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3 4	Poa	Dragoş Cîrneci <sup>1,2</sup> , Mihaela Onu <sup>1,3</sup> , Claudiu C. Papasteri <sup>1,4</sup> , Dana Georgescu <sup>5</sup> , Catalina oalelungi <sup>1</sup> , Alexandra Sofonea <sup>1</sup> , Nicoleta Puşcaşu <sup>1</sup> , Dumitru Tanase <sup>1</sup> , Teofila Rădeanu <sup>2</sup> ,	
5 6	IVI	aria-Yaelle Toader <sup>2</sup> , Andreea L. Dogaru <sup>2</sup> , Ioana R. Podină <sup>1,4</sup> , Alexandru I. Berceanu <sup>1</sup> and Ioana Carcea * <sup>,1,6</sup>	
7			
8			
9	1.	CINETic Center, University of Theatre and Film "I.L. Caragiale" Bucharest, Bucharest,	
10		Romania	
11 12	2.	Department of Psychology and Educational Sciences, Spiru Haret University, Bucharest, Romania	
13	3	Medical Imaging Department, Clinical Hospital "Prof. dr. Th. Burghele", Bucharest,	
13	Э.	Romania	
15	4.	Department of Psychology, University of Bucharest, Bucharest, Romania	
16	5.	Provita Medical Center	
17	6.	Department of Pharmacology, Physiology and Neuroscience, Rutgers Brain Health	
18		Institute, Rutgers, The State University of New Jersey	
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20			
21		*Corresponding author: ioana.carcea@rutgers.edu	
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## 37 Abstract

Training of autobiographical memory has been proposed as intervention to improve cognitive functions. The neural substrates for such improvements are poorly understood. Several brain networks have been previously linked to autobiographical recollections, including the default mode network (DMN) and the sensorimotor network. Here we tested the hypothesis that different neural networks support distinct aspects of memory improvement in response to training on a group of 59 subjects. We found that memory training increases DMN connectivity, and this associates with improved recollection of cue-specific memories. On the contrary, training decreased connectivity in the sensorimotor network, a decrease that correlated with improved ability for voluntary recall. Moreover, only decreased sensorimotor connectivity associated with training-induced decrease in the TNF $\alpha$  immunological factor, which has been previously linked to improved cognitive performance. We identified functional and biochemical factors that associate with distinct memory processes improved by autobiographical training. Pathways which connect autobiographical memory to both high level cognition and somatic physiology are discussed. 

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# 71 Introduction

72 Autobiographical memories represent the fabric of our identity. In several neurodegenerative disorders that manifest with memory loss, self-identity dissipates, inducing anxiety, confusion and 73 74 impaired social interactions. Training autobiographical recall might be a beneficial behavioral intervention that preserves most defining memories. Several studies have investigated the effects 75 76 of autobiographical memory training on emotional well-being (Kohler, et al., 2015; Hitchcock, et al., 2016; Serrano, et al., 2004; Ricarte, et al., 2012). However, unlike studies on training of 77 working memory or of spatial memory (de Marco et al., 2016; Brinke et al., 2017), very little is 78 known about how autobiographical training changes the ability to recall autobiographical events. 79 80 and what neurophysiological substrates might be engaged by training.

81 Previous imagistic studies have shown that brain regions activated during 82 autobiographical recall form a network that largely overlaps with the default mode network (DMN), 83 comprised of medial prefrontal cortex, medial parietal cortex, lateral and medial temporal lobe, 84 precuneus, posterior cingulate cortex, retrosplenial cortex and temporo-parietal junction (Buchanan, 2007; Spreng et al., 2009). The structures are also activated by imagining future 85 86 events, navigation and theory of mind, mental processes that require scene construction 87 (Hassabis et al., 2007; Hassabis and Maguire, 2007; Spreng et al. 2009). Scene Construction Theory (Mullally and Maguire, 2013; Clark, et al., 2020) views the retrieval of episodic memories 88 as a re-constructive process common to several other cognitive functions. According to this 89 theory, we expect that training autobiographical memory retrieval would lead to changes in the 90 91 activity and connectivity of DMN structures.

A different theory for autobiographical memory recall (and more broadly for episodic 92 93 memory) is that of *embodied memory*, where recalls rely on sensorimotor simulations of events 94 (lani 2019). This theory proposes that the patterns of brain activity required during memory encoding will be reactivated at memory recall (Nyberg, et al., 2001; Nyberg, 2002; Iani, 2019). 95 96 This theory is supported by imaging studies that find activation of sensory and motor areas during 97 episodic memory recall (Nilsson, et al., 2000; Nyberg, et al., 2001; Masumoto, et al., 2006; Mineo, 98 et al., 2018). Based on this theory, we predict that autobiographical training changes activity 99 patterns and/or connectivity within sensorimotor networks.

In addition to changes in neural activity, improvements in memory could also associate
 with biochemical changes. Autobiographical recalls have been shown to decrease the levels of
 tumor necrosis factor alpha (TNFα), of interleukin-2 and of interferon gamma (Matsunaga, et al.,
 2011; Matsunaga, et al., 2013). The relationship between inflammatory state and neural network

104 activity and connectivity is complex. At baseline, blood levels of cytokines associate with changes 105 in the activity of the DMN, limbic, ventral attention and corticostriatal networks, and with changes 106 in connectivity within the DMN (Kraynak, et al., 2018; Marsland, et al., 2017). In relation to autobiographical recall, whereas for interferon gamma an anti-correlation was found with 107 activation of the orbitofrontal and posterior cingulate cortex (Matsunaga, et al., 2013), for TNF $\alpha$  it 108 109 remains to be determined if such a functional association exists. Increased levels of TNF $\alpha$  associate with poor cognitive performance and aggravated Alzheimer's dementia 110 111 (Hennessy, et al., 2017). It is therefore important to determine if autobiographical training could 112 be beneficial by decreasing cytokine levels.

Our hypothesis is that autobiographical memory training increases efficiency within brain 113 networks involved in memory retrieval. To test this hypothesis, we used olfactory cues to induce 114 recall of autobiographical memories. The choice of olfactory modality was dictated by unpublished 115 116 data from our lab and also by previous findings describing the efficiency of odor-evoked memories 117 (Matsunaga, et al., 2013; Larsson, et al., 2014; Herz, 2016). Odor-evoked autobiographical recall is a technique used in theater training for student actors, to gain access to personal memories, 118 119 an exercise inspired by the view on acting and memory of Method acting (Stanislavsky, 2010; 120 Cohen, 2010). To investigate changes in brain activity following autobiographical training that 121 could explain lasting changes in memory performance, we performed resting-state functional MRI 122 scanning at the beginning and at the end of training. We focused on the connectivity within 123 functional networks. To determine if autobiographical training can also change the levels of 124 TNF $\alpha$ , we collected blood samples at the beginning and end of training. We then tested a possible association between cytokine and brain activity dynamics. 125

126 Our findings bring important scientific evidence to the translational use of a technique 127 primarily employed in theatrical training. We argue that training of autobiographical memories 128 could be used in therapy for the prevention and treatment of memory loss.

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### 131 Methods

All methods and experiments have been approved by The Ethics Committee of National University for Theatre and Film I.L Caragiale Bucharest, and followed the guidelines of the Declaration of Helsinki. All participants provided written informed consent for their participation. Subjects: An experimental group of 29 subjects (25 women and 4 men) with a mean age of 34.6 years and a control group of 30 subjects (24 women and 6 men) with a mean age of 32.5 years. Exclusion criteria: rhinitis (or other medical problems that lead to impaired smell), depression, anxiety, chronic diseases that cause infection / inflammation, eyeglasses, metal implants, cardiacpacemaker, claustrophobia.

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Materials: 15 odors were used: coffee, vinegar, vanilla, cocoa, wine, onion, fresh apples, 141 cinnamon, orange, sanitary alcohol, paint, tobacco, diesel oil, jasmine fragrance and chamomile. 142 The odors were selected and adapted from the stimuli used in previous studies (Chu and Downes, 143 144 2002; Gardner, et al., 2012). The odors were presented individually from small containers with perforated lid. Two questionnaires measuring retrieved memories quality and changes in 145 subjective memory recall process were translated and used (Addis, et al. 2004). A first 146 questionnaire containing 3 seven point Likert scales measured retrieved memories' quality. The 147 first scale asks them about the valence of that specific memory (where 1 is "very unpleasant" and 148 149 7 is "very pleasant"), the second one asks them about the vividness of that memory (where 1 is "very faded" and 7 is "very vivid") and the third one about the personal relevance of that memory 150 151 (where 1 is "totally unimportant" and 7 is "very relevant"). A second questionnaire containing 3 152 seven point Likert scales was used for measuring subjective effect upon memory after one month of training. One scale asks to what extent did the subject noticed the onset of spontaneous 153 154 memories during the day (outside of the experiment) (where1 means "none" and 7 "to a very large 155 extent"). The second scale asks if the subject noticed a greater ease of voluntarily accessing 156 memories, (where 1 means "none" and 7 means "very easy"). The third scale asks to what extent 157 the subject noticed changes in the ease of remembering her/his dreams (where 1 means "nothing" 158 and 7 means "to a very large extent").

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160 Procedure:

161 1.Subject inclusion criteria. A hemoleucogram and C-reactive protein (CRP) measurement were 162 used to check for the presence of an infection / inflammation. Only subjects without signs of 163 infection or inflammation were included. From the same blood samples collected from them, the 164 TNF- $\alpha$  levels from lymphocytes has been measured with a high sensitivity ELISA kit.

2.Pre-training session. All the subjects have been exposed to an odor-triggered retrieval session and the subjects have been video monitored during the procedure. After each retrieved memory, a questionnaire has been completed regarding the quality of that memory according to the criteria of valence, vividness and personal relevance. The procedure took 30 minutes. After this session, all the subjects have been scanned using resting-state functional connectivity fMRI procedure. 3.Training session. After the Pre-training session, each subject from the experimental group underwent an autobiographical reminder training for one hour, 2 times / week, for 4 weeks. The experimental group was stimulated to voluntary recall autobiographic memories using 15 odors. Subjects were encouraged to detail the memories as much as possible. After each reminder, a questionnaire was completed aiming at the quality of the reminder according to the criteria of valence, vividness and personal relevance. After the Pre-training session, each subject from the control group watched 2 short movies for 45 minutes, 2 times / week, for 4 weeks. After watching each movie, the subjects evaluated that movie in terms of valence, intensity and dominance.

178 4. Post-training session. After 4 weeks, all subjects have been exposed to the following 179 assessments: A hemoleukogram and C-reactive protein (CRP) measurement in order to check 180 for the presence of an infection / inflammation, and also for the serum level of TNF- $\alpha$ . All subjects have been exposed to an odor-evoked autobiographical memory recall session, and during this 181 session they have been video monitored. After each retrieved memory, a questionnaire will be 182 183 completed aiming at the quality of the reminder according to the criteria of valence, vividness and 184 personal relevance. In addition they completed 3 Likert scales regarding the changes they 185 observed after one month of training (ease of voluntarily accessing memories, the onset of 186 spontaneous memories during the day, and the ease of remembering her/his dreams). The procedure took 30 minutes. After this session, all subjects have been scanned using resting-state 187 188 functional MRI procedure.

We compared the number of odor-evoked memories between Pre-training and Post training sessions, the scores of valence, vividness and personal relevance between Pre-training
 and Post-training sessions, the scores of Post-training Voluntary memory scale, the level of TNF α between Pre-training and Post-training sessions, and changes in brain networks connectivity,
 in both experimental and control groups.

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Imaging: A 3T Siemens Skyra-MR scanner was used to acquire a resting state functional acquisitions with 281 axial volumes, by means of a 2-dimensional multi-slice echo-planar imaging sequence (TR=2500 ms, TE=30ms, matrix=94x94, voxel size=4x4x4.3mm). Each functional acquisition duration was 11min42s. Additionally, anatomical images were acquired (T1-weighted MP-RAGE, TR/TE=2200/2.51 ms, voxel size 0.9x0.9x0.9 mm). A high-pass temporal filtering cutoff of 100s was applied. The first 5 volumes, acquired to allow longitudinal magnetization to reach a steady state, were discarded.

Data analysis was performed using FMRIB Software Library (FSL) package (http://fsl.fmrib.ox.ac.uk/fsl/fslwiki/). Head motion in the fMRI data was corrected using multiresolution rigid body co-registration of volumes, as implemented in the MCFLIRT software. For one experimental and one control subjects, the movement was too substantial to be corrected, and data from these subjects was excluded from the rest of the analysis. Brain image extraction
was carried out for motion corrected BOLD volumes with optimization of the deforming smooth
surface model, as implemented in the BET software. Rigid body registration as implemented in
the FLIRT software was used to co-register fMRI volumes to T1-MPRAGE (brain-extracted)
volumes of the corresponding subjects and subsequently, to the MNI152 standard space. The
images were smoothed with a 5 mm filter.

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Resting state acquisition: Independent Component Analysis (ICA) - the Multivariate Exploratory
 Linear Decomposition into Independent Components (MELODIC) tool was used to perform spatial
 group-ICA using multisession temporal concatenation to produce 50 independent component
 maps (IC maps) representing average resting state networks.

217 Resting-state networks were identified by visual inspection. The IC maps associated with motion or which were localized primarily in the white matter or CSF spaces were classified using 218 219 criteria suggested by Kelly et al. (2010) and excluded from further study. We also took into account 220 ICA prominent low-frequency power of Fast Fourier Transformation (FFT) spectra and slow fluctuation in time courses. The remaining 15 networks were identified as classical RSNs as 221 222 previously reported (Smith et al., 2009; Zuo et al., 2010). The Juelich histological atlas and 223 Harvard-Oxford cortical and subcortical atlases (Harvard Center or Morphometric Analysis) were 224 used to identify the anatomical location, and NeuroSynth 100 top terms atlas 225 (http://neurosynth.org) was used to identify the functional components of the resulting ICA maps.

226 An intra-network connectivity analysis was performed. This analysis involves comparing 227 the subject-specific spatial maps between experimental and control conditions. To determine 228 subject-specific spatial maps, dual regression analysis was performed on the obtained neural 229 networks using variance normalization (with variance normalization the dual regression reflects 230 differences in both activity and spatial spread of the resting-state networks), similar to previous 231 studies (Emerson et al., 2016; Onu et al., 2015). For the statistical analysis, i.e. the paired two-232 group difference (two-sample paired t-test), the different component maps were collected across subjects into single 4D files (1 per original ICA map) and tested voxel-wise by nonparametric 233 permutation using the FSL randomize tool (https://fsl.fmrib.ox.ac.uk/fsl/fsl/wiki/Randomise) with 234 235 5000 permutations and a threshold-free cluster enhanced (TFCE) technique to control for multiple 236 comparisons. As we tested a multitude of resting state networks, we addressed the issue of multiple testing correction by controlling the false discovery rate (FDR) at p<0.05. 237

As we were interested in knowing whether the connectivity values correlate with behavioral parameters as effect of the training program, we further extracted averaged numerical values from the stage 2 maps of the main analysis, for each individual, for the specific clusters
where connectivity changes occurred between training and control conditions. The connectivity
quantified indices calculated as a result of these procedures were then analyzed in GraphPad
Prism.

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245 Biochemistry: TNF $\alpha$  levels were measured from lymphocytes. Blood samples were obtained by venipuncture using EDTA-coated tubes. 2.5 ml fasting venous blood were used to obtain 246 247 lymphocytes, which were separated by density gradient centrifugation (Biocoll separating solution, Biochrom GmbH). After separation, the lymphocytes were resuspended in 1ml RPMI 248 249 culture media (Biochrom GmbH) and ultrasonicated. The supernatant was then aliquoted and 250 stored at -20°C. Due to technical problems, many of the stored probes were compromised. We 251 were able to use PRE and POST probes from 9 subjects that underwent training and from 5 252 subjects in the control group. TNF $\alpha$  was measured in these samples using a high sensitivity ELISA kit (IBL International GmbH) with the detection limit of 0.13 pg/ml. The calculated intra-253 assay coefficient of variation was 8.5% and the inter-assay coefficient of variation was 9.8%. 254 TNF $\alpha$  concentrations were measured using the Tecan Reader, with Magellan Reader software 255 256 (Tecan Group, Ltd, Switzerland). For the calculation of results we used a 4-parameter curve.

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### 259 **Results**

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To determine how training might improve autobiographical memories, we evaluated several 261 aspects related to autobiographical recollections in 29 subjects that underwent 4 weeks of training 262 263 and in 30 control subjects. The autobiographical memories were triggered with olfactory cues 264 (orange, coffee, etc.) that were presented to experimental subjects in small vials, each at a time. 265 At baseline (Experimental Day 1, PRE) and at the end of the experiment (Experimental Day 10, POST), subjects were presented the cues and asked to recollect an episode from their own life 266 (Fig. 1A). In POST, they were asked to score on an analog scale if they observed a change since 267 268 the start of the experiment in several mnemonic aspects outside of laboratory settings: voluntary 269 recollections, spontaneous recollections or dreams. During the eight days of training, the 270 experimental subjects came to the lab and underwent a similar procedure, where they were asked to recollect autobiographical memories in response to the olfactory cues presented. Control 271 272 subjects visited the lab the same amount of time, but instead of autobiographical training, they 273 were asked to watch and score a series of videoclips, a control activity meant to match the level of engagement of the experimental group. PRE and POST intervention, both experimental and control subjects were scanned at resting-state for 11.7 min in order to investigate changes in neural network activity induced by training (**Fig. 1A**).

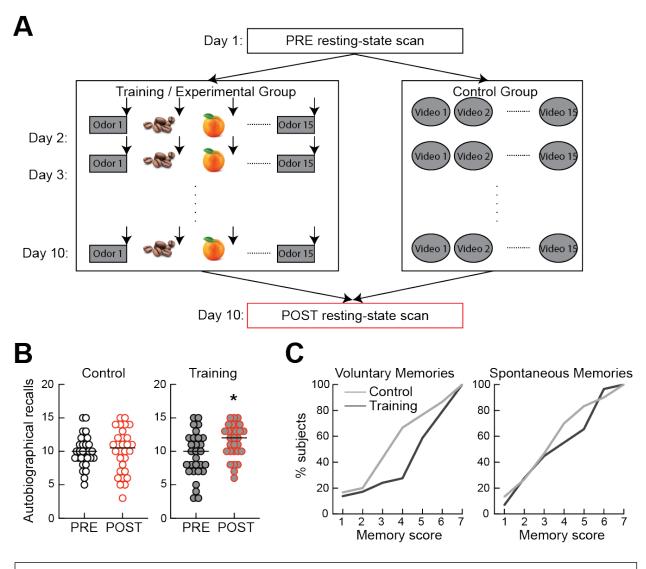
At the behavioral level, we observed that autobiographical training increases the number 277 of odor evoked recalls (Fig. 1B; training PRE: 9.4±0.6 recalls/session, training POST: 11.5±0.4, 278 p=0.0006, Wilcoxon's matched-pairs signed rank test, N=29). The control intervention did not 279 280 change the number of cue-triggered recalls (Fig. 1B; control PRE: 10±0.4 recalls/session, control 281 POST: 10±0.6, p=0.7, N=30). Autobiographical training also improves the ability to recall voluntary 282 memories outside of the laboratory setting. In the control group, only 33.4% of subjects reported an improvement of voluntary memory (score above 4, on a scale from 1 to 7), whereas in the 283 training group 72.4% subjects reported improved voluntary recollection (Fig. 1C; p=0.02, 284 Kolmogorov-Smirnov test). The score for spontaneous memories was not affected by training 285 (training: 44.8% subjects reported improved spontaneous memories, control: 50%, p=0.7). 286 287 Similarly, we did not observe a change in dreams following training (p=0.9, data not shown). Also, training did not change the vividness, valance and personal relevance of autobiographical recalls. 288 289

## 290 Autobiographical training increases default mode network connectivity

291 To investigate whether changes in brain connectivity associate with changes in memory observed 292 after autobiographical training, we acquired resting-state BOLD activity in PRE and POST in all 293 experimental and control subjects. We considered 15 networks, and determined whether training 294 but not control condition change connectivity for either of these networks in POST. We found an 295 increase in the connectivity between the anterior part of the DMN and a region in the right mediodorsal thalamus (Fig. 2A,B; 'PRE control' connectivity: -0.07±0.2, 'PRE training' connectivity: 296 0.19±0.14, 'POST control' connectivity: -0.44±0.2, 'POST training' connectivity: 0.55±0.16; two-297 298 way ANOVA, effect of training p=0.002, interaction between time and training p=0.02; Sidak's multiple comparison correction shows significant difference in POST between training and control, 299 p=0.0003). The strength of DMN-thalamus connectivity positively correlates with the number of 300 recalls during the corresponding autobiographical session (Fig. 2C; r:0.3, p<0.001), indicating 301 302 that it could serve as a mechanism for improved odor-evoked autobiographical memory retrieval. 303 The change in DMN-thalamus connectivity did not correlate with the increase in voluntary memory 304 after training.

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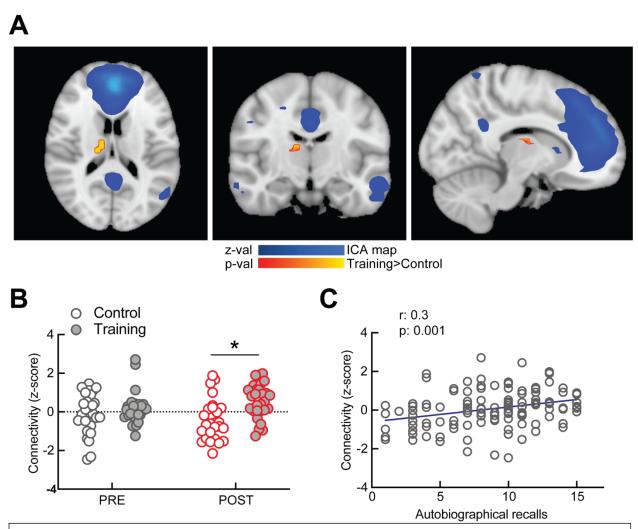


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**Figure 1**: Behavioral effects of autobiographical training. (A) Diagram of the experimental design. (B) Training increases the number of odor-evoked recalls (p=0.0006, N=29). (C) Training improves voluntary recalls in a significant proportion of subjects (p=0.02, N=29). \*, p<0.05.

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**Figure 2**: Increased resting state connectivity of anterior DMN after autobiographical training. (A) Horizontal, coronal and sagittal sections showing the part of right mediodorsal thalamus (yellow/red) with increased connectivity with anterior DMN (blue) after training. (B) Summary data showing increased connectivity between right thalamus and anterior DMN after training compared to controls (p=0.0003). (C) Positive correlation between resting-state connectivity and number of odor-evoked recalls. \*, p<0.05.

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# 312 Autobiographical training decreases connectivity in the sensorimotor network

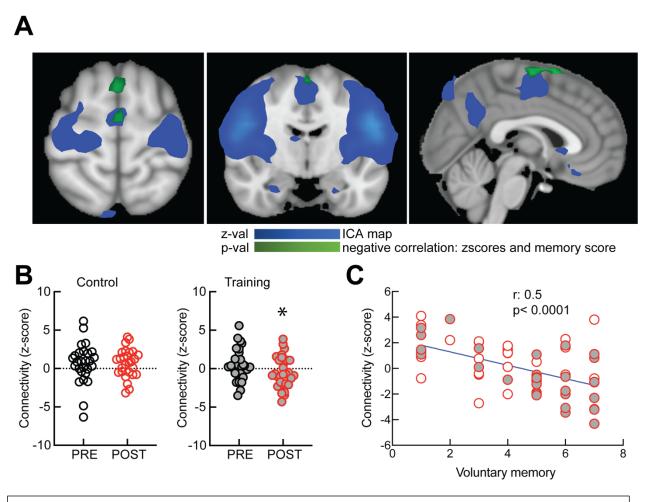
To understand what patterns of connectivity might explain the increase in voluntary recall after training, we performed voxel-wise correlations with behavioral scores, for all subjects, in POSTtraining condition. Connectivity within the sensorimotor network was the only one significantly correlated with voluntary memory score after correction for multiple tests. More exactly, connectivity of clusters within the Justapositional Lobule Cortex (formerly Supplementary Motor Cortex) were negatively correlated with voluntary memory score (**Fig. 3A**). We extracted these clusters and went back to subjects-specific connectivity maps (for PRE and POST conditions)
and further calculate mean z-scores for these. Intra-network connectivity for the Justapositional
Lobule Cortex, part of the sensorimotor network, decreased after the training procedure (Fig. 3B;
'PRE training' connectivity: 0.50±0.38, 'POST training' connectivity: -0.45±0.37, paired t-test,
p=0.01), but not after the control intervention ('PRE control' connectivity: 0.67±0.49, 'POST
control' connectivity: 0.70±0.35, p=0.9). There were also no significant differences in PRE
between training and control groups.

In previous work, it has been shown that exercising sensorimotor behaviors leads to 326 327 decreased BOLD activity, which was interpreted as a possible facilitation of neural functions, with more proficient sensorimotor skills associated with lower representation in sensory and motor 328 329 structures (Kelly and Garavan, 2005). Consistent with these previous studies, we now find that 330 exercising mental sensorimotor simulations of autobiographical memories leads to a decrease in intra-network connectivity that facilitates voluntary recall, as connectivity in the sensorimotor 331 332 network negatively correlates with scores of voluntary memory for both experimental and control 333 groups (**Fig. 3C**; r:0.5, p<0.0001).

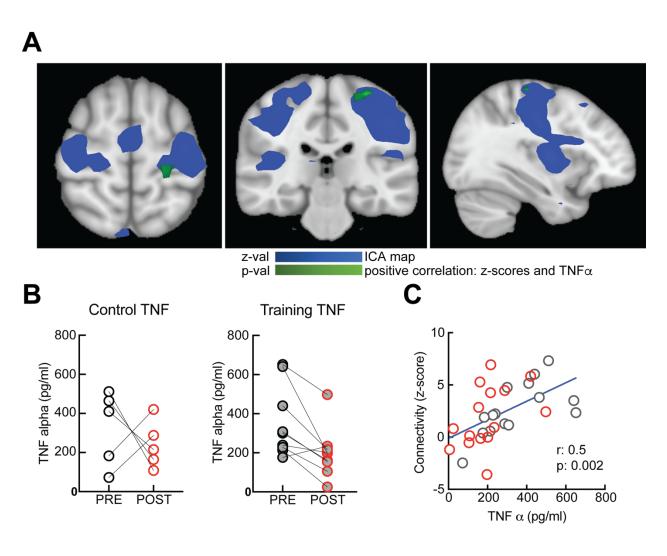
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## 335 Immunological correlates of autobiographical training

Previous studies documented the role played by certain immunological factors, primarily  $TNF\alpha$ , 336 in memory and other cognitive processes (Besedovsky and del Rey, 2011; Liu et al., 2017; 337 Morimoto and Nakajima, 2019). We investigated whether such biological processes could be 338 339 implicated in autobiographical training (**Fig. 4**). We found that the levels of blood TNF $\alpha$  decrease after training (**Fig. 4B**, TNF $\alpha$  PRE: 355.1±60.54 pg/ml, TNF $\alpha$  POST: 199.1±43.03 pg/ml, 340 Wilcoxon matched-pairs signed rank test, p=0.01), but not after the control procedure (TNF $\alpha$  PRE: 341 328.4 $\pm$ 85.3 pg/ml, TNF $\alpha$  POST: 238.9 $\pm$ 54.04 pg/ml, p=0.6). We performed a voxel-wise 342 correlation with TNF $\alpha$  values, for subjects in POST-training condition. The TNF $\alpha$  values positively 343 344 correlated with connectivity for clusters located in left motor area (Fig. 4A). We extracted these 345 clusters and went back to subjects-specific connectivity maps to collect connectivity z-scores for both experimental and control groups in PRE and POST conditions. The level of circulating 346 TNF $\alpha$  was positively correlated with this subject specific connectivity in the sensorimotor network 347 348 (Fig. 4C; r:0.5, p=0.002). These findings could indicate a potential relationship between the decrease in blood TNF $\alpha$  and the neural correlates for improved voluntary recall following 349 350 autobiographical training.



**Figure 3**: Sensorimotor network connectivity and improved voluntary memory after training. **A**. Clusters (green) within the sensorimotor network (blue) that negatively correlate with voluntary memory score. **B**. Subject specific z-score connectivity within the sensorimotor network in the training group (p=0.01) and the control group (p=0.9). **C**. Invers (negative) correlation between sensorimotor connectivity and voluntary memory scores across both training and control groups. Gray filled symbols represent experimental subjects. \*, p<0.05.



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**Figure 4**: Correlation between TNF $\alpha$  and connectivity in the sensorimotor network. (A) Horizontal, coronal and sagittal sections showing the part of motor cortex (green) for which the connectivity with the rest of the sensorimotor network (blue) correlates with TNF $\alpha$  levels. (B) Summary data showing decreased TNF $\alpha$  levels after training (p=0.01) but not after control intervention (p=0.6). (C) Positive correlation between resting-state connectivity in the sensorimotor network and TNF $\alpha$  levels. Red symbols, training; gray symbols, control. \*, p<0.05.

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## 361 Discussion

In this study we set out to determine if autobiographical training can improve mnemonic functions by changing connectivity in functional neural networks. We found that autobiographical memory training increased the number of odor-evoked retrieved memories. This confirmed previous studies in older subjects, showing that retrieval practice enhanced successful recall of personal events (Xu et al., 2020). We also found that autobiographical memory training increased the ease of voluntarily accessing memories outside the lab., consistent with previous clinical studies in schizophrenic patients (Ricarte et al., 2012).

A priori, we expected to find changes in the DMN network that would support the *scene construction* theory of memory, and in the sensorimotor network that would support the *embodied cognition* theory of memory. We found that autobiographical training leads to changes in the connectivity of both of these networks, which argues that both mnemonic theories have physiological relevance. None of the other thirteen functional networks considered showed significant changes with training.

In our study, autobiographical training increases connectivity between thalamus and DMN, 375 376 and decreases connectivity within the sensorimotor network. Both of these changes could 377 increase recall efficiency. Other studies using different training procedures found similar changes 378 in DMN connectivity. Experienced mindfulness meditators (with more that 1000 hours of training) 379 compared to beginner meditators (1 week of training) had increased connectivity between anterior 380 DMN regions (dorso-medial PFC) and posterior DMN regions (inferior parietal lobule), supporting 381 the hypothesis that meditation training leads to functional connectivity changes between these 382 two DMN hubs (Taylor, et al., 2013). An extensive study reviewing imagistic data on practicerelated brain changes found that, as performance improves, a "process switch" allows for more 383 384 efficient processing: as connectivity in specific brain circuits reorganizes metabolically costly brain activity decreases (Kelly and Garavan; 2004). This phenomenon is reminiscent of the synaptic 385 plasticity of neural circuits described in animal models (Carcea and Froemke, 2013). The 386 387 increased connectivity between right mediodorsal thalamus and the anterior DMN network found 388 in our study could indicate that training enhances thalamic engagement in the recall process. In 389 animal models, the mediodorsal thalamus has been identified as an important component of 390 memory systems (Hsiao et al., 2020), and its main role could be to amplify and sustain representations in prefrontal structures (Schmitt et al., 2017; Parnaudeau et al., 2018). It is also 391 possible that the increased connectivity that we detect after training reflects a stronger filtering 392 input form prefrontal structures onto the thalamus (Nakajima et al., 2019), a process that would 393 394 limit the interference of external sensory stimuli on the autobiographic recall.

395 The training-induced decrease in connectivity that we observe within the sensorimotor 396 network is consistent with the 'neural efficiency' hypothesis that posits that training a response 397 reduces activity in sensorimotor areas (Guo et al., 2017). In addition to decreases in activity, previous reports also found decreased connectivity following various types of training (McGregor 398 and Gribble, 2017; Yue et al., 2020). However, to the best of our knowledge we are first to report 399 decreased sensorimotor connectivity following autobiographical training. The invers correlation 400 401 between sensorimotor connectivity and voluntary memory improvement post-training, supports 402 the notion that this change represents a mechanism for 'neural efficiency'.

403 The decrease in circulating immune factor  $TNF\alpha$  indicates that autobiographical training might exert effects on bodily tissues as well. Immune response can be adjusted by the activity of 404 405 the sympathetic nervous system and by hormonal activity especially linked to the adrenal gland 406 (Segerstrom and Miller, 2004; Nance and Sanders, 2007; Kenney and Ganta, 2014). Two broad 407 networks in the cerebral cortex that have access to adrenal gland (Dum, et al., 2016). The larger network they found includes all of the cortical motor areas in the frontal lobe and portions of 408 409 somatosensory cortex, indicating that specific circuits exist to connect movement, cognition, and emotions to the function of the adrenal medulla. A systematic review of 24 functional magnetic 410 411 resonance imaging studies investigated brain regions and networks associated with peripheral 412 inflammation in humans and found a so-called "posterior putamen loop" which comprises also the sensorimotor cortex and is implicated in sensorimotor processes (Kraynak, et al., 2018). Taken 413 414 together, these results indicate possible bidirectional interactions between peripheral inflammatory processes and various cognitive, affective and sensorimotor contexts. 415

416 A recent study suggests that mental health and physical health are linked by neural systems that regulate both somatic physiology and high-level cognition (Koban et al., 2021). The 417 418 study proposes a "self-in-context" model which hypothesizes that events with personal meaning 419 guide learning from experience and constructs narratives about the self and the environment 420 (autobiographical memories), but at the same time can control peripheral physiology in a 421 predictive way, including autonomic, neuroendocrine and immune functions. This model is in line 422 with our findings and with previous research which demonstrated that cortical areas involved in 423 the control of movement, cognition, and affect are sources of central commands to influence 424 sympathetic arousal (Dum et al., 2016). This means that cognitive operations like action planning 425 but also recalling significant actions from past events may be linked to the regulation of the adrenal function, and of the immune system. Finally, the Embodied Predictive Interoception Coding 426 427 (EPIC) model proposed that brain did not evolve for rationality but to ensure resources for physiological systems within an animal's body, and the psychological processes such as 428

remembering, deciding and paying attention are in service for surviving, thriving and reproducing.
To succeed, the brain has to control metabolic and other biological resources and performs by
regulating the autonomic nervous system, the endocrine system and immune system (Kleckner
et al., 2017).

In the future it will be important to determine the mechanism by which autobiographical training could impact the levels of  $TNF\alpha$ . Given the correlation between  $TNF\alpha$  levels and sensorimotor connectivity, structures within the sensorimotor network could be part of the mechanism for autobiographical immune control. Limitations of this study are represented by the little success in recruiting male subjects into the study, and by the small sample of reliable immunitary data collected from the participants

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## 461 **Disclosure**

The authors have nothing to disclose. The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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# 469 Author contributions

All authors contributed to the design of experiments and interpretation of results. DC (first author)
performed the autobiographical training with help from AS, TR, M-YT, AD, and collected
behavioral and MRI data with help from DG, DT and AIB. MO collected and analyzed the MRI
data. CCP analyzed the behavior data with help from IRP. NP recruited and selected subjects. DC,
MO and IC wrote the manuscript, with feedback from all authors.

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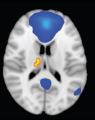


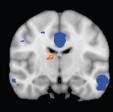


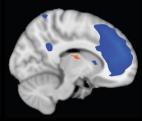


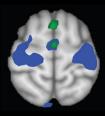


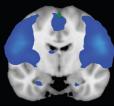




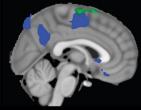








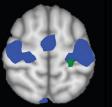


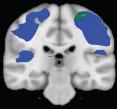


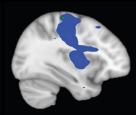












Control TNF



Training TNF



