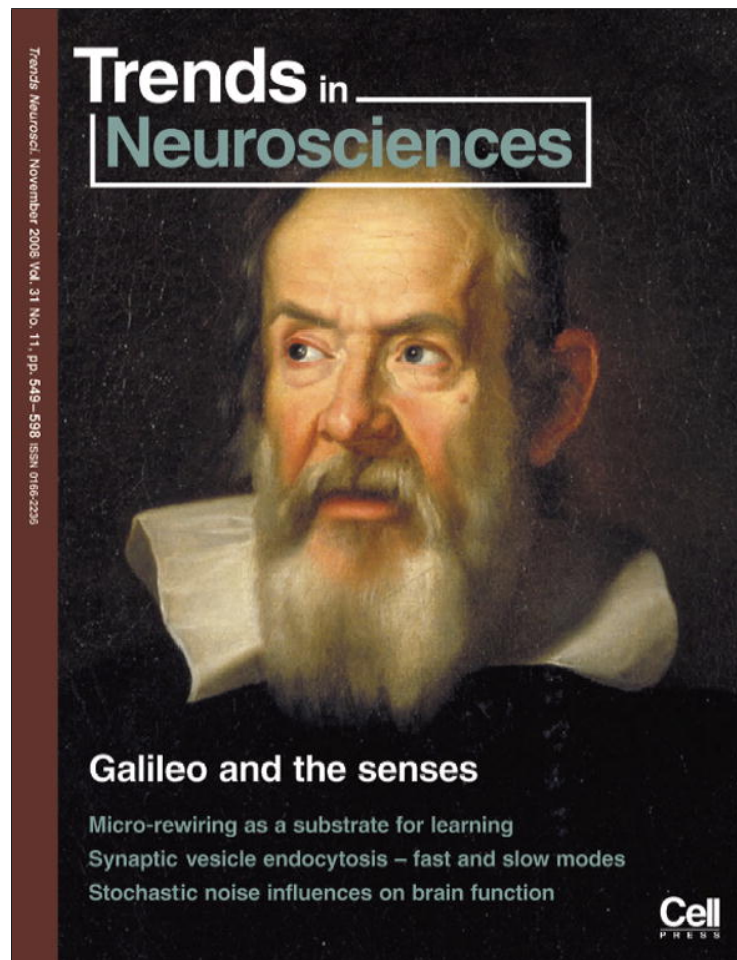


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induce the grapheme-colour synaesthetic experience in non-synaesthetes and, therefore, in the absence of excess connections. By using a posthypnotic suggestion, we induced a grapheme-colour synaesthesia with stable associations and similar phenomenology and behaviours to those observed in developmental synaesthesia [15].

Although we agree with Bargary and Mitchell's case that identifying the genes that might predispose to synaesthesia might be crucial for identifying the cause(s) of synaesthesia, there are good reasons to believe that disinhibition has as great a role in synaesthesia as abnormal connectivity. We, therefore, suggest that we do not prematurely inhibit or disinhibit possible mechanisms.

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#### Letters Response

## Response to Cohen Kadosh and Walsh: Synaesthesia: evaluating competing theories

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We are grateful to Cohen Kadosh and Walsh [1] for raising several important and interesting points in relation to our article. Our intent was to stimulate, not stifle, debate on the mechanisms that underlie synaesthesia by considering it in the context of known principles of cortical connectivity. We would like to point out that we did not 'conclude' that structural differences are the primary cause of developmental synaesthesia, but, rather, presented arguments and reviewed evidence that we think favour that hypothesis. This included data from a recent diffusion-tensor-imaging study, which provided evidence for altered structural connectivity in the brains of synaesthetes [2,3]. These findings are consistent with a structural difference as the primary cause of synaesthesia, but Cohen Kadosh and Walsh [1] are absolutely correct in pointing out that such correlations do not indicate the direction of causality. Altered activity patterns during crucial periods of development, due to a primarily functional difference, would also be likely to result in secondary structural differences.

However, the result of this study was only one of many factors that, to our minds, make a structural hypothesis plausible. We find the structural hypothesis appealing

because it is detailed, parsimonious and consistent with the known effects of neurodevelopmental mutations. Our main difficulty with the various versions of the disinhibition hypothesis is that none has been presented in sufficient neuroanatomical and neurophysiological detail to assess. For a model of disinhibition to be heuristically useful it should propose answers to the following questions. Which circuits are disinhibited? By what mechanism would just those circuits be disinhibited? How would their disinhibition result in cortical cross-activation and synaesthetic associations, without more widespread effects?

Cohen Kadosh and Walsh [1] propose, as an example, that mutations in genes affecting  $\gamma$ -aminobutyric acid (GABA)ergic neurotransmission might lead to an inhibitory imbalance in the cortex, resulting in a failure of cortical areas to specialize during crucial periods of cognitive development [4]. How this would result in a failure to specialize is not made clear, however, nor are any arguments given as to how this would lead specifically to the kinds of extra associations that occur in synaesthesia, as opposed to more widespread neurological defects. In fact, in the specific case of genes affecting GABAergic neurotransmission, mutations in many of these result in epilepsy

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## Update

[5], and disturbances in this pathway have also been implicated in schizophrenia [6]. By contrast, the appeal of neurodevelopmental genes as candidates is that mutations in such genes are known to result in very specific types of miswiring between [7], and/or within [8], particular areas, which could plausibly lead to cross-activation and, independently, to altered unisensory processing (see later).

Cohen Kadosh and Walsh [1] also cite two recent electroencephalography studies as supporting a disinhibition hypothesis [9,10]. These studies found, in coloured-hearing synaesthetes, alterations in auditory-evoked potentials (AEPs) to sounds that induced a synaesthetic experience. Our group has recently conducted a study of visual-evoked potentials (VEPs) in grapheme-colour synaesthetes and found robust differences in the amplitude of very early components of the VEP to simple visual stimuli that do not induce synaesthesia [11]. The results of these studies are, thus, equally consistent with structural-wiring differences in early sensory cortices that alter responsiveness to all stimuli and that might be independent of those that cause the synaesthetic experience itself.

Finally, Cohen Kadosh and Walsh [1] suggest that fundamentally different mechanisms might underlie different types of synaesthesia. We have reviewed genetic evidence that we think argues against this idea. In a survey of families with multiple synaesthetes we found that, although many families showed only the most common type of synaesthesia (linguistic-colour), very different types of synaesthesia can co-occur in some families [12,13] and also in individuals [14]. The most parsimonious explanation is that a common mechanism underlies different types. Thus, a predisposition to develop synaesthesia might be inherited, but the specific type and the particular associations that emerge would be determined by other factors, such as gene-gene interactions, intrinsic developmental variation and experience [12,15]. Mechanistically, this might arise if connectivity differences in the brains of synaesthetes were initially widespread but resolved differently in different parts of the brain under the influence of these other factors.

Although we favour a structural hypothesis for the reasons stated here, we recognize that these arguments are far from conclusive. We look forward to more discussions on the possible mechanisms whereby disinhibition might lead to synaesthesia, either directly, by acutely

causing cross-activation, or indirectly, by altering the normal activity of the brain during crucial periods of development. We strongly agree with what we take to be the broad outlook of Cohen Kadosh and Walsh; that is, whatever the primary cause of synaesthesia, an understanding of the interplay between structural and functional changes over the course of development, both prenatal and postnatal, will be necessary to fully understand this fascinating phenomenon [15,16].

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