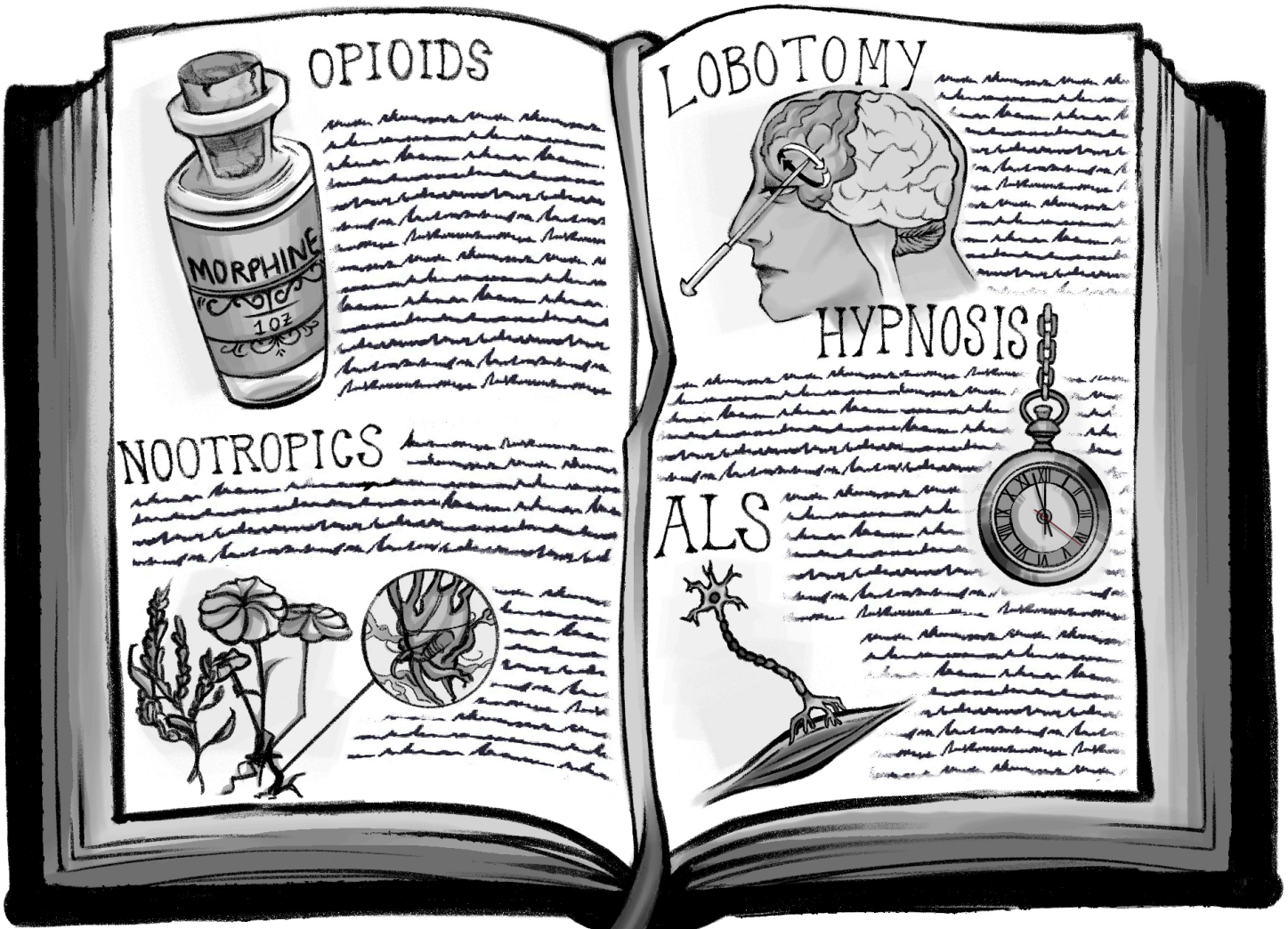
From One Brain To Another



November 2025

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"Have you ever wondered how your brain works? We have, too. We'd like to share some information that may interest you, from our brains to yours!"

Welcome back to "From One Brain to Another": a student-run neuroscience newsletter at York Univeristy, Toronto, Ontario, Canada. This newsletter is dedicated to its curious readers who would like to learn about the intricate, alluring discipline that is neuroscience. Included are student-written research review articles which discuss various topics within neuroscience in narratives reflecting other subjects, such as computer science, biology, and philosophy. We hope you may appreciate how interdisciplinary neuroscience is, and realize that there is room for everyone. With great thanks to the students and staff involved in the developing process, this newsletter also serves as an opportunity for passionate students of all disciplines to obtain research experience and grow into becoming specialists of their fields. Information about programs, such as that of neuroscience, its faculty, ongoing research and opportunities at York University are sprinkled within these pages for the benefit of our audience and future students. ***It should be noted that all articles and content contained within this issue are not to be taken as medical advice; the information is collected research communicated by students strictly for educational purposes.***

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Student Research Reviews

Edited by: Jana Alagha, Hana Sopel-Mizrahi, et al.

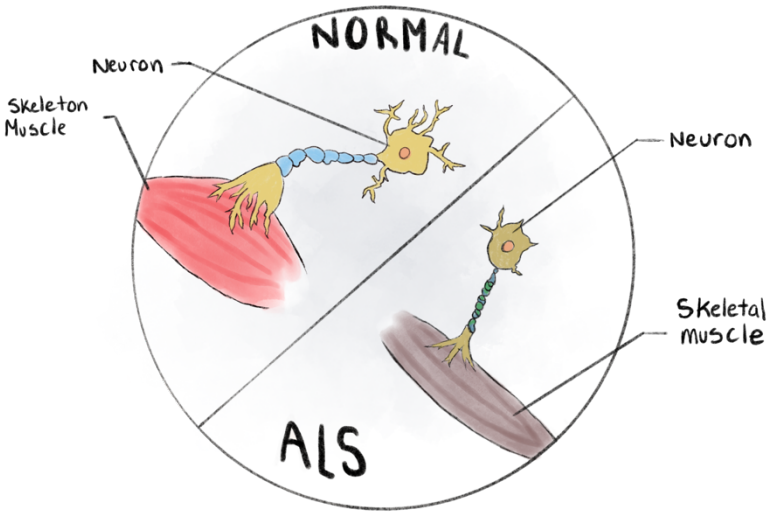
Amyotrophic Lateral Sclerosis: The Erosion of Motion

By: Sabrina Risto

Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease, Motor Neuron Disease (MND), and Charcot disease, is a neurodegenerative disease affecting roughly 4,000 Canadians (ALS Canada, 2025; Zarei et al., 2015). ALS is characterized by the degeneration of motor neurons in the brain and spinal cord in the central nervous system (Wijesekera & Nigel Leigh, 2009).

'Amyotrophy' refers to the wasting away of muscle fibers as they become denervated in response to the cell destruction in the spinal cord (Wijesekera & Nigel Leigh, 2009). On the other hand, 'lateral sclerosis' pertains to the formation of glial scars (thick clusters of cells that form after brain or spinal cord injury to repair and protect tissue) in the corticospinal tracts in response to the decrease of motoneurons. As a result, the tracts harden and simultaneously prevent any possible regrowth to replace the damaged neurons (Wijesekera & Nigel Leigh, 2009).

Within the central nervous system, ALS focuses on the destruction of upper and lower motor neurons in the primary motor cortex (the main area of the brain responsible for movement), corticospinal tracts (fiber tracts that connect the brain and spinal cord), brainstem (responsible for essential life functions), and spinal cord (Wijesekera & Nigel Leigh, 2009). Upper motoneurons are found in the primary motor cortex and are responsible for communication with lower motoneurons (found in the spinal cord) and cranial motor nerves (found in the brainstem), which innervate skeletal muscles. The corticospinal tract is responsible for sending motor signals from various motor areas within the brain and is essential for motor control of the body and face.



Illustrated by Nicole Pitkis (2025).

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Destruction of these areas results in a detrimental impact on one's motor control, beginning with localized muscle weakness in the limbs (Kiernan et al., 2011). The onset of ALS symptoms is typically asymmetric (appearing more severe on one side of the body), developing in progressive generalized weakness and wasting of the muscles (Kiernan et al., 2011). The weakening of muscles can lead to a variety of symptoms, including tripping, dropping things, slurred speech, difficulty swallowing, shortness of breath, weight loss, fatigue, and muscle cramping and twitching (ALS Canada, 2025).

Because these symptoms can be the result of several disorders, both neurological and non-neurological, a confirmed diagnosis can be difficult to achieve. On average, a confirmed diagnosis can take around 14 months, and in the meantime, there are many potential misdiagnoses a patient with ALS may receive (Kiernan et al., 2011; Zarei et al., 2015). Since there is no definitive test for ALS, an extensive workup including blood tests, cerebrospinal fluid (CSF) tests, and imaging tests must be done in order to be certain (ALS Canada, 2025; Zarei et al., 2015).

Despite over 150 years having passed since French neurologist Jean-Martin Charcot described the disease in 1869, progress towards the understanding and treatment of ALS has been slow-going (Zarei et al., 2015). Even after all this time, the cause of the disease is largely unknown, making it even more difficult to predict or treat. As modern medicine and neuroscience continue to expand and evolve, we can only hope that progress and interest in the treatment of such a devastating disease will pick up.

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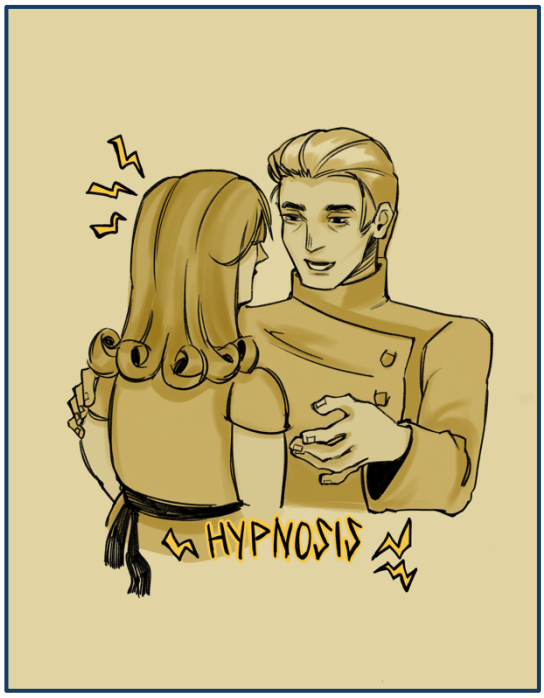
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Hypnosis and the Mind-Body Connection: A Neurocognitive Exploration

By: Homa Vaziri



Illustrated by Lana Petros (2025).

Introduction

Hypnosis has long fascinated researchers as a bridge between conscious and unconscious processes. Defined as a state of focused attention and increased suggestibility, hypnosis allows for altered awareness and manipulation of some unconscious cognitive processes. This paper explores hypnosis, arguing that it represents a natural yet altered state of consciousness capable of therapeutic and physiological influence, supported by evidence and clinical effectiveness.

Main Discussion

Hypnosis is understood to be a deep relaxed state with increased suggestibility. Key characteristics of hypnosis include enhancement in imagination, control of attention, altered perception, and mental relaxation (Hinterberger et al., 2011). In the Stanford Hypnotic Susceptibility Scale, hypnosis is compared to everyday experiences that characterize the hypnotic state as being absorbed in the activity or becoming unaware of other surrounding stimuli; it is also suggested that one has to be willing to take suggestions and focus on the instructions given for hypnosis to have a significant influence (Weitzenhoffer & Hilgard, 1962).

Individual responsiveness to hypnosis (hypnotizability) varies due to genetic, cognitive, and environmental factors (Weitzenhoffer & Hilgard, 1962). Investigators have developed rating systems to group people into three clusters of low, medium, and high hypnotizability (Williamson, 2019). Although studies have shown that hypnotizability has a heritable component, genes related to dopaminergic and serotonergic systems (Weitzenhoffer & Hilgard, 1962), many findings suggest that levels of hypnotizability can be changed (Gfeller et al., 1987; Gorassini & Spanos, 1986; Green & and Lynn, 2010; Halsband & Wolf, 2021; Lynn, 2018; Lynn et al., 2019; Silva & Kirsch, 1992; Spanos et al., 1983). Neuroimaging studies link higher hypnotizability to increased connectivity within some brain networks (Halsband & Wolf, 2021), and EEG research reveals characteristic alterations in

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focused attention and reduced executive control based on specific brain waves under the hypnotic influence (Baghdadi & Nasrabadi, 2012; Hinterberger et al., 2011).

With regards to the use of hypnosis as a treatment method, hypnosis has demonstrated effectiveness in reducing anxiety (Valentine et al., 2019), irritable bowel syndrome pain perception (Naliboff et al., 1997; Palsson et al., 2002; Whitehead & Palsson, 1998), hypertension (Friedman & Taub, 1977, 1978), reducing pain perception in cancer patients (Spiegel & Bloom, 1983; Williamson, 2019), and in managing mental disorders such as post-traumatic stress disorder (Slater, 2015), amongst others.

Interestingly, in the case of multiple personality disorder, Spanos (1994) has suggested that the cognitive fractionation process (the process in which the consciousness of the patients split into multiple personalities) resembles a hypnotic phenomenon (altered consciousness); investigators have suggested that in children with a genetic predisposition, trauma induces a hypnotic state that facilitates the split of personality and development of the disorder (Spanos, 1994).

Conclusion

Hypnosis embodies the dynamic interaction between cognition, emotion, and physiology. Empirical findings affirm that hypnotic states involve identifiable physiological changes and yield measurable therapeutic outcomes. When properly applied, hypnosis offers a non-invasive, cost-effective adjunct or alternative to conventional medical and psychological treatments.

Future research should focus on standardizing hypnotizability measures, ways of training to increase the influence of hypnosis, and exploring broader applications in psychosomatic and affective disorders.

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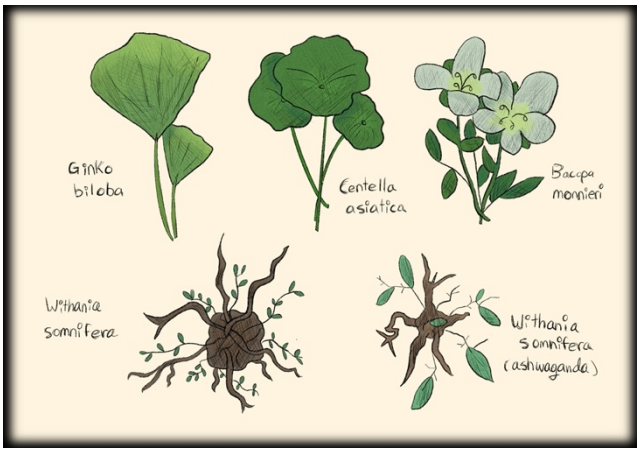
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The Efficacy of Plant-Based Nootropics

By: Anthony Adams

Plant-based nootropics are typically herbs that can be taken orally to help enhance the brain, usually by helping with memory, attention, and mood. The word nootropics is used to describe a substance that can enhance cognitive functions such as memory, attention span, and learning ability. Plant-based neural nootropics (cognitive brain enhancers) have been collected and used for medicinal purposes for over a century by people from East and South Asia. Many nootropics originate from plants, specifically the root or the leaf of the plant, such as Ginkgo Biloba root and Ashwagandha root. These herbs can be crushed and taken as a tea or in capsule form.

Famous plant nootropics, such as Bacopa monnieri, Ginkgo biloba, and Ashwagandha, are known to have the following properties: reducing inflammation, increasing blood flow, which is important to prevent nerve (neuronal) cell death, and supporting brain cell growth and repair.



Illustrated by Nicole Pitkis (2025).

Research in humans shows that plant nootropics can enhance cognitive function and accelerate learning processes such as speech and language, specifically in the frontal and temporal lobes (the frontal lobe is located near the front and the temporal located behind the ear near the base of the skull). Lorca et al. (2022) conducted a systematic review analyzing 256 human studies on plant-derived nootropics, such as Ginkgo biloba, Bacopa monnieri, Ashwagandha, and caffeine. According to the results, Ginkgo biloba significantly improved blood circulation and nerve cell protection (meaning the neurons in the brain are given an added layer of protection). This benefits individuals with mild cognitive impairment and age-associated memory decline, as the herb can decrease the chances of Alzheimer's (a disease that triggers the decline of thinking and memory). Meanwhile, Bacopa monnieri enhanced Broca's and Wernicke's areas, which are responsible for language and learning, and the hippocampus, which is in charge of memory. In addition to that, the study presented improved recall accuracy and cognitive speed in both younger adults and older individuals.

Further research supports the evidence of nootropics aiding in processing speeds and inhibitory control. Malik and Tlustoš (2022) conducted an acute study done at the University of Granada that investigated the effects of a multi-ingredient dietary nootropic supplement on cognitive performance in healthy young adults. The triple blind randomized study (a study where participants, data collectors, and researchers are unaware of which group any participant is a part of) demonstrated that multi-ingredient nootropic formulations can act as effective cognitive enhancers in situations

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requiring mental performance, such as problem-solving or multitasking.

Another study published by Malík and Tlustoš (2023) explores the herb Centella asiatica (Gotu kola) and examines the effects of blood flow plasticity in the brain. The clinical study recruited 33 young and older healthy adults as volunteers and used a 70% ethanol extract of Centella asiatica. The results illustrated significant reductions in anxiety, stress, and depression by over 60% of participants. In healthy elderly individuals, the trial displayed that a high dose of Centella asiatica extract improved working memory taking place in the hippocampus located in the inner region of the temporal lobe. Furthermore, the 70% ethanol extract of Centella asiatica showed notable improvements in participants' mood and energy levels over the span of 6 weeks.

Based on all the research, plant-based nootropics hold substantial promise as cognitive enhancers, as they can help battle cognitive decline and normal age degeneration in the brain as we get older. Although these herbs have been used for many years in various regions, further sequential research and clinical trials must be conducted to fully understand how long these herbs can be effective and if they have any unforeseen side effects.

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Neuroplasticity in Opioid Dependence

By: Alice Kostin, York University.

Introduction

Neuroplasticity can be summarized as the brain's ability to reorganize its neural connections in response to experience, whereas opioids are a class of compounds that bind to opioid receptors in the brain and nervous system to modulate pain, reward, and emotional responses. However, chronic opioid use alters brain structure and function, particularly in reward, memory, and decision-making brain pathways. These changes contribute to the persistence of addiction, craving, and eventually, relapse. This article explores how the quality of neuroplasticity drives opioid dependence by focusing on underlying synaptic changes, which are tiny gaps where neurons communicate with each other.



Illustrated by Alice Kostin (2025).

Neuroplastic Changes in Opioid Dependence

Opioid dependence reshapes neural circuits, particularly in the mesolimbic dopamine system (a brain network that controls pleasure and motivation), including the ventral tegmental area (a brain area that sends reward signals, VTA) and nucleus accumbens (a brain area that receives reward signals and drives craving, NAc). Similar to a pianist's skill improving with practice, specific connections become more stable with opioid use through a process called long-term potentiation (LTP) in the VTA, which leads to the increase of dopamine release and thereby reinforces drug-seeking behavior(s) (Kauer & Malenka, 2007). In the NAc, repeated opioid use alters glutamate signaling, which is how brain cells communicate using the chemical glutamate, leading to synaptic remodeling that sustains craving (Nestler, 2013).

The prefrontal cortex (PFC), a brain region that is critical for impulse control, undergoes neuroplastic changes that impair decision-making. These plastic changes manifest in the reduction of dendritic spine density in the PFC, which is the number of tiny bumps on a neuron’s branches where connections with other neurons form. More spines indicate more brain connections and better communication. This correlates with the functional aspect of this brain region, as there is diminished self-regulation in opioid

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dependent individuals (Robinson & Kolb, 2004). Additionally, plasticity strengthens drug associations. For example, drug use makes the brain link certain cues like places, people, and feelings strongly to the drug, which triggers cravings; therefore, environmental cues become potent triggers for relapse (Koob & Volkow, 2016). These adaptations create a feedback loop, where drug use further consolidates maladaptive neural circuits.

Therapeutic interventions, such as cognitive behavioral therapy (CBT) and medications like buprenorphine, leverage neuroplasticity to try to reverse these changes. CBT promotes new learning to weaken drug associations, while buprenorphine stabilizes opioid receptors, which works like replacing a harmful habit with a healthier one (Volkow et al., 2011). Emerging treatments, such as deep brain stimulation, target plasticity in reward circuits to disrupt addiction patterns (Spagnolo & Goldman, 2017). In turn, treatment for someone with opioid addiction could ideally reduce the intense cravings triggered by drug-related cues. The person might walk past reminders of drug use without feeling an overwhelming urge to take opioids and regain better control over their decisions.

Conclusion

Neuroplasticity underpins the development and persistence of opioid dependence by reshaping reward, memory, and decision-making circuits. Understanding these mechanisms is crucial for developing effective treatments to combat the opioid crisis.

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Postgraduate Research at York University

Felicia Tassone (First Year PhD Student)



"What does your academic journey look like, and what, in particular, led you to where you are now?"

I did my undergraduate studies at Guelph-Humber, between 2019-2023. It was a Bachelor of Applied Science in psychology. At first, I didn't know what I wanted to do except I knew I really liked psychology. When I did go into it, I realized, "okay, maybe I want to be a professor; so, I definitely need a master's and PhD to get there." I ended up taking the thesis route, took a certificate in research skills and analysis. In 4th year, I applied for my master's program. I ended up getting into York, for a Master of Arts in psychology- for brain behaviour, and cognitive science. I am in the Freud Lab, which is run by Dr. Erez Freud. I did my master's from 2023-2025. Technically, I just finished it this August, and now, I've begun my PhD this September, with the same lab. ***The drive to become a professor led me here****, but now that I have entered research and I've been doing this for many years,* ***I don't know if I want to stick to being only a professor, or if I may go down a different avenue. We will see where life takes me****.*

"What kind of work did you do for your master's degree?"

I'll actually start in my undergraduate studies, at Guelph-Humber, where they have you do a placement-like an internship that you're not compensated for- and you complete 80 hours. I started working at CAMH; ***I networked****, and emailed about 20 different people asking if I could do my placement with them. I was accepted by this one lab that does cannabis research, they try to understand the dangers of it, whether it may be during driving, or just having too much. That was my first paper I got published. Luckily,* ***they let me be the first author because I did a lot of work on it*** *during my third year of undergraduate studies. In my fourth year, my thesis had to do with visual working memory.*

After that, I got a little bit more foundational experience prior to my master's. My school was very small, so it wasn't a very research oriented, analytical research project- but I did my best to make it behavioural as best as I could. For my master's project, I did a neuroscience-heavy concept,

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about the visual system in the brain. There are two parts of the brain that help you see the world around you. One of them helps you interact with objects, which is the dorsal stream. I would tell you to grab a coffee cup, and this system would tell you how to shape your hand to pick it up. The other is the ventral stream, which tells you that the cup of coffee is a cup, a glass one, and that it's transparent, containing liquid inside, along with other visual details. We know this information from younger adults from many studies, especially from those in their early twenties or university students. However, we don't know what happens as you get older. Are these two streams still separated in older adults, or do they start getting overlapped and confused? Could that explain why older adults trip on carpets or on the stairs more, and experience clumsiness or other non-visual related issues that may have to do with some sort of core principle in the brain? So, my master's project set out to explore that, we used a really simple behavioural paradigm, which was ***the Ponzo illusion.*** *Basically, when you're grasping objects, your brain still allows your hand to shape properly to the size of the object, whether it's big or small. But then, with this illusion, it tricks your mind into thinking that objects that look farther away are longer than they actually are, and objects that are closer to you are smaller than they actually are. So that perception, the ventral part of your brain, gets tricked by the illusion: the dorsal action part of your brain doesn't. We know that from young adults. What we found is that older adults do pretty well, actually. They're not fooled by the illusion in the way that you'd expect; they perform similarly to younger adults, but they do have variable motor patterns. None of this has to do with the fact that, you know, their vision is getting worse, or maybe their motor skills are getting worse. We have evidence that the two visual pathways are still dissociated. My master's project was called The Effect of Healthy Aging on the Perception Action Dissociation.*
Now, we're trying to look into different things that could impact this in my PhD. This summer, ***I went to London, England, and I did a study on stroke patients*** *that had a lesion in one of the areas that could be affected. We wanted to see how they do the same task, and how well the stroke patient could perform. When you do brain scans, you can see which parts of the brain are damaged, and so we wanted to see how the behavioural task would differ if there was a lesion in the dorsal or ventral stream. Can we see any differences in their behaviour, versus a normal, healthy adult?*

"You really appreciate the behavioural aspect of people; is that why you went into psychology during undergraduate studies?"

Yes, that's one of the reasons. I remember when I was in high school, actually, I loved thinking about other people's thoughts and behaviour and trying to analyze it, but I actually didn't know psychology was a field of study. I remember, they made us take a test, on what field would be the best suited for us to go into. I got that I should be a forensic psychologist, or psychologist. I wondered, "what is this?" I just didn't know what it was, so I researched it. Psychology, it just put into words what I was always thinking about. ***I was like, "I have to go into this, it is the coolest thing ever."*** *Another thing, you know, was that my brother, he is autistic, so I always wanted to understand him more. A lot of my friends and some family members have mental health issues.* ***I wanted to understand that more, so it all kind of came together and worked out*** *well. I really don't regret taking all of the courses I took-* ***I have taken 40 psychology courses so far, and I loved every single one****.*

I didn't know, before I entered my master's and PhD programs, a lot about neuroscience. At

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Guelph-Humber, where I was, we didn't have more than two neuroscience courses. I loved it so much, I was like "okay, I feel like this is the basis of behaviour and thought." ***If I can understand the basics of it from ground zero, then I can build upon it.*** *I always wanted to study things from a neuroscientific perspective, I thought it was the coolest way to do it, and, it made the most scientific sense to me, which is why I went into a neuroscientific pathway instead of one where they look at the big picture, like the social implications- I wanted to get right down to it and build upon it. This is what I'm trying to do in my master's and PhD.*

"Can you tell us about your trip to London and the research you conducted?"

One of the good things about doing your master's in research- at least in psychology at York- is that ***there are a lot of programs you can apply to for travel scholarships****.* ***Connected Minds****, for example, has a travel scholarship for master's and PhD students. Let's say you see someone's work and they live in London, for example, and you want to go work for them. You can apply for travel scholarships to go work with them as long as they agree with your supervisor, and you set a meeting to have this partnership. You can apply for up to $10,000 that helps fund your trip: your flight, accommodations, everything related to your travel for one to six months and work somewhere else.*
So, my first study I did was in the lab here at York, at a community centre in the North region, and then my second big study was in London, UK. I got to fly out there and stay there for a month in an apartment- ***I was working at Imperial College London****, which has a university and a hospital. I worked at the hospital with a really nice supervisor there. The stroke patients were already her clients, as she is a clinician and researcher, her name is Elisabeth Rounis. The patients ranged in ages between 39-82. We tested about 20 stroke patients on the grasping test; some of them could use only their left hand, some of them could use both, and a few could only use their right hand. We have a wide variety of different types of stroke. Many of them had apraxia and aphasia. It's going to be interesting to see how these different types of lesions, areas of lesions, and symptoms that they show play into the perception-action-dissociation. We're still looking at all of it, but we will see what happens soon.*

"Do you have any advice for people who would want to pursue a master's degree or PhD?"

If you want to go to graduate school, they want to see if you have research experience, and maybe some volunteer experience relevant to your field. Many people think grades is the most important thing, but it is not. I think that if you're going to graduate school to do research, research is the most important thing. That's what they're looking for.
Even though it's a long journey, it isn't just school. It's also like work; you can get paid. There are scholarships to support you. Try to find something you're interested in, with a good supervisor, and it shouldn't feel like a burden. It should feel like a great time, all the time.

If you–or anyone you know–is interested in participating in one of Felicia's future studies, please reach out to her at feliciat@yorku.ca. She's always looking for healthy control participants across various age groups!

If you're interested in reading about Felicia's fascinating work, you can find the pre-print work for her master's thesis here: https://doi.org/10.1101/2025.10.27.684787

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October Neuroscience Events at York University

CVR Seminars: Dr. Eline Kupers

By Valentina Dodaro

The Center for Vision Research (CVR) at York University brings together researchers from different disciplines for the purpose of exploring every aspect of vision. This exploration spans the study of perception, cognition, and computation, combining approaches from different neuroscientific disciplines. The discoveries and discussions taking place at CVR shed light on the complex processes responsible for our everyday experiences.

The CVR launched its series of weekly seminars this fall, inviting speakers to share current findings and allowing students and attendees the opportunity to learn and participate in discussion. Seminars are held at 2:00 p.m. on Fridays in Kaneff 519 (unless otherwise stated on the CVR website).

Contributing to this year's seminar series is cognitive neuroscientist Eline Kupers. Dr. Kupers' research aims to build a quantitative understanding of the underlying neural organization and computations that support and limit our visual perception, and how they are modulated by higher cognition. Kupers combines non-invasive human neuroimaging measurements, behavioral measurements, and computational modeling.



Photo Credit: Denz Marieon Pasion

Kupers' seminar presented information and encouraged discussion on how the human brain processes dynamic visual information across space and time. Much of the data (neural activity) was recorded using fMRI. fMRI measures brain activity by detecting changes in blood flow. When an area of the brain is active, it requires more oxygen, which is delivered through increased blood flow. Using this data, Kupers builds computational models, specifically encoding models based on population receptive fields (pRFs). These pRFs describe how local neural populations integrate and compress information. Encoding models provide an explicit quantitative description of input (stimulus) versus output (neural activity). These models provide a clear mathematical description allowing accurate approximation and predictions.

Our visual field is dynamic, changing in colour, motion and spatial arrangement. Previous research has primarily focused on one "motion pathway" in the brain. Primary visual cortex (V1), the first area in the brain to process visual information, to the Middle Temporal Area (MT), which is highly specialized for processing visual motion. Representation of visual space in the brain is

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well researched, the gap lies in how the brain processes other types of changing visual information. There is less known about this "time dimension". An example is quickly alternating static images (think of frames in a movie). This rapidly changing "static" visual stimulus and how it results in neural activity across the visual cortex was explored over the course of the seminar. Dr. Kupers uses functional MRI (fMRI), electroencephalography (EEG), magnetoencephalography (MEG), and computational modeling to study how groups of neurons across the visual cortex integrate and compress visual information in space and time.

The challenge when studying visual information across this time dimension is that fMRI measures slow blood flow changes (seconds), while the brain's electrical signals happen much faster (milliseconds). Kupers' model aims to separate the slow hemodynamics from the fast neural responses. When trying to achieve this, modeling at the level of neural activity and having high-quality data is very important. The model created is a spatial-temporal representation capturing three types of temporal response functions, sustained, transient-on, and transient-off. The transient channels respond to the onset or offset of the stimulus. The sustained response represents longer durations. By combining spatial and temporal filters, the model produces a space–time filter that describes how the brain integrates visual information across both dimensions.

Overall, Dr. Kupers' seminar was a fascinating look at how the brain processes dynamic visual information across space and time. By combining advanced imaging techniques with computational modeling, the complex mechanisms behind everyday vision become more understandable, revealing how the brain integrates and interprets the constant stream of visual input.

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November Opportunities, and Events at York University: CIAN, CVR, and the Neuroscience Society.

CIAN – Centre for Integrative and Applied Neuroscience: A neuroscience research group at York University; its aim is to collaborate as a unit on subjects including, but not limited to health, education, and the industry. The organization hosts research seminars, conferences and events for scientists and interested members of all academic backgrounds and interests, including the general public.

Upcoming November Seminars:

- **Friday, November 7th, 2025 @ 2:00pm-3:30pm** in Kaneff Tower, Room 519 | Dr. Takashi Sato's "*Optogenetic training facilitates stroke recovery*" seminar

CVR – Centre for Vision Research: York University's specialized vision research organization that comprises of leading scientists and professionals who aim to conduct ground-breaking research and further develop training in this field. Research seminars and events are also hosted for the benefit of interested members of all academic backgrounds and interests, including the general public.

Upcoming November Seminars:

- **Friday, November 14th, 2025 @ 2:00pm-3:30pm** in Kaneff Tower, Room 519 | Dr. Dejan Todorović from the University of Belgrade

- **Friday, November 28th, 2025 @ 2:00pm-3:30pm** in Kaneff Tower, Room 519 | Dr. Virginia Penhune

Seminars are accessible to the general public; anyone is welcome to attend these lectures and ask questions.

Neuroscience Society at York University:



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A Grateful Thank You

This month's article, and the newsletter itself, would not have been made possible without the help of the following intelligent, talented, and passionate individuals who have dedicated time to present their original work and support the development of this month's issue. If you are interested in joining our team as we develop our issues for December 2025 and further, please click at the google form link attached below. Members of all disciplines and backgrounds are welcome to take part in this initiative.

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Neuroscience Society at YorkU Media illustrated by Allegra Favaretto

We are always welcoming **students who want to contribute** and **gain some volunteer/research experience**. If that's you, please fill out our **google form.**

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