

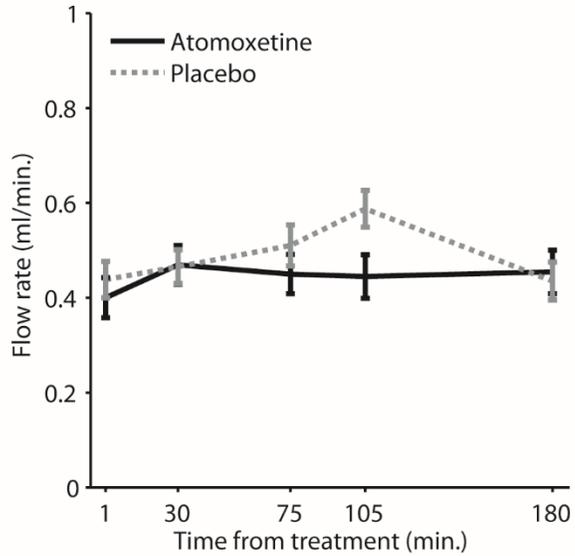
## Supplementary Material

### Supplementary Methods: Exclusion criteria

Exclusion criteria included current use of prescription medication, a history of psychiatric illness, cardiovascular disease, renal failure, hepatic insufficiency, glaucoma, head trauma, hypertension, and drug or alcohol abuse. Participants with learning disabilities, poor eyesight (severe myopia of -6 diopters or worse), who smoked more than 5 cigarettes a day, or who were pregnant were also excluded.

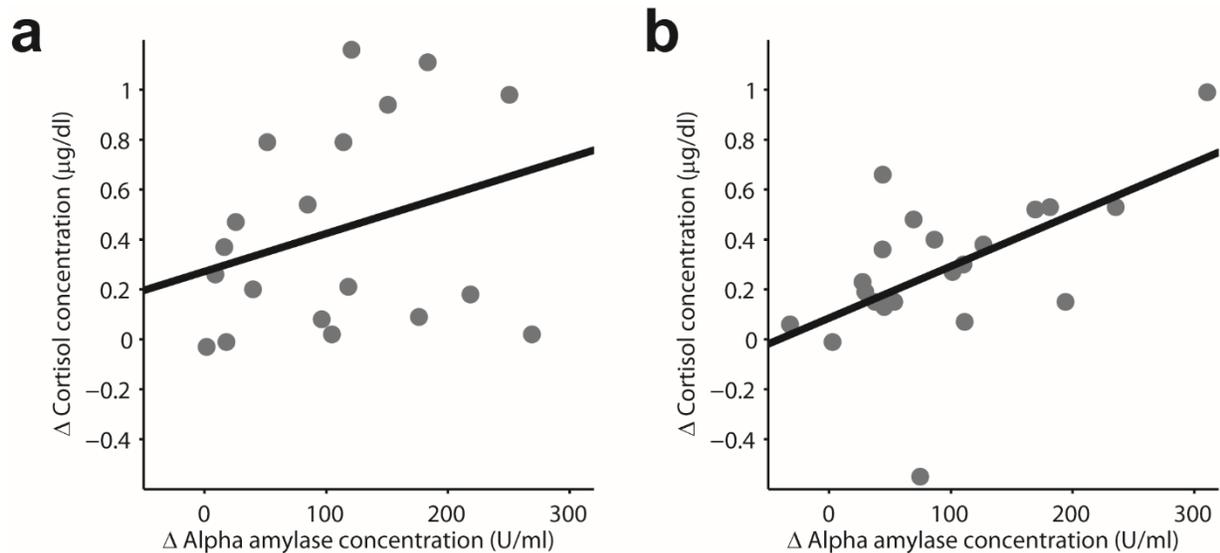
### Supplementary Results: *Flow Rate*

As shown in Figure S1, flow rate showed a small spike at T=105 minutes in the placebo condition that was not observed in the atomoxetine condition, yielding a marginally significant time by treatment interaction ( $F(4,80) = 2.24$ ,  $p = .071$ ). The effect of treatment was only significant at T=105,  $t(23) = 3.29$ ,  $p = .003$ ; at T=75 the effect was marginally significant,  $t(23) = 1.86$ ,  $p = .069$ . It is interesting that in the placebo condition, our participants exhibited an acute increase in salivation at the sampling time following removal from an MRI scanner as a part of another experiment (van den Brink et al., 2016), and also, to a lesser degree, at the sampling time immediately preceding the scan. This spike in salivation was absent in the atomoxetine condition, suggesting that atomoxetine counteracted a parasympathetic response related to the MRI experience. This potential suppression of the parasympathetic response should not be considered an alternative explanation of our results. First, biochemically, suppression of salivation cannot be attributed to the action of another neuromodulatory system than NE. Second, mechanistically, the effect of atomoxetine on SAA was also observed when flow rate was controlled for using a measure of secretion rather than concentration.



**Figure S1. Effect of atomoxetine on salivary flow rate. Error bars reflect SEM.**

Supplementary Results: Relationship between SAA and Cortisol



**Figure S2. Relationship between drug effects on SAA and salivary cortisol. (a) Delta values were calculated by subtracting baseline from peak values after treatment. (b) Delta values were**

*calculated by subtracting mean concentrations from samples 3-5 in the placebo session from mean concentrations from samples 3-5 in the atomoxetine session.*