (see Figure 5.11). Then there is the line bisection task in which patients try to put a mark through the line at its centre, but typically put it to the right of the centre.

Which brain areas are damaged in neglect patients? There is controversy on this issue. Some findings suggest that the superior temporal gyrus is crucial, whereas others point to the temporo-parietal junction or the angular gyrus (Duncans & Ferber, 2006; see Figure 5.12). Ferri et al. (2000) found that they could produce neglect-like performance on the line bisection task by administering transcranial magnetic stimulation (TMS) to the angular gyrus, which strengthens the argument that damage to this area is involved in neglect. Barbotin, Thiébaud de Schotten, and Durieux (2007) reviewed the literature and concluded that neglect is due to the disconnection of large-scale brain networks rather than damage to a single cortical region. More specifically, they argued that damage to connections between parietal and frontal cortex

is of central importance to neglect. Most of the evidence indicates that Corbetta and Shulman's (2002) stimulus-driven system is damaged in neglect patients.

Extinction is often found in patients suffering from neglect. Extinction involves a failure to detect a stimulus presented to the side opposite the brain damage when a second stimulus is presented to the same side as the brain damage. Extinction is a serious condition, because multiple stimuli are typically present at the same time in everyday life.

How can we explain neglect? Driver and Vuilleumier (2001, p. 40) argued that what happens in neglect patients is a most extreme form of what happens in healthy individuals. According to them, "Perceptual awareness is not determined solely by the stimuli impinging on our senses, but also by which of these stimuli we choose to attend. This choice seems pathologically limited in neglect patients, with their attention strongly biased towards events

KEY TERM

extinction: a disorder of visual attention in which a stimulus presented to the side opposite the brain damage is not detected when another stimulus is presented at the same time to the same side as the brain damage.

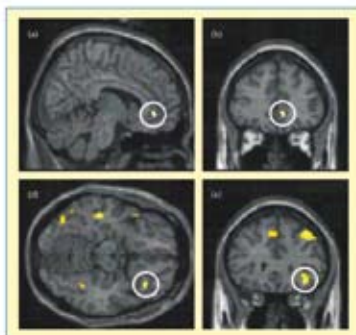


Figure 15.10 Panels A and B show activation in the right subgenual cingulate associated with positive words. Panels D and E show activation in the left posterior orbital/ventrolateral cortex associated with negative words. From Lewis et al. (2005).

judgments are positive or lenient among participants in a positive mood state but negative or harsh among those in a negative mood state.

Fergus and Locke (2005) provided good evidence for thought congruity. Experienced teachers were initially given a mood induction to put them into a happy or sad mood state. After that, they were given four vignettes describing workplace situations (e.g., a colleague cutting in front of you in a photocopying queue). For each vignette, the teachers made a judgment based on imagining themselves in the situation described. Mood state influenced the participants' judgments. More specifically, "Happy mood produced more optimistic and lenient causal attributions while those in a negative mood were more critical" (p. 1071).

McFarland et al. (2007) found important individual differences in thought congruity. They distinguished between two types of attention to the self. Some people have a narrative approach involving a narrative tendency to dwell on negative aspects of the self. Others

have a reflective approach involving an open exploratory focus on the self. All participants visualised a negative or a neutral event from the previous year. Then they rated themselves or close others. Participants who generally adopt a narrative approach showed more evidence of thought congruity than those who generally adopt a reflective approach. Why didn't the reflective individuals show thought congruity? They tend to deal with negative mood states by engaging in mood repair strategies such as thinking positively or watching a favourite film.

Several studies designed to test the affect infusion model (discussed next) have failed to find evidence of thought congruity. In essence, judgments requiring extensive processing are more likely to be influenced by mood state than those that can be made easily (e.g., Sedikides, 1995).

Mood intensity
There has been relatively little research on the mood intensity hypothesis. However, some relevant evidence was discussed by Eich (1995),

see Chapter 6). He presented visual displays of three rows of four letters very briefly and found that participants could recall only four or five of them. This suggested there was very limited conscious awareness of the display. However, Sperling (1960) and Landman et al. (2003) found that this was due more to memory limitations when reporting the letters than to strict limits on conscious awareness.

Another problem with using behavioural measures to assess conscious awareness is that different measures often fail to agree. For example, consider research on subliminal perception (see Chapter 2). Observers sometimes show "awareness" of visual stimuli when asked to make forced-choice decisions about them (objective threshold) but not when asked to report their experience (subjective threshold).

The vegetative state: Behavioural versus functional neuroimaging measures of consciousness

The limitations of behavioural evidence for conscious awareness have been shown in research on the vegetative state, which is defined by the following criteria: "There must be no evidence of awareness of self or environment, no response to external stimuli of a kind suggesting volition or purpose, and no evidence of language comprehension or expression" (Owen & Coleman, 2008, p. 235). The vegetative state is found in brain-damaged patients who emerge from a coma and display "wakefulness without awareness". Thus, the behavioural evidence indicates very strongly that patients in the vegetative state totally lack conscious awareness.

Important research by Owen et al. (2006) using functional neuroimaging has suggested that these patients may possess some conscious awareness. They studied a 23-year-old woman in the vegetative state as a result of a very serious road accident in July 2005. She was asked to imagine playing a game of tennis or visiting the rooms of her house starting from the front door. These two tasks were associated with different patterns of brain activity as assessed by functional magnetic resonance imaging (fMRI) (see Glossary) – for example, only imagining playing tennis was associated with activation in the supplementary

motor area. Of key importance, the patterns of brain activity were very similar to those shown by healthy participants. This brain activation was not triggered automatically by the words "tennis" or "house"; it lasted for the entire 30 seconds of each trial and included brain areas that do not respond automatically to familiar words.

Owen et al. (2006) carried out another test of the patient's conscious awareness. She was presented with sentences containing ambiguous words (italicised) (e.g., "The croak came from a beam in the ceiling"). She showed greater brain activity in the left inferior frontal region to ambiguous than to non-ambiguous words, showing that she engaged in full semantic processing of the sentences.

These findings suggest that the patient was consciously aware and purposefully following instructions (see Owen & Coleman, 2008, for a review). Of particular relevance to the current discussion, these findings suggest that functional neuroimaging sometimes provides a more valid assessment of the presence of conscious experience than behavioural measures. However, it is possible (although unlikely) that the patient's brain activity reflected unconscious but relatively sophisticated processing.

KEY TERM

vegetative state: a condition produced by brain damage in which there is wakefulness but an apparent lack of awareness and purposeful behaviour.

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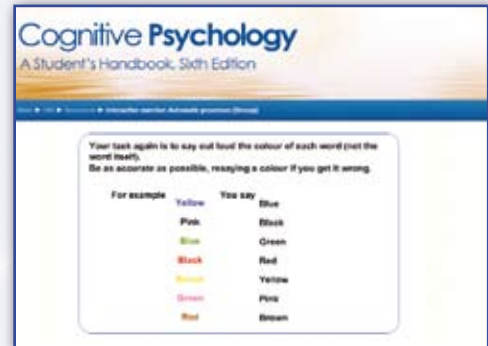


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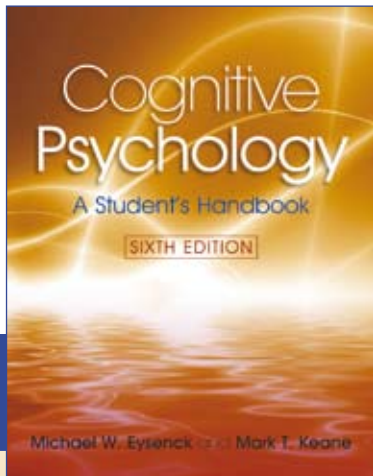
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