

3.3 ± 1.0 and 1.0 ± 0.0 , respectively. Self-rating scores of envy for student A were positively correlated with the magnitude of schadenfreude for student A (correlation coefficient $r = 0.50, P = 0.03$). Both SpHi-AvLo and SpLo-AvLo conditions produced activations in dACC, a region implicated in the processing of conflict or pain, but dACC activation was greater in the SpHi-AvLo condition ($x = -4, y = 8, z = 54, z \text{ score} = 4.07$) than in the SpLo-AvLo condition ($x = -4, y = 16, z = 46, Z \text{ score} = 3.65$) (Fig. 1, A and C). Regression analysis revealed positive linear correlation between self-rating scores of envy and the degree of activation in the dACC ($x = -2, y = 10, z = 52, z \text{ score} = 4.36$) in SpHi-AvLo contrast (fig. S3, A and B). The MisSpHi-MisAvLo condition produced activations in the reward-related regions: the dorsal striatum (caudate, putamen) ($x = -16, y = -2, z = 16, z \text{ score} = 4.44$), the ventral striatum including the nucleus accumbens ($x = -12, y = 6, z = -10, z \text{ score} = 4.41$), and the medial orbitofrontal cortex ($x = -8, y = 54, z = -10, z \text{ score} = 3.46$) (fig. S4, A and B). There was correlation between the intensity of schadenfreude and the degree of activation in the ventral striatum ($x = -14, y = 2, z = -12, z \text{ score} = 3.98$) in MisSpHi-MisAvLo contrast (Fig. 2, A and B). dACC ($x = -2, y = 10, z = 52$) activation in SpHi-AvLo contrast was positively correlated with ventral striatum ($x = -14, y = 2, z = -12$) activation in MisSpHi-MisAvLo contrast (Fig. 3).

This study investigated the neurocognitive mechanisms of envy and schadenfreude and the role of social comparison in the central processing of these emotions. At the behavioral level in study one, the intensity of envy is modulated by the quality of the possession of the person we compare with and the self-relevance of the comparison domain. That is, if the possession of the target person is superior and the comparison domain is self-relevant, we feel intense envy.

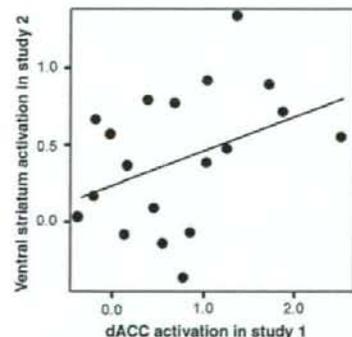


Fig. 3. Relation between dACC activation associated with envy and ventral striatum activation associated with schadenfreude. The x axis indicates the parameter estimates of dACC activation for SpHi-AvLo contrast at a peak voxel ($-2, 10, 52$). The y axis indicates the parameter estimates of the ventral striatum activation for MisSpHi-MisAvLo contrast at a peak voxel ($-14, 2, -12$). Positive correlation between dACC activation in study one and ventral striatum activation in study two across participants is shown ($r = 0.39, P = 0.01$).

When the comparison domain is not self-relevant, we do not feel strong envy, even if the possession is superior. When the comparison target is neither superior nor self-relevant, we are indifferent to the target. Activation of dACC was also modulated by possession quality and self-relevance. Stronger dACC activation was observed when one felt stronger envy. Moreover, between-participant correlation analysis demonstrated that people with stronger envy showed greater activation in dACC. At the behavioral level in study two, stronger schadenfreude was related to stronger envy, and schadenfreude arose when misfortune occurred to a person who was advantaged and self-relevant. Striatal activation was observed when misfortune happened to an envied person but not when it happened to a non-envied person. Between-participant analysis revealed that people with stronger schadenfreude showed greater activation in the ventral striatum.

ACC activation in response to envy stimuli might reflect a painful feature of this emotion. It was comparable to caudal ACC activation in response to pain in the self but not to pain in others (empathic pain) (12), suggesting that the participants experienced a painful feeling. Activation in this region has been reported in response to social pain (distress of social exclusion) (20). Taken together, envy might be a social pain in the self, with feelings of being excluded from the field that one is concerned with.

We are usually motivated to maintain a positive self-concept (16), and we feel discomfort when our self-concept is threatened by others who outperform ourselves in a self-relevant domain. Considering the role of dACC in conflict-monitoring (19), the association between envy and dACC activation suggests that envy is a condition in which information recognized by social comparison conflicts with positive self-concept. Experiencing discomfort motivates us to reduce it. Discomfort arising from others outperforming us in our cherished domains can be resolved by reducing the relevance of the domain to us or changing relative performance (16). Students in our scenario might change their major or club at the university and, ultimately, their goals in life. Alternatively, they might make an effort to improve their own performance or possession. On the contrary, they might wish that the other lacks advantages, or they may even obstruct the advantaged student (with malice). Similarly, from an economic perspective, envy has productive and destructive effects on economic growth. It motivates the members in organizations to enhance their own performances or to sabotage their opponents' performances (24). When misfortune occurs to an advantaged person and contributes to narrowing the gap of relative performance in an important domain, discomfort or pain is reduced, and a pleasant feeling is induced. This pleasure at another's misfortune is correspondent to the activation of the ventral striatum and the medial orbitofrontal cortex (25, 26). The striatum has also been implicated in altruistic punishment (27) and observing an unfair person receiving pain (28). Stronger dACC activation induced by the

most envied student in study one predicted stronger ventral striatum activation when misfortunes occurred to the student in study two. This means that people who tend to have higher pain or conflict are more likely to have a strong pleasant feeling once they are relieved from this pain. Thus, our findings propose a neurocognitive mechanism of a psychologically rewarding reaction, schadenfreude, and its relation to envy. At the same time, ventral striatum activation without receiving an actual reward indicates that we did not evaluate objects solely by their absolute value but that social comparison plays a substantial role in evaluation (29).

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Supporting Online Material

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Functional Deficits in the Extrastriate Body Area During Observation of Sports-Related Actions in Schizophrenia

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Exercise and sports are increasingly being implemented in the management of schizophrenia. The process of action perception is as important as that of motor execution for learning and acquiring new skills. Recent studies have suggested that body-selective extrastriate body area (EBA) in the posterior temporal-occipital cortex is involved not only in static visual perception of body parts but also in the planning, imagination, and execution of actions. However, functional abnormality of the EBA in schizophrenia has yet to be investigated. Using functional magnetic resonance imaging (fMRI) with a task designed to activate the EBA by sports-related actions, we aimed to elucidate functional abnormality of the EBA during observation of sports-related actions in patients with schizophrenia. Twelve schizophrenia patients and 12 age-sex-matched control participants participated in the study. Using sports-related motions as visual stimuli, we examined brain activations during observation of context-congruent actions relative to context-incongruent actions by fMRI. Compared with controls, the patients with schizophrenia demonstrated diminished activation in the EBA during observation of sports-related context-congruent actions. Furthermore, the EBA activation in patients was negatively correlated with the severity of negative and general psychopathology

symptoms measured by the Positive and Negative Syndrome Scale. Dysfunction of the EBA might reflect a difficulty in representing dynamic aspects of human actions and possibly lead to impairments of simulation, learning, and execution of actions in schizophrenia.

Key words: body/extrastriate body area/schizophrenia/sports/exercise/fMRI

Introduction

With the introduction of atypical antipsychotics, awareness of these comorbid metabolic disturbances in schizophrenia has become considerably increased among many health care professionals and patients.¹ For the management of comorbid metabolic disturbances, exercise is one of the most acknowledged interventions.² At the same time, exercise and sports have been recognized as having a positive impact on the treatment and rehabilitation of schizophrenia.³ However, individuals living with schizophrenia are less physically active than the general population.^{4,5} Moreover, they generally show psychomotor poverty and clumsiness⁶ and have an impairment of motor skill learning,^{7,8} which have been suggested to be linked to a dysfunctional motor execution system including the striatum-frontal-cerebellum.^{9,10}

It is widely documented in psychological and neurocognitive studies that the systems that mediate action perception, imitation, planning, and execution overlap and interact with each other.^{11,12} These studies have supported the view that when we observe others' actions, observed action is automatically simulated and matched with internal motor representation and could even be imitated unconsciously (Chameleon effect).^{12,13} These externally triggered motor representations are then used to understand, learn, and reproduce the observed behavior.¹⁴ Therefore, for learning and acquiring new skills, the process of action perception is as important as that of motor execution.

Passive viewing of biological motions has been known to activate the superior temporal sulcus (STS),¹⁵ and the STS has been suggested to have a more extended function in social cognition such as detecting intention of

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others.^{16,17} Kim et al.¹⁸ reported that schizophrenia patients were impaired in the perception of biological motion, and they predicted that impaired biological motion processing arises from functional deficit in the STS. Although the STS is a central node of processing biological motion, passive viewing of biological motion has consistently activated the posterior temporal-occipital cortex including the body-selective extrastriate body area (EBA)¹⁹ in close proximity to the STS.²⁰ Originally, the EBA was identified as an area that responds selectively to static human bodies and body parts.¹⁹ In biological motion tasks, low-level visual stimuli such as random moving dots have been used as control task, which make it difficult to clarify whether the EBA is only involved in body-sensitive early visual processing or is participant as a part of a system for inferring the action and intention of others like the STS. However, recent studies have suggested an extended role for the EBA, involving not only static visual perception of body parts but also the planning, imagination, and execution of actions.^{21,22} In addition, we have shown that sports-related context-congruent actions produced greater activation in the EBA, along with the STS, than context-incongruent actions.²³ Compared with frontal or limbic areas, the posterior temporal-occipital or temporal-parietal cortex has received relatively little attention in the field of schizophrenia research,²⁴ and functional abnormality of the EBA in schizophrenia has yet to be investigated. We hypothesized that patients with schizophrenia would show diminished activation in the EBA, along with the STS, in response to sports-related context-congruent actions.

Methods

Participants Twelve patients with schizophrenia (6 men and 6 women, mean age: 31.8 ± 7.2 [SD] years) were studied. Diagnoses were based on the Structured Clinical Interview for *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, Axis I Disorders. All patients were attending the day hospital unit of Asai Hospital. Exclusion criteria were current or past substance abuse and a history of alcohol-related problems, mood disorder, or organic brain disease. The mean illness duration was 9.8 ± 6.9 years. All patients received antipsychotics (mean chlorpromazine equivalent daily dosage = 641.6 ± 471.2 mg).^{25, 26} Clinical symptoms were assessed by the Positive and Negative Syndrome Scale (PANSS) for schizophrenia.²⁷ Mean total scores of PANSS and subscale (positive scale, negative scale, and general psychopathology scale) were 69.8 ± 13.6 , 14.3 ± 4.0 , 19.7 ± 4.7 , and 35.8 ± 6.4 , respectively. The ratings were reviewed by trained senior psychiatrists, H.T. and T.S., after the patient interviews, and disagreements were resolved by consensus; consensus ratings were used in this study. Twelve age-sex-matched normal controls (6 men and 6 women,

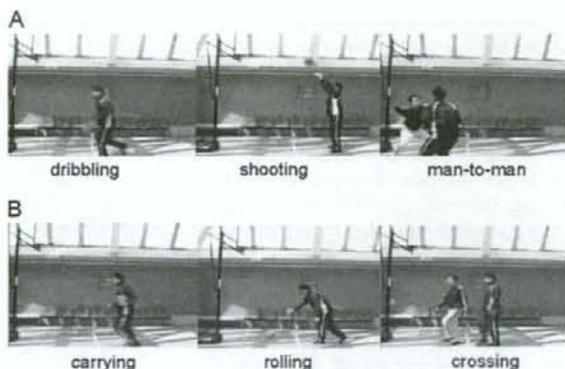


Fig. 1. Sample of Still Frames From Video Clips. A, Basketball-related motions; B, basketball-unrelated motions.

mean age 29.4 ± 4.5 years) were recruited from the surrounding community. The candidates were carefully screened, and standardized interviews were conducted by H.T. and T.S.. They did not meet criteria for any psychiatric disorders. None of the controls were taking alcohol or medication at the time, nor did they have a history of psychiatric disorder, significant physical illness, neurological disorder, or alcohol or drug dependence. All subjects were right-handed, and they all underwent a magnetic resonance imaging (MRI) to rule out cerebral anatomic abnormalities. All subjects had achieved an educational level of high school or higher. All of them had the experience of playing basketball in elementary school or junior high school, but they had little opportunity, if any, to play basketball thereafter. After complete explanation of the study, written informed consent was obtained from all participants, and the study was approved by the Ethics Committee of Asai Hospital.

Materials

We employed the same visual stimuli as in the previous report where healthy volunteers were studied. The stimuli were designed to activate the EBA by sports-related actions.²³ Two types of video clips were provided (basketball-related motions [BRM] and basketball-unrelated motions [BUM]). Examples of the video clips are shown in figure 1. BRM consisted of 3 types of scenes (player shooting a free throw, player dribbling, 2 players performing man-to-man defense/offense). BUM also consisted of 3 types of scenes (player rolling a basketball, player carrying a basketball, and one person crossing in front of another without interaction). In order to make BRM and BUM as similar as possible, all players in the video clips performed in front of a basket hoop on a basketball court, and the number of persons, objects, motion direction, and speed were matched, ie, rolling a basketball, carrying a basketball, and crossing in front

of another without interaction corresponded to shooting a free throw, dribbling, and man-to-man defense, respectively. The video clips were projected via computer onto a screen mounted on a head coil. The subjects were instructed to pay attention to the video clips and to press a selection button with the right index finger when they watched the free throw scene and the basketball-rolling scene, indicating that they had paid attention to them. The experimental design consisted of 5 blocks for each of the 2 conditions (BRM and BUM) interleaved with 20-second rest periods. During the rest condition, participants viewed a crosshair pattern projected to the center of the screen. In the BRM and BUM 24-second blocks, 3 scenes were presented twice for 4 seconds each.

Image Acquisition

Images were acquired with a 1.5-T Signa system (General Electric, Milwaukee, WI). Functional images of 115 volumes were acquired with T2*-weighted gradient echo planar imaging sequences sensitive to blood oxygenation level-dependent contrast. Each volume consisted of 40 transaxial contiguous slices with a slice thickness of 3 mm to cover almost the whole brain (flip angle, 90°; echo time (TE), 50 ms; repetition time (TR), 4 sec; matrix, 64 × 64; field of view, 24 × 24 cm). High-resolution, T1-weighted anatomic images were acquired for anatomic comparison (124 contiguous axial slices; 3D Spoiled-Grass sequence; slice thickness, 1.5 mm; TE, 9 ms; TR, 22 ms; flip angle, 30°; matrix, 256 × 192; field of view, 25 × 25 cm).

Analysis of Functional Imaging Data

Data analysis was performed with SPM02 (Wellcome Department of Cognitive Neurology, London, UK). All volumes were realigned to the first volume of each session to correct for subject motion and were spatially normalized to the Montreal Neurological Institute template. Functional images were spatially smoothed with a 3D isotropic Gaussian kernel (full width at half maximum of 8 mm). Significant hemodynamic changes for each condition were examined using the general linear model with boxcar functions convolved with a hemodynamic response function. Statistical parametric maps for each contrast of the *t* statistic were calculated on a voxel-by-voxel basis.

To examine possible group differences in response to BUM (baseline), we conducted a 2-sample *t* test of BUM contrast. To assess the specific condition effect, we used the contrasts of BRM minus BUM. A random-effects model was implemented for group analysis. A 1-sample *t* test was applied to determine group activation for the contrasts of BRM minus BUM. Between-group comparison of BRM minus BUM contrast was performed with a 2-sample *t* test. We used SPM's small volume correction to correct for multiple testing in regions about which we had a priori hypotheses. These

a priori volumes of interest (VOIs) included the EBA (inferior temporal cortex) and STS (superior temporal cortex). VOIs were defined by standardized VOI templates implemented in brain atlas software.²⁸ Significant differences surviving this correction at $P < .05$ were determined as were activations outside regions of interest surviving a threshold of $P < .001$, uncorrected, with an extent threshold of 10 contiguous voxels.

We conducted regression analyses to demonstrate a link between regional brain activities with the patients' demographics. Using the demographic data (age, duration of illness, chlorpromazine equivalent daily dosage, and PANSS scores) for each subject as covariates, regression analyses with the BRM minus BUM contrasts and the covariates were performed at the second level. The same threshold as used in the between-group comparison was applied. To confine the regions where significant group differences were observed, we created masks of group differences of the BRM minus BUM contrast from the 2-sample *t* test (threshold at $P < .05$, uncorrected), and these masks were applied inclusively. Using the effect sizes, representing the percent signal changes, of the BRM minus BUM contrasts at the peak coordinates uncovered in the regression analyses, we plotted the functional MRI (fMRI) signal changes and PANSS scores.

Results

Behavioral Data

All patients and controls paid attention to the video clips and pressed the button appropriately (accuracy was virtually 100%).

fMRI Results

In the control group, BRM minus BUM condition produced activations in the bilateral posterior temporal-occipital cortex including the bilateral EBA ($x = 58, y = -60, z = 2; t = 4.86$), middle temporal ($x = 54, y = -66, z = -12; t = 8.38$), right STS ($x = 56, y = -22, z = -2; t = 6.58$), bilateral premotor cortex ($x = -48, y = -4, z = 40; t = 4.94$), and bilateral inferior parietal lobules ($x = -34, y = -50, z = 54; t = 7.25$) (coordinates and *t* score refer to the peak of each brain region). In the patient group, BRM minus BUM condition produced activations in the left lingual gyrus ($x = -6, y = 92, z = 0; t = 6.52$), right prefrontal cortex ($x = 36, y = 52, z = 14; t = 5.66$), and right premotor cortex ($x = 36, y = -2, z = 54; t = 4.52$).

A 2-sample *t* test revealed no significant differences (threshold at $P < .001$, uncorrected) in the activations by BUM between controls and patients. Group comparison of the BRM minus BUM contrast showed that patients demonstrated significantly less activation in the bilateral EBA, bilateral parahippocampal gyrus, right STS, right temporal pole, right lingual gyrus, and globus

Table 1. Regions showing diminished activation in response to BRM-BUM condition in 12 patients with schizophrenia compared with 12 controls

Brain regions	R/L	MNI coordinates			BA	<i>t</i> value	voxels
		<i>x</i>	<i>y</i>	<i>z</i>			
EBA (MTG)*	L	-40	-60	-4	37	5.37	106
EBA (MTG)*	R	52	-68	6	37	5.08	74
STS (STG)*	R	54	-22	0	21, 22	6.61	100
Temporal pole (STG)	R	40	10	-28	38	4.04	27
Parahippocampal gyrus	R	26	-26	-20	35	5.92	111
Parahippocampal gyrus	R	18	-38	-4	30	5.12	25
Parahippocampal gyrus	L	-28	-44	-6	19, 37	4.08	48
Lingual gyrus	R	6	-92	-10	17	4.28	21
Globus pallidus	R	16	-10	-2		4.12	21

Coordinates and *t* value refer to the peak of each brain region. MNI, Montreal Neurological Institute; BA, Brodmann area; L, left; R, right; MTG, middle temporal gyrus; STG, superior temporal gyrus; BRM, basketball-related motions; BUM, basketball-unrelated motions; EBA, extrastriate body area; STS, superior temporal sulcus. All values, $P < .001$, uncorrected. * $P < .05$, corrected for multiple comparisons across a small volume of interest.

pallidus (table 1 and figure 2). The activations in a priori regions (EBA and STS) survived a threshold of $P < .05$ corrected for multiple comparisons across a small VOI. No significantly greater activation was identified in patients in the group comparison of the BRM minus BUM contrast.

Regression analysis revealed negative linear correlations between the negative scale score of PANSS and the degree of activation in the left EBA ($x = -58$, $y = -58$, $z = -6$; $t = 7.01$) in BRM minus BUM contrast (figure 3). Scores of the general psychopathology scale were also negatively correlated with the degree of activation in the left EBA ($x = -58$, $y = -56$, $z = -6$; $t = 5.81$) (figure 3). These correlations in a priori regions (EBA) survived a threshold of $P < .05$ corrected for multiple comparisons across a small VOI. There was no correlation between the positive scale score and regional brain activation. Regression analysis revealed that none of age, duration of illness, or chlorpromazine equivalent daily dosage had a relation with regional brain activation.

Discussion

This study demonstrated that patients with schizophrenia showed diminished brain activations during observation of context-congruent actions in the EBA, along with the STS. The coordinates of the EBA were in good agreement with the previous literature (reviewed in Arzy et al.²⁹). The lesser activation of the STS in the patients was fairly predicted because previous psychological study has shown the impairment of biological motion perception in schizophrenia, which has been thought to be attributable to dysfunction of the STS.¹⁸ The STS is located at a convergence zone for multimodal signals including limbic information,³⁰ and it has been suggested to be involved not only in the perception of biological motion but also in a more extended function of social cognition such as understating others' intention.^{16,17} Dysfunctional STS might contribute to a difficulty in understanding intentional actions and behavior of agents in schizophrenia.³¹

The novel finding in this study was that the patients showed diminished EBA activation in response to context-congruent actions despite the fact that the patients comprehended explicit information of body movement (and basketball rules) similar to controls. This implies that the patients might not have processed implicit information carried by body movements as much as controls, but it is very difficult to quantify such implicit information and complex EBA function in a limited MRI environment and in a limited time period. Interestingly, PANSS score, instead of performance during fMRI scans, was directly linked to EBA activation in patients. That is, the less EBA activation was, the more severe the symptoms (negative and general psychopathology) in the patients were. The EBA was first identified as an area that responds selectively to static human bodies.¹⁹ Recent studies have suggested that the EBA is also directly involved in representing the dynamic aspects of human

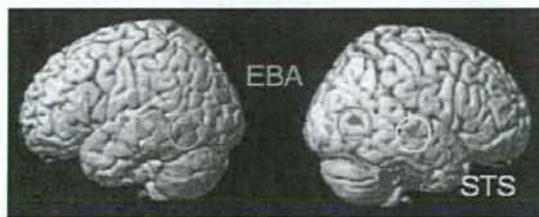


Fig. 2. Images Showing the Brain Area of Diminished Activations in Response to Basketball-Related Motions (BRM) Relative to Basketball-Unrelated Motions (BUM) Condition in 12 Patients With Schizophrenia Compared With 12 Normal Controls. Diminished activations in the bilateral extrastriate body area (EBA), right superior temporal sulcus (STS), and right temporal pole are shown.

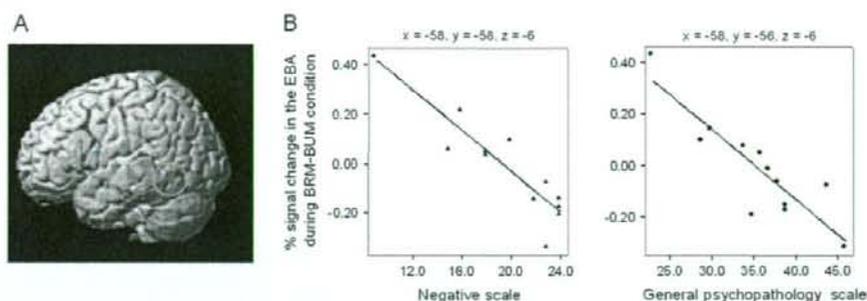


Fig. 3. Negative Correlations Between Positive and Negative Syndrome Scale (PANSS) Scores and the Degree of Activation in the Extrastriate Body Area (EBA). **A**, Images showing negative correlation between negative scale scores and the degree of activation in the left EBA in basketball-related motions-basketball-unrelated motions (BRM-BUM) contrast. Scores of general psychopathology scale were also negatively correlated with the degree of activation in the left EBA in BRM-BUM contrast, yielding images identical to **A**. **B**, Plots and regression lines of negative correlations between PANSS scores and the degree of activation in the left EBA. The degrees of activations in the EBA were negatively correlated with the scores of negative scale ($r = -0.91$, $df = 10$; $P < .001$) and general psychopathology scale ($r = -0.88$, $df = 10$; $P < .001$).

motions as part of a system for inferring the intention of others.³² Jackson et al²² reported that, compared with observation of actions, EBA activation was enhanced during imitation. Furthermore, the motivation to act has been shown to modulate EBA activity.³³ These studies proposed an extended role for the EBA, involving the planning, execution, and imagination of actions. Our previous report that using the current task in healthy volunteers was in favor of this view,²³ suggesting that the EBA might contribute to the understanding of actions and intention of others through the mechanism of observed action being automatically represented and simulated.^{14,32}

Empirical studies have shown that schizophrenia patients have difficulty in representing motor actions internally.^{34,35} The diminished EBA activation in patients suggests that internal representation of the dynamic aspects of human motions is impaired. Motor representation is associated with understanding and rehearsing observed behavior.¹⁴ In fact, recent studies demonstrated that motor representation is highly involved in skill learning and motor rehabilitation.^{36,37} Consequently, the deficit in the EBA in schizophrenia could lead to difficulties in learning and reproducing new skills in addition to impairment in understanding others' actions.

The present study has several limitations. First, we examined only patients with chronic schizophrenia with long-term antipsychotic medication because our primary interest was the possible role of sports participation/observation in the management of chronic schizophrenia and comorbid metabolic disturbances partly due to antipsychotic medication. Medication possibly affects neural activation, but regression analysis revealed that chlorpromazine equivalent daily dosage has no relation with regional brain activation, and expression of dopamine D2 receptors in the posterior temporal-occipital cortex is extremely low.³⁸ Second, our task was not a behaviorally/cognitively demanding task leading

to lack of dispersion in behavioral data (100% accuracy for both control and patient groups). Using a behaviorally/cognitively demanding task would require us to include only patients with psychiatric symptoms and cognitive impairments mild enough to undergo the imaging procedure and comply with the demanding task. However, the target patients of rehabilitation and management of comorbid metabolic disturbances in a day hospital have considerable behavioral and cognitive disturbances, which make it difficult to obtain reliable self-reported data of complex and subtle functions. Therefore, we employed the current task, aiming to examine patients with chronic schizophrenia in a real-world setting. From these limitations, it must be emphasized that any generalization of our findings to patients with first episode or nondisabled patients needs to be approached with caution.

In conclusion, chronic schizophrenia patients demonstrated diminished activation in the EBA in response to sports-related actions. Dysfunction of the EBA might reflect impairment of representation of dynamic aspects of human actions and might lead to impairments in simulation, learning, and execution of actions in schizophrenia. Furthermore, these impairments might lead to difficulty in understanding others' actions, interpersonal communication, body awareness, and overall physical activity manifested as negative symptoms and general psychopathology symptoms. The results of this study seem to have some important clinical implications for the management of chronic schizophrenia and merit further investigation in terms of the role of sports participation/observation in the rehabilitation for chronic schizophrenia and their effects on EBA function.

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Differential Contributions of Prefrontal and Hippocampal Dopamine D₁ and D₂ Receptors in Human Cognitive Functions

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Dopamine D₁ receptors in the prefrontal cortex (PFC) are important for prefrontal functions, and it is suggested that stimulation of prefrontal D₁ receptors induces an inverted U-shaped response, such that too little or too much D₁ receptor stimulation impairs prefrontal functions. Less is known of the role of D₂ receptors in cognition, but previous studies showed that D₂ receptors in the hippocampus (HPC) might play some roles via HPC–PFC interactions. We measured both D₁ and D₂ receptors in PFC and HPC using positron emission tomography in healthy subjects, with the aim of elucidating how regional D₁ and D₂ receptors are differentially involved in frontal lobe functions and memory. We found an inverted U-shaped relation between prefrontal D₁ receptor binding and Wisconsin Card Sorting Test performance. However, prefrontal D₂ binding has no relation with any neuropsychological measures. Hippocampal D₂ receptor binding showed positive linear correlations not only with memory function but also with frontal lobe functions, but hippocampal D₁ receptor binding had no association with any memory and prefrontal functions. Hippocampal D₂ receptors seem to contribute to local hippocampal functions (long-term memory) and to modulation of brain functions outside HPC (“frontal lobe functions”), which are mainly subserved by PFC, via the HPC–PFC pathway. Our findings suggest that orchestration of prefrontal D₁ receptors and hippocampal D₂ receptors might be necessary for human executive function including working memory.

Key words: dopamine; D₁ receptors; D₂ receptors; prefrontal cortex; hippocampus; positron emission tomography

Introduction

Because dopamine D₁ receptors in the prefrontal cortex (PFC) are several times more abundant than D₂ receptors (Hall et al., 1994), the relationship between D₁ receptors and PFC functions have been widely investigated. Sawaguchi and Goldman-Rakic (1994) demonstrated that local administration of D₁ receptor antagonists into PFC induced impairment in working memory task in nonhuman primate. In human, Müller et al. (1998) reported that systemic administration of a mixed D₁/D₂ agonist facilitated working memory, whereas the selective D₂ agonist had no effect, indicating that the dopaminergic modulation of working memory processes is mediated primarily via D₁ receptors. The use of positron emission tomography (PET) allows us to

quantify dopamine receptors *in vivo*, and previous studies reported that altered prefrontal D₁ receptors in schizophrenia were associated with working memory deficits (Okubo et al., 1997; Abi-Dargham et al., 2002).

In contrast to D₁ receptors, relatively less attention has been paid to the role of prefrontal D₂ receptors in cognitive functions. It was reported that blockade of D₂ receptors in PFC did not impair working memory in nonhuman primate (Sawaguchi and Goldman-Rakic, 1994), but some human studies reported that systemic administration of D₂ agonist or antagonist modulated cognitive functions that are subserved by the prefrontal cortex (McDowell et al., 1998; Mehta et al., 1999). Because the density of D₂ receptors in extrastriatal regions is very low (Suhara et al., 1999), PET studies investigating the involvement of extrastriatal D₂ receptors in cognition have been limited. With the introduction of high-affinity PET radioligands such as [¹¹C]FLB457, it has become possible to quantify extrastriatal D₂ receptors by PET (Hallidin et al., 1995). Using [¹¹C]FLB457, Kemppainen et al. (2003) reported that a reduction of D₂ receptors in the hippocampus (HPC) in Alzheimer’s disease patients was correlated with memory impairments. Our recent PET study also showed that D₂ receptors in HPC were associated not only with memory function but also with frontal lobe functions (Takahashi et al., 2007), suggesting dopaminergic modulation on HPC–PFC inter-

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actions during the cognitive process (Laroche et al., 2000; Thierry et al., 2000; Goto and Grace, 2008).

In this study, we measured both D₁ and D₂ receptors in PFC and HPC using PET in normal healthy subjects, and aimed to elucidate how regional D₁ and D₂ receptors are differentially involved in neurocognitive performance including memory and frontal lobe functions. A body of animal studies has indicated that stimulation of D₁ receptors in PFC produces an inverted U-shaped dose–response curve, such that too little or too much D₁ receptor stimulation impairs PFC functions (Goldman-Rakic et al., 2000; Williams and Castner, 2006; Vijayraghavan et al., 2007). We hypothesized that prefrontal D₁ receptors would be more related to frontal lobe functions than prefrontal D₂ receptors, and that, specifically, an inverted U-shaped relation between prefrontal D₁ receptor binding and prefrontal functions would be observed in the normal physiological condition in healthy volunteers. In addition, we predicted that D₂ receptors in HPC would be more related to memory than D₁ receptors in HPC.

Materials and Methods

Subjects. Twenty-three healthy male volunteers [mean age 25.7 ± (SD) 4.3 years] were studied. Seven of the 23 subjects had participated in our earlier study (Takahashi et al., 2007). They did not meet the criteria for any psychiatric disorder based on unstructured psychiatric screening interviews. None of the controls were using alcohol at the time, nor did they have a history of psychiatric disorder, significant physical illness, head injury, neurological disorder, or alcohol or drug dependence. All subjects were right-handed according to the Edinburgh Handedness Inventory. All subjects underwent magnetic resonance imaging (MRI) to rule out cerebral anatomic abnormalities. After complete explanation of the study, written informed consent was obtained from all subjects, and the study was approved by the Ethics and Radiation Safety Committee of the National Institute of Radiological Sciences, Chiba Japan.

PET scanning. PET studies were performed on ECAT EXACT HR+ (CTI; Siemens). The system provides 63 planes and a 15.5 cm field of view. To minimize head movement, a head fixation device (Fixster) was used. A transmission scan for attenuation correction was performed using a germanium 68–gallium 68 source. Acquisitions were done in three-dimensional mode with the interplane septa retracted. For evaluation of D₁ receptors, a bolus of 213.9 ± 20.5 MBq of [¹¹C]SCH23390 with specific radioactivities (52.1 ± 28.9 GBq/μmol) was injected intravenously from the antecubital vein with a 20 ml saline flush. For evaluation of extrastriatal D₂ receptors, a bolus of 215.4 ± 24.5 MBq of [¹¹C]FLB457 with high specific radioactivities (171.0 ± 58.0 GBq/μmol) was injected in the same way. The mean injected amounts of [¹¹C]SCH23390 and [¹¹C]FLB457 were 1.18 ± 0.20 μg and 0.47 ± 0.17 μg, respectively. Dynamic scans were performed for 60 min for [¹¹C]SCH23390 and 90 min for [¹¹C]FLB 457 immediately after the injection. All emission scans were reconstructed with a Hanning filter cutoff frequency of 0.4 (full width at half maximum, 7.5 mm). MRI was performed on Gyroscan NT (Philips Medical Systems) (1.5 T). T1-weighted images of the brain were obtained for all subjects. The scan parameters were 1-mm-thick, three-dimensional T1 images with a transverse plane (repetition time/echo time, 19/10 milliseconds; flip angle, 30°; scan matrix, 256 × 256 pixels; field of view, 256 × 256 mm; number of excitations, 1).

Quantification of D₁ and D₂ receptors in PFC and HPC. The tissue concentrations of the radioactivities of [¹¹C]SCH23390 and [¹¹C]FLB457 were obtained from regions of interest (ROIs) defined on the PET images of summated activity for 60 and 90 min, respectively, with reference to the individual MRIs that were coregistered on summated PET images and the brain atlas. The regions were PFC, HPC and cerebellar cortex. Each ROI consisted of three axial slices. ROI of PFC occupies the middle third of the middle frontal gyrus and the rostral portion of the inferior frontal gyrus (approximately corresponding to the dorsolateral prefrontal cortex or Brodmann area 46). ROI of HPC was set at the level of the midbrain. The anterior boundary was identified at the

level of the inferior horn of the lateral ventricle. The posterior boundary was identified at the level of the collateral sulcus. Although [¹¹C]FLB457 accumulates to a high degree in the striatum, striatal data were not evaluated because the duration of the [¹¹C]FLB457 PET study was not sufficient to obtain equilibrium in the striatum (Olsson et al., 1999; Suhara et al., 1999). Quantitative analysis was performed using the three-parameter simplified reference tissue model (Lammertsma and Hume, 1996). The cerebellum was used as reference region because it has been shown to be almost devoid of D₁ and D₂ receptors (Farde et al., 1987; Olsson et al., 1999; Suhara et al., 1999). The model provides an estimation of the binding potential (BP_{ND} (nondisplaceable)) (Innis et al., 2007), which is defined by the following equation: $BP_{ND} = k_3/k_4 = f_2 B_{max}/[Kd [1 + \sum_i Fi/Kd_i]]$, where k_3 and k_4 describe the bidirectional exchange of tracer between the free compartment and the compartment representing specific binding, f_2 is the "free fraction" of nonspecifically bound radioligand in brain, B_{max} is the receptor density, Kd is the equilibrium dissociation constant for the radioligand, and Fi and Kd_i are the free concentration and the dissociation constant of competing ligands, respectively (Lammertsma and Hume, 1996).

Neuropsychological tests. A battery of cognitive tests was given by an experienced clinical neuropsychologist. The neuropsychological tests used were Rey's Auditory Verbal Learning Test (RAVLT), Rey-Osterrieth's Complex Figure Test (ROCF), Keio version of the Wisconsin Card Sorting Test (WCST) (Igarashi et al., 2002), Verbal Fluency Test, and Raven's Colored Progressive Matrices (RCPM). RAVLT is used to evaluate the performance of verbal memory, and ROCFT is used as a measure of nonverbal visual memory. RAVLT and ROCFT were performed in the standard manner (Lezak, 1995). In RAVLT, 15 words were presented auditorily in the same sequence in five trials, ending with a free recall of the words (immediate recall). After the five trials, an interference list was presented and recalled, and then the subjects were instructed to recall the first list of words (delayed recall). In ROCFT, after the copy trial, subjects were asked to reproduce a figure from memory (immediate recall). After a 15 min pause, the subjects were asked to reproduce the figure from memory again (delayed recall). WCST is a test for executive function or cognitive flexibility involving working memory (Berman et al., 1995). It has been shown to be sensitive to dysfunction of PFC (Nelson, 1976). In WCST, categories achieved (CA), total errors (TE) and perseverative errors of Nelson (PE) were evaluated (Lezak, 1995). In the phonemic verbal fluency test, the subject was requested to retrieve in 1 min as many words as possible beginning with the Japanese syllabic characters (hiragana) "shi," "i" and "re," respectively. In the semantic verbal fluency test, the subject was requested to recall in 1 min as many words as possible belonging to a given semantic category (e.g., animals, fruit) (Lezak, 1995). RCPM was used as a general visuospatial intelligence test.

Statistical analyses. Although the selection of subjects was confined to young males in their 20's and 30's, the possible age effect on the BP_{ND} values of [¹¹C]SCH23390 and [¹¹C]FLB457, and neuropsychological performance were examined using Pearson correlation analysis. To explore the relation between D₁ and D₂ receptors and cognitive functions, linear regression between the BP_{ND} values of each ROI and each neuropsychological performance was analyzed, and the threshold for significance was set at $p = 0.05/2 = 0.025$ to correct for two regions (PFC and HPC). Although a single dominant factor underlying the scores on all tests, i.e., general cognitive ability, might contribute to intercorrelations across the tests, what we measure with neuropsychological tests is, by nature, a dimensionality of cognitive ability. Therefore, correction of p values for multiple comparisons was done only for regions, not for multiple neuropsychological tests. To examine putative nonlinear (inverted U-shaped) relations between prefrontal dopamine receptors and frontal lobe functions, quadratic regression between the BP_{ND} values of [¹¹C]SCH23390 and [¹¹C]FLB457 in PFC and neuropsychological performance was analyzed by SPSS package (SPSS).

To confirm the findings of the ROI analysis, parametric images of BP_{ND} (Gunn et al., 1997) were analyzed using statistical parametric mapping software (SPM2) (Wellcome Department of Imaging, Institute of Neurology, University College of London, London, UK). Normalized BP_{ND} images were smoothed with a Gaussian filter to 16 mm full-width

Table 1. Mean scores of neuropsychological tests and linear relations between and neuropsychological measures and BP_{ND} values of [¹¹C]SCH23390 and [¹¹C]FLB457 in the prefrontal cortex and hippocampus

Neuropsychological tests	Mean scores	Prefrontal cortex <i>r</i> (<i>p</i>)		Hippocampus <i>r</i> (<i>p</i>)	
		[¹¹ C]SCH23390	[¹¹ C]FLB457	[¹¹ C]SCH23390	[¹¹ C]FLB457
RALVT immediate	57.3 ± 6.2	0.07 (0.74)	0.16 (0.47)	0.10 (0.66)	0.37 (0.09)
RALVT delayed	13.0 ± 1.5	0.14 (0.53)	0.02 (0.94)	0.08 (0.72)	0.28 (0.20)
ROCFT immediate	27.7 ± 3.9	0.11 (0.63)	0.31 (0.15)	0.21 (0.34)	0.73 (<i>p</i> < 0.001)**
ROCFT delayed	27.3 ± 4.8	0.12 (0.58)	0.38 (0.07)	0.11 (0.60)	0.67 (<i>p</i> < 0.001)**
WCST CA	5.4 ± 1.2	0.42 (0.049)*	0.03 (0.89)	0.21 (0.33)	0.30 (0.17)
WCST TE	11.3 ± 3.7	-0.41 (0.049)*	-0.15 (0.51)	-0.30 (0.16)	-0.51 (0.01)**
WCST PE	0.8 ± 1.4	-0.27 (0.21)	-0.18 (0.42)	-0.31 (0.15)	-0.59 (0.003)**
Phonemic verbal fluency	30.9 ± 9.3	0.21 (0.35)	0.21 (0.34)	0.20 (0.36)	0.47 (0.02)**
Semantic verbal fluency	46.1 ± 7.9	-0.07 (0.76)	0.09 (0.69)	0.06 (0.77)	0.17 (0.45)
RCPM (sec)	188.5 ± 36.0	0.10 (0.65)	-0.04 (0.87)	0.11 (0.64)	0.08 (0.70)

**p* < 0.05. **Significant after correction for multiple statistical tests (new significance threshold: *p* < 0.025[0.05/2]).

half-maximum. Using each individual cognitive performance as covariate, regression analyses with the BP_{ND} images and the covariates were performed.

Results

The mean [¹¹C]SCH23390 BP_{ND} values of PFC and HPC were 0.41 ± 0.06 (range: 0.29–0.59) and 0.33 ± 0.09 (range: 0.20–0.53), respectively. The mean [¹¹C]FLB457 BP_{ND} values of PFC and HPC were 1.16 ± 0.21 (range: 0.82–1.58) and 1.57 ± 0.28 (range: 0.98–1.92), respectively. The mean scores of the neuropsychological data are shown in Table 1. There was no age effect on the BP_{ND} values of [¹¹C]SCH23390 and [¹¹C]FLB457 in the two ROIs, nor on any neuropsychological performance (*p* > 0.01).

Quadratic regression analysis revealed a significant "U-shaped" relation between the BP_{ND} value of [¹¹C]SCH23390 in PFC and TE of WCST (*p* < 0.001, *r* = 0.72). (Because TE of WCST is a negative measure of frontal lobe function, the relation is not "inverted") (Fig. 1). The BP_{ND} value of [¹¹C]SCH23390 in PFC and CA of WCST also showed significant quadratic (inverted U-shaped) relation (*p* < 0.001, *r* = 0.78). However, no quadratic relation was found between the BP_{ND} value of [¹¹C]FLB457 in PFC and any neuropsychological measures. The linear relations between neuropsychological measures and the BP_{ND} value of each ROI are shown in Table 1. As for D₁ receptors, the BP_{ND} value of [¹¹C]SCH23390 in PFC was positively correlated with CA of WCST (*p* = 0.049, *r* = 0.42), and negatively correlated with TE of WCST (*p* = 0.049, *r* = -0.41) although these relations did not survive a threshold corrected for multiple comparisons. The BP_{ND} value of [¹¹C]SCH23390 in HPC was not correlated with any neuropsychological measures. With regard to D₂ receptors, the BP_{ND} value of [¹¹C]FLB457 in HPC was positively correlated with immediate and delayed recall scores of ROCFT and phonemic verbal fluency, and negatively correlated with CA and TE of WCST. The BP_{ND} value of [¹¹C]FLB457 in PFC was not correlated with any neuropsychological measures. Figure 2 shows these relationships.

D₁ binding in PFC showed significant correlation with D₁ binding in HPC (*r* = 0.74, *p* < 0.001) and trend level correlation with D₂ binding in PFC (*r* = 0.41, *p* = 0.05), but no correlation with D₂ binding in HPC (*r* = 0.27, *p* = 0.22). D₂ binding in HPC

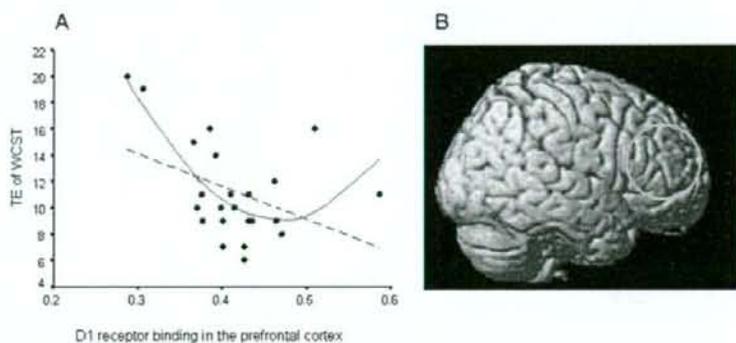


Figure 1. Quadratic (inverted U-shaped) relation between D₁ receptor binding in PFC and performance of WCST. **A**, ROI analysis revealed a significant quadratic regression between the BP_{ND} value of [¹¹C]SCH23390 in PFC (BP_{D1_PFC}) and TE of WCST. Red solid line, quadratic regression; black broken line, linear regression. Based on ROI analysis, the relation between BP_{D1_PFC} and TE can be expressed as follows: TE = 326.92(BP_{D1_PFC} - 0.47)² + 9.10. **B**, Using this equation, SPM analysis also revealed a significant quadratic regression between prefrontal D₁ receptor binding and TE of WCST (*p* < 0.001, uncorrected, extent threshold > 30 voxels).

showed significant correlation with D₂ binding in PFC (*r* = 0.50, *p* = 0.02) and trend level correlation with D₁ binding in HPC (*r* = 0.36, *p* = 0.09). D₂ binding in PFC showed no correlation with D₁ binding in HPC.

Using SPM2, we conducted standard voxel-based morphometry without modulation (Ashburner and Friston, 2000) to test whether the BP_{ND} values of [¹¹C]SCH23390 and [¹¹C]FLB457 in PFC and HPC were related to the prefrontal and hippocampal gray matter concentration in the normalized images, respectively. The age and total gray matter (GM) volume were treated as confounding covariates in an analysis of covariance. The total GM volume was given by the total number of voxels within the GM compartment of each subject. The analysis revealed that there were no significant correlations between the BP values of [¹¹C]SCH23390 and [¹¹C]FLB457 in PFC and HPC and the concentration of gray matter in the prefrontal and hippocampal regions, respectively, at a threshold of *p* = 0.01, uncorrected.

Discussion

Although D₁ receptor binding in PFC showed trend-level positive linear correlations with WCST performance, quadratic regression analysis revealed significant inverted U-shaped relations between D₁ receptors in PFC and WCST performance. That is, a too high or too low level of D₁ receptor expression in PFC leads to high errors and a low number of categories achieved. However, D₂ receptor binding in PFC did not show significant relation with

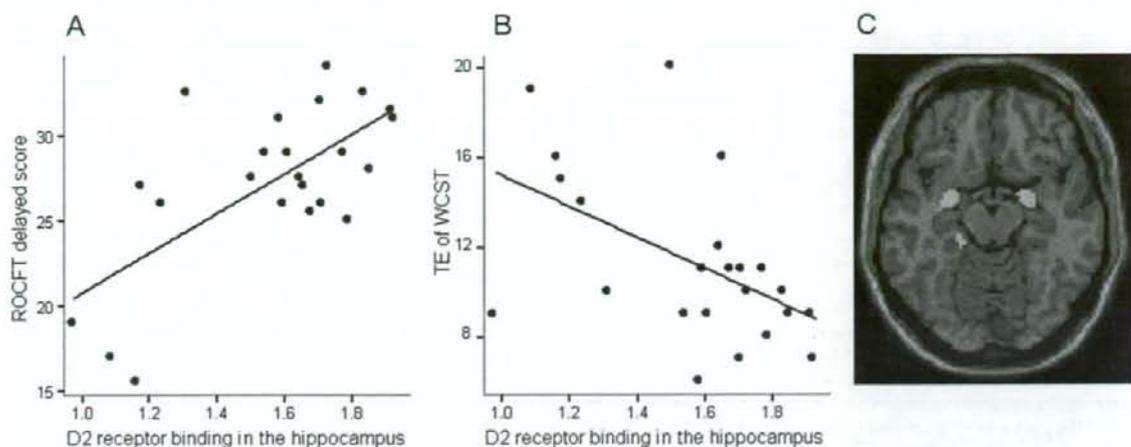


Figure 2. Correlations between D₂ receptor binding in the hippocampus and memory. *A, B*, Significant positive linear correlations between the BP_{ND} value of [¹¹C]FLB457 in the hippocampus and the delayed recall score of ROCFT and (*B*) TE of WCST revealed by ROI analysis. *C*, The SPM result of a positive linear correlation between hippocampal D₂ receptor binding and the delayed recall score of ROCFT is shown ($p < 0.005$, uncorrected, extent threshold > 30 voxels).

any neuropsychological measures. With regard to dopamine receptors in HPC, D₂ receptor binding in HPC showed positive linear correlations not only with memory function but also with frontal lobe functions, whereas D₁ receptor binding in HPC did not show significant relation with any neuropsychological measures. WCST involves a set-shifting component as well as a working memory component, although the two abilities are not mutually exclusive (Konishi et al., 1999). Working memory requires the active maintenance and manipulation of trial-unique information in a short-term memory buffer (Goldman-Rakic, 1995; Fuster, 2000). Thus, set-shifting could be regarded as updating of working memory content, and it has been demonstrated that updating of working memory content and shifting of cognitive set have a similar cognitive aspect in common (Konishi et al., 1998). Thus, in normal human subjects, the individual difference of working memory capacity could contribute to the difference in the performance of tests for cognitive flexibility.

Previous animal studies demonstrated that local injection of D₁ receptor antagonists into PFC induced impairment in working memory task in nonhuman primate (Sawaguchi and Goldman-Rakic, 1994). In a human study, systemic administration of a mixed D₁/D₂ agonist, pergolide, facilitated working memory, but the selective D₂ agonist bromocriptine had no effect, indicating that the dopaminergic modulation of working memory is mediated primarily via stimulation of D₁ receptors (Müller et al., 1998). Subsequent animal studies indicated that stimulation of D₁ receptors in PFC produces an inverted U-shaped response in working memory, with the response being optimized within a narrow range of D₁ receptor stimulation (Goldman-Rakic et al., 2000; Lidow et al., 2003; Castner and Goldman-Rakic, 2004; Seamans and Yang, 2004; Vijayraghavan et al., 2007). Recent human studies have investigated the effect of a functional polymorphism in the catechol O-methyltransferase gene, which has been shown to modulate the prefrontal dopamine level, on prefrontal function. The results also suggested that dopamine transmission in PFC produces an inverted U-shaped response, meaning that too little or too much dopamine signaling would impair prefrontal functions, although these studies could not identify the receptor subtype that plays a central role in this effect (Mattay et al., 2003; Williams-Gray et al., 2007).

Our PET finding is the first direct evidence in human that demonstrated an inverted U-shaped relation between D₁ receptors in PFC and executive function including working memory in normal healthy subjects. Our previous PET study revealed that, compared with normal controls, D₁ receptors in PFC were decreased in schizophrenia, which was associated with poor performance on WCST (Okubo et al., 1997). However, another PET study reported that an increase in D₁ receptors in PFC was associated with working memory deficits in schizophrenia (Abi-Dargham et al., 2002). It has been discussed that these inconsistent results might stem from several factors including differences in radioligands and patient demographics. Although the reasons for these inconsistent results need to be clarified in the future, an inverted U-shaped response can account for working memory deficits in schizophrenia whether D₁ receptors in PFC are increased or decreased in patients, because the D₁ receptor inverted U-shaped response is observed within a narrow range of the normal physiological condition (Williams and Castner, 2006; Vijayraghavan et al., 2007). An inverted U-shaped response has been suggested based on cognitive and behavioral studies, but the exact physiological mechanism of this effect has not yet been fully understood. A recent monkey electrophysiology study has demonstrated a neuron-level mechanism that constitutes the inverted U-shaped response whereby too much or too little stimulation of prefrontal D₁ receptors leads to working memory deficits. D₁ receptor stimulation had a suppressive effect on the PFC neural activities involved in a spatial working memory task. Moderate D₁ receptor stimulation spatially tunes PFC neurons that process target signals by preferentially suppressing nontarget (noisy) neural activities, whereas excessive D₁ receptor stimulation induces nonselective suppression of PFC neural activities regardless of whether the neural activities are task-related or not (Vijayraghavan et al., 2007).

Animal studies have suggested that the inverted U-shaped principle of D₁ receptor stimulation mediating working memory does not necessarily apply to other prefrontal functions (Floresco and Magyar, 2006). Therefore, it is noteworthy that prefrontal D₁ receptors were not associated with other prefrontal measures besides WCST, because fluency task by phonetic or semantic cues

and problem-solving test with visuospatial analysis are less dependent on the working memory process.

Considering that D₁ binding in PFC was not correlated significantly with D₂ binding either in PFC or HPC, D₁- and D₂-mediated working memory processes are considered to contribute differently to the completion of WCST. Although previous animal studies showed that working memory or executive function mainly depends on D₁ receptors, not on D₂ receptors in PFC (Sawaguchi and Goldman-Rakic, 1994; Seamans et al., 1998), a recent rat study demonstrated that D₂ receptors in PFC were necessary for set-shifting ability (Floresco et al., 2006). It has been suggested that when the dopamine level is high under a novel circumstance, the prefrontal network is mainly modulated by D₂ receptors. In such state, the network is likely to process multiple information (Seamans and Yang, 2004; Floresco et al., 2006). During the set-shifting stage of WCST, one needs to disengage from the previous strategy and compare alternative options under a new condition. After shifting attentional sets, one needs to learn and maintain a new strategy of WCST. In such condition, the dopamine level is considered to be moderate and D₁ receptors play a central role in stabilizing the network (Seamans and Yang, 2004; Floresco et al., 2006). We did not find any correlation between D₂ binding in PFC and WCST performances, possibly attributable to the fact that the working memory component and the set-shifting component are not entirely dissociable in WCST (Konishi et al., 1999). Instead, D₂ binding in HPC was related to WCST performances. Although the role of hippocampal D₂ receptors in set-shifting is not known, a possible interpretation is that in the initial set-shifting stage of WCST, D₂ receptors in HPC might play a role in quick learning and comparison to guide future behaviors, and once a new strategy is learned, D₁ receptors in PFC might contribute to the stability and maintenance of the novel strategy.

The association between hippocampal D₂ receptors and memory is consistent with the findings of previous PET studies (Kempainen et al., 2003; Takahashi et al., 2007). The finding that hippocampal D₂ binding was more related to visuospatial memory than to verbal memory might stem from the fact that verbal learning is dependent on regions other than HPC, such as anterior, lateral and superior temporal lobes, which are involved in human language, although HPC plays a central role in both types of memory (Hodges and Graham, 2001). Umegaki et al. (2001) reported that injection of a D₂ receptor antagonist into HPC impaired memory performance and that the memory impairment was ameliorated by coinjection of a D₂ receptor agonist. They also found that local infusion of D₂ agonist into HPC stimulated acetylcholine release in HPC and ameliorated scopolamine-induced memory impairment (Fujishiro et al., 2005). In addition, hippocampal D₂ receptors appear to be involved in synaptic plasticity. It has been reported that D₂ antagonist inhibited long-term potentiation in HPC (Frey et al., 1990; Manahan-Vaughan and Kulla, 2003), the key mechanism underlying memory consolidation (Jay, 2003; Lynch, 2004). There is some evidence from animal studies that hippocampal D₁ receptors are also involved in memory (Hersi et al., 1995a,b; Bach et al., 1999), but supporting our PET data, Wilkerson and Levin (1999) reported that hippocampal D₁ receptors were not as responsible as D₂ receptors for memory functions.

In line with our previous study (Takahashi et al., 2007), we also found hippocampal D₂ receptors to be involved in the performance of WCST and phonemic verbal fluency, which is more dependent on PFC than semantic verbal fluency. Patients with lesions in HPC sometimes show deficits in WCST (Corkin, 2001;

Igarashi et al., 2002). These observations suggest that hippocampal D₂ receptors could modulate PFC activity by the HPC–PFC pathway, which plays a significant role in the cognitive process (Laroche et al., 2000; Thierry et al., 2000). Accumulating evidence has suggested the modulatory effects of dopamine on HPC–PFC interactions (Seamans et al., 1998; Aalto et al., 2005; Tseng et al., 2007; Goto and Grace, 2008). Conceivably, dopamine influences PFC neurons directly by prefrontal D₁ receptors and indirectly by hippocampal D₂ receptors via the HPC–PFC pathway.

Müller et al. (1998) reported that the systemic administration of the mixed D₁/D₂ agonist pergolide facilitated working memory, whereas selective D₂ agonist had no effect. However, there is converging evidence from human and animal studies to suggest the involvement of D₂ receptors in cognitive functions. It was reported that the systemic administration of D₂ agonist in human improved cognitive functions including working memory and executive functions (McDowell et al., 1998), and the administration of D₂ antagonist impaired those functions (Mehta et al., 1999). In an animal study, it was reported that mice lacking D₂ receptors showed a working memory deficit (Glickstein et al., 2002). These studies, however, did not reveal the regions most responsible for these effects. Moreover, although the involvement of D₁ receptors in working memory is widely recognized, it was not clear whether D₁ receptor stimulation alone or the combination of D₁ and D₂ receptor stimulation is most effective. Our finding suggested that orchestration of prefrontal D₁ receptors and hippocampal D₂ receptors might be necessary for executive functions including working memory.

The current study has several limitations. First, although BP_{ND} is the complex value of receptor density and affinity (the inverse of K_d), previous studies indicated that the affinity does not differ according to region (Suhara et al., 1999) and that extrastriatal binding of current PET ligands is not sensitive to endogenous dopamine (Abi-Dargham et al., 1999; Okauchi et al., 2001). Still, we should keep in mind that the BP_{ND} values of [¹¹C]SCH23390 and [¹¹C]FLB457 might not necessarily be equivalents for D₁ and D₂ receptor functions, respectively. This emphasizes the need for PET investigations of the relation of BP_{ND} and presynaptic function or second messenger beyond dopamine receptors. Alternatively, multimodal imaging study combining the current method with other modalities such as functional MRI might also be advantageous in investigating the direct relation between dopamine receptor function and PFC functions. Second, we measured the level of dopamine receptor binding during a resting state rather than during cognitive tasks. It is difficult to measure endogenous dopamine release in extrastriatal regions with the current PET ligands (Abi-Dargham et al., 1999; Okauchi et al., 2001). Future study with radioligands more sensitive to endogenous dopamine release will enable us to examine its degree of receptor occupancy. Finally, attributable to limitations of the [¹¹C] radioligand, the data of [¹¹C] FLB457 binding in the striatum was not available. The striatum plays an important role in the prefrontal-hippocampus pathway. PET data in the striatum would lead to a better understanding of the interaction of these three regions. Future study with triple radioligands such as [¹¹C]SCH23390, [¹¹C] FLB457 and [¹¹C] raclopride will enable us to examine striatal and extrastriatal D₁ and D₂ receptors in the same subject.

In summary, we found that an inverted U-shaped relation existed between D₁ receptor binding in PFC and WCST performance, indicating an inverted U-shaped relation between prefrontal D₁ receptors and working memory, and that prefrontal D₂ receptor binding was not related to any frontal lobe functions.

Hippocampal D₂ receptors seem to contribute to local hippocampal functions (long-term memory) and to modulation of brain functions outside HPC (frontal lobe functions), which are mainly subserved by PFC, via the HPC–PFC pathway. Our findings suggest that prefrontal D₁ receptors and hippocampal D₂ receptors might be targets for pharmacological therapeutics for cognitive and memory impairments observed in neuropsychiatric disorders such as Alzheimer's disease, Parkinson's disease and schizophrenia.

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Neural Correlates of Human Virtue Judgment

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Neuroimaging studies have demonstrated that the brain regions implicated in moral cognition. However, those studies have focused exclusively on violation of social norms and negative moral emotions, and very little effort has been expended on the investigation of positive reactions to moral excellence. It remains unclear whether the brain regions implicated in moral cognition have specific roles in processing moral violation or, more generally, process human morality *per se*. Using functional magnetic resonance imaging, brain activations during evaluation of moral beauty and depravity were investigated. Praiseworthiness for moral beauty was associated with activation in the orbitofrontal cortex, whereas blameworthiness for moral depravity was related to the posterior superior temporal sulcus. Humans might have developed different neurocognitive systems for evaluating blameworthiness and praiseworthiness. The central process of moral beauty evaluation might be related to that of aesthetic evaluation. Our finding might contribute to a better understanding of human morality.

Keywords: blameworthiness, moral, orbitofrontal cortex, praiseworthiness, superior temporal sulcus, virtue

Introduction

The emerging field of cognitive neuroscience is providing new insights into the neural basis of moral cognition and behaviors. As David Hume (1978) and Adam Smith (1976) already noted in the 18th century, some contemporary philosophers have emphasized the importance of emotion and intuition in moral judgment, although moral reasoning could contribute to moral judgment (Haidt 2001; Greene and Haidt 2002). Supporting this view, recent neuroimaging studies and brain lesion studies have demonstrated that emotion-related brain regions such as the posterior superior temporal sulcus (pSTS), medial prefrontal cortex (MPFC), orbitofrontal cortex (OFC), and amygdala play important roles in moral judgment (Damasio 2000; Greene and Haidt 2002; Takahashi et al. 2004; Moll et al. 2005). Previous psychological as well as neuroimaging studies mainly focused on violation of social norms and negative moral emotions such as guilt or embarrassment (Greene and Haidt 2002; Haidt 2003a, 2003b; Takahashi et al. 2004; Moll et al. 2005; Mobbs et al. 2007). Morals are standards or principles of right or wrong behaviors and the goodness or badness of human character. It remains unclear whether the brain regions implicated in moral cognition are specialized in processing immorality, that is, negative deviance from social norms or,

more generally, processing deviance from social standards regardless of whether the stimuli positively or negatively deviate from them. There has been very little study on positive moral emotions or psychological responses to moral beauty, but with the advent of the positive psychology movement (Seligman and Csikszentmihalyi 2000), researchers have started to focus on positive moral emotions. Many people experience spontaneous pleasure when they can help others without any expectation of reward. Neuroimaging studies suggest that cooperative behaviors might be psychologically rewarding (Rilling et al. 2002; de Quervain et al. 2004; Moll et al. 2006). It is also human nature that we are easily and strongly moved by people who are cooperating with others. Haidt (2003a, 2003b) started to call an emotion elicited by others' act of virtue or moral beauty as "elevation." When people observe others' virtuous, commendable acts, they feel warm, pleasant, and "tingling" feelings and are motivated to help others and to become better people themselves. Hume (1978) wrote that "a generous and noble character never fails to charm and delight us" and Smith (1976) noted that "man desires, not only praise, but praiseworthiness." We also could have an aesthetic feeling in human virtuous acts and be often attracted by the beauty itself (Haidt 2003a). However, there are very few studies to have concentrated on this aspect of moral beauty. According to Haidt (2003a), we cannot have a full understanding of human morality until we can explain why and how people are so powerfully affected by the sight of a stranger helping another stranger.

For the evolution and persistence of cooperation, it is necessary for humans to detect cheaters and cooperators. Otherwise, selfish strategies will eliminate cooperative strategies (Axelrod and Hamilton 1981; Cosmides and Tooby 1992). Cosmides and Tooby (1992) argued that humans have evolved neurocognitive systems that specialize in detecting "cheating," violation of social contracts, and that produce a feeling that those who violate social norms should be blamed and punished. In fact, functional magnetic resonance imaging (fMRI) studies reported activation in brain regions such as pSTS and MPFC during detection of violation of social contracts (Canessa et al. 2005; Fiddick et al. 2005). On the other hand, it is also argued that humans have evolved a neurocognitive system that skillfully assesses the cooperativeness of others (Price 2006), and empirical evidence suggests that people will cooperate with those whom they have observed cooperating with others (Wedekind and Milinski 2000; Milinski et al. 2002). However, there is as yet no documented study regarding the investigation

of the neural correlates during the observance of praiseworthy, virtuous acts of others.

In this study, we investigated the brain activation associated with the judgment of moral beauty, virtue, comparing it with that of moral depravity, vice. We hypothesized that the judgment of moral beauty and depravity would show different brain activation patterns. Specifically, moral depravity would be linked to brain regions, such as pSTS and MPFC, and moral beauty would recruit the brain regions implicated in positive emotions, such as OFC.

Materials and Methods

Participants

Fifteen healthy volunteers (mean age 20.1 years, standard deviation [SD] = 0.8) participated in this study. All subjects were Japanese and right-handed. The participants were free of any criteria for neuropsychiatric disorders based on unstructured psychiatric screening interviews. None of the participants were taking alcohol at the time nor did they have a history of psychiatric disorder, significant physical illness, head injury, neurological disorder, or alcohol or drug dependence. All participants underwent an MRI to rule out cerebral anatomic abnormalities. After complete explanation of the study, written informed consent was obtained from all participants and the study was approved by the Institutional Ethics Committee.

Materials

Three types of short sentences were provided (neutral, moral beauty, and moral depravity). Each sentence was written in Japanese and in the 3rd person. Sentences of moral depravity were expressing moral violation, and those of moral beauty were expressing acts like charity, self-sacrifice, altruism, humanitarianism, and so on. Neutral sentences were expected to express no prominent emotional content. In order to validate our expected results, we conducted an initial survey. We prepared 30–35 sentences for each of 3 conditions (neutral, moral beauty, and moral depravity). Forty-two other healthy volunteers (21 males and 21 females, mean age 22.5 years, SD = 3.3) than the subjects participating in this fMRI study were screened. Using 7-point Likert scales, they read and rated each sentence in terms of morality/immorality (-3 = extremely immoral, 0 = neither moral nor immoral, and 3 = extremely moral) and praiseworthiness/blameworthiness (-3 = extremely blameworthy, 0 = neither praiseworthy nor blameworthy, and 3 = extremely praiseworthy). Based on the initial survey, we selected 18 sentences for each of the 3 conditions. These sentences are shown in Supplementary Table S1. The sentences were projected via a computer and a telephoto lens onto a screen mounted on a head coil. The subjects were instructed to read the sentences silently and were told to imagine the events described in the sentences. They were also told that they should rate the sentences according to how moral/immoral or praiseworthy/blameworthy the events were. After reading each sentence, the subjects were instructed to press a selection button with the right index finger, indicating that they had read and understood it. The experimental design consisted of 6 blocks for each of the 3 conditions (neutral, moral beauty, and moral depravity) interleaved with 20-s rest periods. We used a block design rather than an event-related design as it is difficult to obtain sufficient understandable stimuli, that is, depictions of moral beauty and depravity are difficult to parse rapidly (Luo et al. 2006). The order of presentation for the 3 conditions was randomized. During the rest condition, participants viewed a crosshair pattern projected to the center of the screen. In each 24-s block, 3 different sentences of the same condition were presented for 8 s each. Using 7-point Likert scales, the participants rated each sentence in terms of morality/immorality and praiseworthiness/blameworthiness after the scans.

Image Acquisition

Images were acquired with a 1.5 Tesla Signa system (General Electric, Milwaukee, WI). Functional images of 203 volumes were acquired with

T2*-weighted gradient echo planar imaging sequences sensitive to blood oxygenation level-dependent contrast. Each volume consisted of 40 transaxial contiguous slices with a slice thickness of 3 mm to cover almost the whole brain (flip angle, 90°; time echo [TE], 50 ms; time repetition [TR], 4 s; matrix, 64 × 64; and field of view, 24 × 24 cm). High-resolution, T1-weighted anatomic images were acquired for anatomic comparison (124 contiguous axial slices, 3-dimensional Spoiled-Grass sequence, slice thickness 1.5 mm; TE, 9 ms; TR, 22 ms; flip angle, 30°; matrix, 256 × 192; and field of view, 25 × 25 cm).

Analysis of Functional Imaging Data

Data analysis was performed with statistical parametric mapping software package (SPM02) (Wellcome Department of Cognitive Neurology, London, UK) running with MATLAB (Mathworks, Natick, MA). All volumes were realigned to the 1st volume of each session to correct for subject motion and were spatially normalized to the standard space defined by the Montreal Neurological Institute template. After normalization, all scans had a resolution of 2 × 2 × 2 mm³. Functional images were spatially smoothed with a 3-dimensional isotropic Gaussian kernel (full width at half maximum of 8 mm). Low frequency noise was removed by applying a high-pass filter (cutoff period = 192 s) to the fMRI time series at each voxel. A temporal smoothing function was applied to the fMRI time series to enhance the temporal signal-to-noise ratio. Significant hemodynamic changes for each condition were examined using the general linear model with boxcar functions convolved with a hemodynamic response function. Statistical parametric maps for each contrast of the *t*-statistic were calculated on a voxel-by-voxel basis.

To assess the specific condition effect, we used the contrasts of the moral beauty minus neutral (MB - N) and moral depravity minus neutral (MD - N). A random effects model, which estimates the error variance for each condition across the subjects, was implemented for group analysis. This procedure provides a better generalization for the population from which data are obtained. The contrast images were obtained from single-subject analysis and entered into the group analysis. A 1-sample *t*-test was applied to determine group activation for each effect. We used SPM's small volume correction to correct for multiple testing in regions about which we had a priori hypothesis. These a priori volumes of interest (VOIs) included the pSTS, MPFC, and OFC. VOIs for pSTS (angular gyrus), MPFC (superior and medial frontal gyrus), and OFC (inferior frontal gyrus) were defined by standardized VOI templates implemented in brain atlas software (Maldjian et al. 2003). Significant activations surviving this correction at *P* < 0.05 are reported. We describe activations outside regions of interest surviving a threshold of *P* < 0.001, uncorrected, with an extent threshold of 10 contiguous voxels. To assess common activation in MB - N and MD - N conditions, we conducted a conjunction analysis of MB - N and MD - N contrasts at the 2nd level.

We conducted regression analysis to demonstrate a more direct link between regional brain activities with the subjective judgments of praiseworthiness and blameworthiness. Using the mean of the ratings of praiseworthiness and blameworthiness for each subject as the covariate, regression analysis with the contrasts (MB - N and MD - N) and the covariate was performed at the 2nd level. The masks of MB - N and MD - N contrasts from the 1-sample *t*-test (*P* < 0.001) were applied to confine the regions where significant activations were observed. Using the effect sizes, representing the percent signal change, of the contrasts (MB - N and MD - N) at the peak coordinates uncovered by regression analysis, we plotted the fMRI signal changes and ratings of praiseworthiness and blameworthiness.

Results

Initial Survey

As we predicted, neutral sentences were judged neither moral/praiseworthy nor immoral/blameworthy. The averages of the ratings of morality/immorality and praiseworthiness/blameworthiness for neutral sentences were 0.0 (SD = 0.1) and 0.0 (SD = 0.1), respectively. The average of ratings of morality and

praiseworthiness for 18 sentences of moral beauty were 2.3 (SD = 0.8) and 1.8 (SD = 0.9), respectively. The average of ratings of immorality and blameworthiness for 18 sentences of moral depravity were -2.4 (SD = 0.7) and -2.1 (SD = 0.8), respectively.

Self-Rating

The self-rating results of the subjects participating in the fMRI study were comparable to the results obtained in the initial survey. The averages of the ratings of morality/immorality and praiseworthiness/blameworthiness for neutral sentences were 0.1 (SD = 0.2) and 0.0 (SD = 0.1), those of morality and praiseworthiness for sentences of moral beauty were 2.5 (SD = 0.3) and 2.1 (SD = 0.5), and those of immorality and blameworthiness for sentences of moral depravity were -2.4 (SD = 0.3) and -2.1 (SD = 0.4), respectively. Self-ratings of immorality were correlated with blameworthiness ($r = 0.58$, $P = 0.025$), and those of morality were correlated with praiseworthiness ($r = 0.68$, $P = 0.005$).

fMRI Result

The MB-N condition produced activations in the left OFC, left dorsal lateral prefrontal cortex (DLPFC), left supplementary motor area (SMA), left temporal pole, and visual cortex, (Table 1 and Fig. 1A). The MD-N condition produced activations in the left pSTS and MPFC (Table 1 and Fig. 1B). The activations in a priori regions (pSTS, MPFC, and OFC) survived a threshold of $P < 0.05$ corrected for multiple comparisons across a small VOI. A conjunction analysis of MB-N and MD-N contrast revealed no significant activations.

Regression analysis revealed positive linear correlations between self-rating of praiseworthiness and the degree of activation in the left OFC ($x = -38$, $y = 28$, and $z = -20$) in MB-N contrast (Figs 2A and 3A). There were correlations between self-rating of blameworthiness and the degree of activation in the left pSTS ($x = -54$, $y = -66$, and $z = 28$) in MD-N contrast (Figs 2B and 3B). These correlations in a priori regions (pSTS and OFC) survived a threshold of $P < 0.05$ corrected for multiple comparisons across a small VOI.

Discussion

This study has demonstrated that the brain activations during evaluation of positive deviance from the moral standard, moral beauty, showed different patterns from those of negative deviance, moral depravity. In line with previous reports, moral depravity conditions relative to neutral condition produced greater activity in the left pSTS and MPFC, the components of neural substrates that have been suggested to be involved in human moral cognition (Takahashi et al. 2004; Moll et al. 2005). A novel finding in this study was that moral beauty conditions relative to neutral condition produced greater activity in the left frontal regions, such as OFC, DLPFC, and SMA. This means that the regions suggested to play important roles in moral cognition are more specialized in processing moral violation and do not cover human morality per se.

Although self-ratings of immorality were correlated with blameworthiness and those of morality were correlated with praiseworthiness, empirical evidence suggests that blameworthiness for immoral acts and praiseworthiness for commendable or cooperative acts were not symmetrical. In other words, blameworthiness for impulsive immoral acts without deliberate

Table 1

Brain activations in moral beauty condition and moral depravity condition relative to neutral condition

Brain region	L/R	Coordinates			Z-score
		x	y	z	
Moral beauty-neutral					
Visual cortex	L/R	14	-90	-8	4.59
OFC*	L	-40	32	-20	3.39
Temporal pole	L	-50	18	-24	3.51
SMA	L	-48	0	48	3.52
DLPFC	L	-52	26	14	3.30
Moral depravity-neutral					
MPFC*	L/R	6	58	14	4.35
pSTS*	L	-54	-64	30	3.40

Note: Coordinates and Z-score refer to the peak of each brain region. L, left; R, right. All values, $P < 0.001$, uncorrected. * $P < 0.05$, corrected for multiple comparisons across a small VOI.

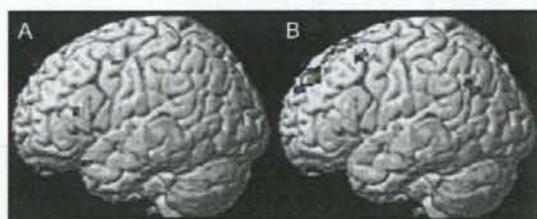


Figure 1. Images showing brain activations in response to (A) MB-N condition and (B) MD-N condition. (A) Significant activation in OFC is shown. (B) Significant activations in MPFC and pSTS are shown.

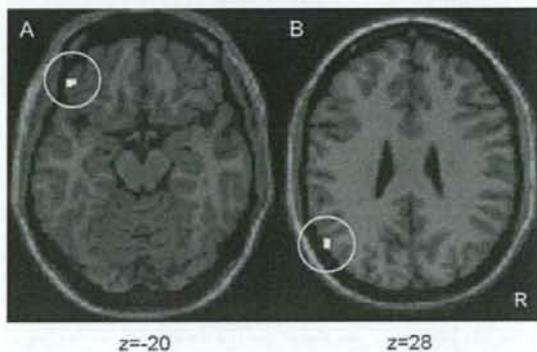


Figure 2. Correlations between self-ratings of (A) praiseworthiness (B) blameworthiness and brain activations. (A) Correlation between self-rating of praiseworthiness and degree of activation in left OFC in MB-N contrast. (B) Correlations between self-rating of blameworthiness and degree of activation in pSTS in MD-N contrast. Within the images, R indicates right. Numbers at bottom indicate coordinates of Montreal Neurological Institute brain.

intention was discounted compared with deliberate immoral acts, whereas praiseworthiness for commendable acts was not discounted regardless of whether the positive acts were impulsive or deliberate (Pizarro et al. 2003). This is also common in legal culpability. This means that people tend to link blameworthiness to intention and the process of wrongdoing, whereas they tend to link praiseworthiness to outcomes of positive acts regardless of deliberate intention or not.

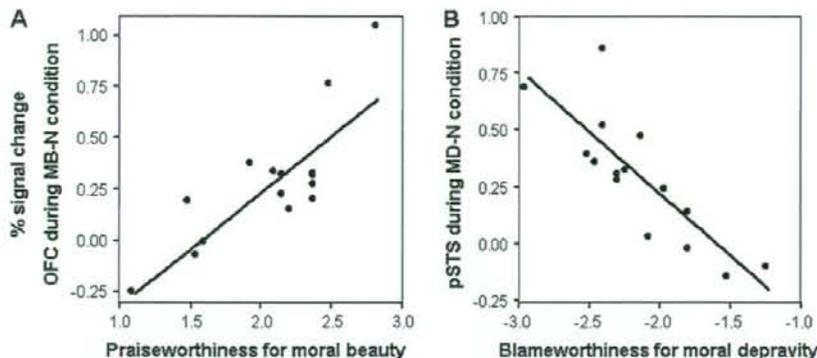


Figure 3. Regression lines of correlations between (A) praiseworthiness (B) blameworthiness and degree of brain activation. (A) There were correlations ($r = 0.82$, degrees of freedom [df] = 13, $P < 0.001$) between self-rating of praiseworthiness and degree of activation in OFC. (B) There were positive linear correlations ($r = -0.83$, $df = 13$, $P < 0.001$) between self-rating of blameworthiness and degree of activation in pSTS.

Moral depravity produced activation in the pSTS and MPFC, and the degree of pSTS activation was correlated with blameworthiness. Originally, STS was known to be activated by biological motions such as movement of eyes, mouth, hands, and body (Allison et al. 2000), and it has been suggested to have a more general function in social cognition such as detecting behavioral information that signals the intention of others (Gallagher and Frith 2003) and behavior of agents (Frith U and Frith CD 2003). MPFC appears to be responsible for inferring the cause of others' behavior, attribution. Previous studies have shown activation in the MPFC during judgments made on the basis of attributional information (Amodio and Frith 2006). It is suggested that, for the evolution and persistence of cooperation, humans have evolved neurocognitive systems that specialize in the detection of cheating and that motivate people to blame and punish those who violate social norms (Cosmides and Tooby 1992). Supporting this view, recent fMRI studies reported activation in brain regions such as the pSTS and MPFC during detection of the violation of social contracts (Canessa et al. 2005; Fiddick et al. 2005). Considering the functions of pSTS and MPFC, these regions might process intention of wrongdoings and, consequently, blameworthiness might be associated with the activation in pSTS.

The lack of activation in the pSTS and MPFC in response to moral beauty supports psychological studies in which people do not put a premium on the deliberate intention of commendable acts. Instead, correlation between the subjective ratings of praiseworthiness and the degrees of activation in the left OFC suggests that they regard positive outcome itself rather than intention of the act to be a main factor for praiseworthiness because the OFC is known to be involved in processing reward (Rolls 2006) and positive stimuli such as pictures (Northoff et al. 2000), taste (Small et al. 2003), and music (Blood and Zatorre 2001). It is also reported that the OFC was associated with maternal love (Bartels and Zeki 2004; Nitschke et al. 2004). The association between OFC activation and self-rating of praiseworthiness could be regarded as corresponding to Smith's phrase "The love of praiseworthiness" (Smith 1976).

Previous functional imaging studies have investigated the neural correlates processing facial beauty (Aharon et al. 2001; O'Doherty et al. 2003) or aesthetic beauty such as shapes or

arts (Kawabata and Zeki 2004; Vartanian and Goel 2004; Jacobsen et al. 2006), and activation of reward-related subcortical and limbic areas including the OFC was reported. The connection between aesthetic judgment and moral feeling has long been emphasized in aesthetic theory (Kant 1952). Our finding could be interpreted in the context of aesthetic theory, that is, the neurocognitive system processing moral beauty might be related to that of aesthetic beauty.

We observed activation in other prefrontal areas in the left hemisphere, such as DLPFC and SMA, although activation in these unpredicted areas needs to be interpreted with caution. It is still unclear whether there is a hemispheric specialization in the processing of moral cognition, but it is suggested that frontal regions in the left hemisphere are associated with approach behavior, whereas frontal areas in the right hemisphere are associated with avoidance (Davidson 1992). Previous studies reported activation in the motor area in response to positive stimuli such as paintings, music, money, humor, and concepts (Blood and Zatorre 2001; Elliott et al. 2003; Mobbs et al. 2003; Kawabata and Zeki 2004; Cunningham et al. 2005). Although the exact role of the motor area in such tasks is not well known, it is suggested that the positive stimuli might mobilize the motor system to take some action toward them.

Although domain-specific emotional response is suggested to play a central role in moral judgments, domain-neutral reasoning could play certain roles as well (Haidt 2001; Greene and Haidt 2002). In a predictable situation, context-independent knowledge of event is processed automatically and routinely. This domain-specific process is suggested to be mediated in the medial and ventral prefrontal cortex. On the other hand, in a less predictable situation, context-dependent knowledge of event is processed with the operation of domain-neutral reasoning, which is suggested to be mediated in the DLPFC (Greene and Haidt 2002; Moll et al. 2005). It is also widely argued that emotions evolved to promote quick and automatic reaction in life-threatening situations (Fredrickson 1998). Although these models have been well fitted for negative emotions, quick and decisive actions are not typically required in a situation that gives rise to positive emotions. Instead, a wider range of thoughts or actions is required in situations where positive emotions occur (Fredrickson 1998). The DLPFC was reported to be recruited during evaluation of natural or

artistic aesthetic stimuli (Cela-Conde et al. 2004). Although the exact role of the DLPFC in aesthetic evaluation remains unclear, our results suggested that context-dependent knowledge contributes to the evaluation of moral beauty.

In conclusion, evaluation of moral excellence and moral violation might be processed differently in the human brain. However, any generalization of our findings needs to be approached with caution as the social background of the participants, such as culture, generation, religion, and education, could affect the results. Still, our results suggest that humans might have developed different neurocognitive systems for evaluating blameworthiness (cheaters) and praiseworthiness (cooperators). Our finding might contribute to a better understanding of the neural basis of human morality.

Supplementary Material

Supplementary table S1 can be found at: <http://www.cercor.oxfordjournals.org/>.

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Notes

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