Lecture 3

Body Representation

• Review from Lecture 2 and Psych 100
• How is the body represented?
  • A focus on “neuroplasticity”
  • The example of phantom limbs
• Understanding the body conceptually
  • A function of the left hemisphere

Note: videos on youtube -- search for “cogmonaut”
From Lecture 2

The second key idea

We represent different kinds of information in different parts of the brain.
From Psych 100

Skin sensations

Disproportionate surface representations

Basics of “Body” representation
How is the Body Represented?

From *Pulp Fiction*
How is the Body Represented?

Somatosensory cortex or “strip”

Different parts of the strip represent different parts of the body

The somatosensory “homonculus”
Plasticity refers to something that can be changed, re-formed, or re-molded. Hence the name “plastic surgery”, for example.
Neuroplasticity

With respect to brain function:

The ability of cognitive/neural processes to change and adapt over time, which is referred to as **neuroplasticity**
Why do cognitive/neural processes change and adapt over time?

**Neuroplasticity**

- Learning
- Brain/body changes
- Experience
- Aging/maturation
Neuroplasticity

How long do changes/adaptations last?

“Transient” or short-term changes

“Sustained”/“chronic” or long-term changes

Time

- seconds or less
- minutes
- hours
- days
- weeks
- months
- years
- decades
- life
Phantom Limbs

An example of cortical plasticity
From Psych 100

The motor homonculus

Body representations and movement
Conceptual Understanding of Body

The ability to imitate simple, meaningless hand gestures was tested in three different groups of people.

Because organizing limb movements relative to the body is based on representations in the left hemisphere, it was predicted that at least some of the LBD patients would have problems with the task.

Goldenberg (1995)
While not all LBD patients had problems with the task, some did. This variance is due to variance in where the specific left hemisphere brain damage was in each patient.

Of those with problems in task, all are LBD. These patients are considered to have apraxia, a disorder of planning/organizing movements.

Fig. 2. Results of apraxia testing.

Goldenberg (1995)
### Conceptual Understanding of Body

<table>
<thead>
<tr>
<th>Test</th>
<th>controls</th>
<th>RBD</th>
<th>LBD No problems</th>
<th>LBD problems</th>
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<tbody>
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<td>Mannequin test</td>
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<td>16.2</td>
<td>16.5</td>
<td>8.0</td>
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<tr>
<td>Dexterity test</td>
<td>7.7</td>
<td>9.6</td>
<td>8.6</td>
<td>8.9</td>
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Apraxia patients

Goldenberg (1995)
Imitation of meaningless gestures was examined in patients with left brain damage (LBD), right brain damage (RBD) and controls. In addition to imitation on the own body, patients were asked to replicate the gestures on a life-sized mannikin. Manual dexterity was assessed by manipulation of beads. LBD patients who displayed apraxia when imitating gestures on their own bodies scored dramatically worse than any other group when imitation was assessed on the mannikin. By contrast, on the dexterity test patients with RBD were inferior not only to LBD patients without apraxia but also to apractic patients. The results support the contention that the basic deficit underlying impaired imitation of meaningless gestures in apraxia is to be sought at a conceptual level. Possibly, patients with apraxia are not able to evoke and represent conceptual knowledge about the human body which is necessary for performing the apparently simple task of imitating gestures.

Goldenberg (1995)