The 9th European Congress of Music Therapy Oslo, Norway August 7-10, 2013

VITALITY FORMS NEUROTRANSMITTERS AND EMBODIED MUSIC LISTENING

A discussion of Daniel Stern's relationship with neuroscience

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STERN'S CENTRAL PROPOSITIONS

Movement is the primary manifestation of being animate (2010:9, 19; 1985:156)

In development, the infant is predominantly sensible to vitality forms (2010:110-117; 1985:53-61)

The senses are integrated in cross-modal perception (2010:25-25, 35-36, 44, 48; 1985:59, 154-156)

The sharing of vitality forms is a direct path into another's subjective experience (2010:43)

- such as affect attunement (2010:113-115; 1985:138-142, 152-154)

OVERVIEW

- I. Stern's central propositions
- 2. What are forms of vitality?
- 3. Stern's quest for a theoretical framework
- 4. Investigation and support: Music and Dance
- 5. The Arousal Hypothesis
- 6. Stern's summary: Intentions and achievements
- 7. Further paths of inquiry

2
WHAT ARE FORMS OF VITALITY?

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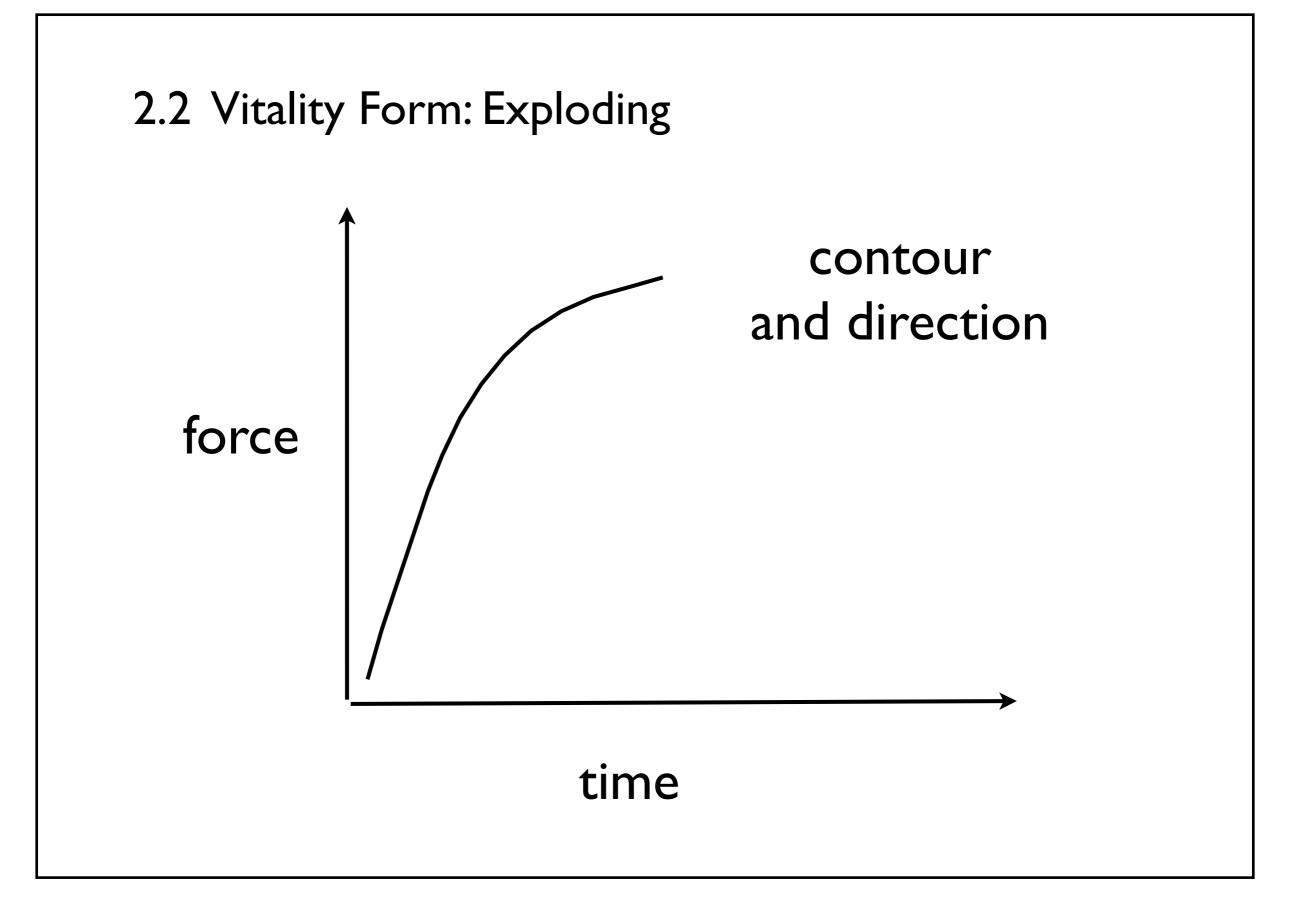
2.1 THREE POSSIBLE VITALITY FORMS

Exploding Music: Poul Ruders: Gong (1992), for orchestra

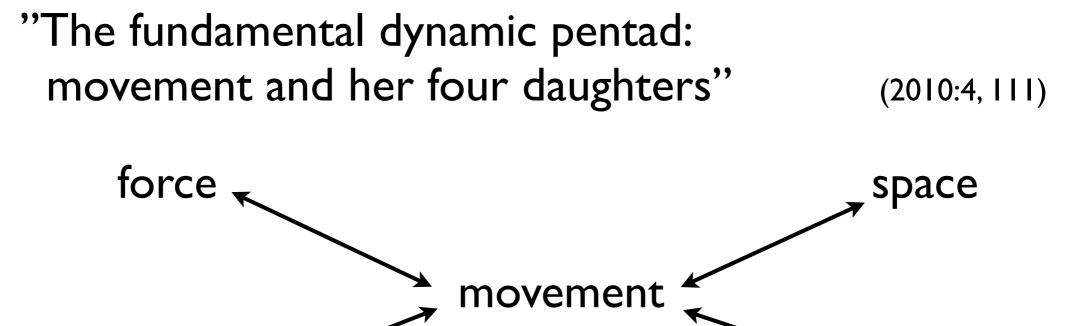
Pulsing Music: Steve Reich: Music for 18 Musicians (1976)

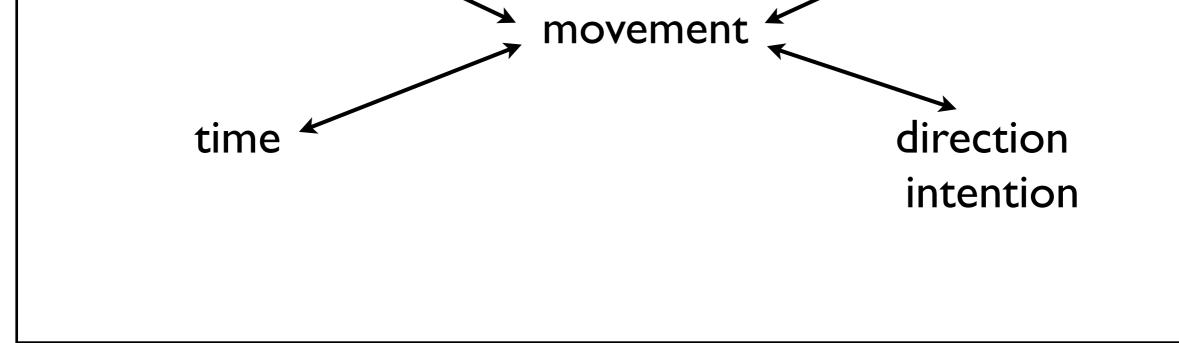
Fading Music: Gustav Mahler: Symphony no. 5 (1902) 4th movement

(2010:8)











Tony Wigram introduces Daniel Stern's video keynote presentation "The issue of vitality" Nordic Conference of Music Therapy Aalborg, April 2009.

(Stern, 2010b; Wigram, 2010. The issue of vitality. Nordic Journal of Music Therapy 19(2), 87-102)

STERN'S QUEST FOR A THEORETICAL FRAMEWORK

3.1. STERN'S TEXTS AND CONCEPTS

1985/2000 The Interpersonal World of the Infant vitality affects, activation contours (PP. 53-61, 156-161)

1999 Vitality Contours, book chapter *) feeling flow patterns (PP. 67-72)

2004 Present Moments vitality affects, temporal contours (PP. 36-37, 62-71)

2010 Dynamic Forms of Vitality (PP. 3-31)

*) Rochat, P. (Ed. 1999) Early social cognition, pp. 67-80

3.2.1 VITALITY FORMS -ELABORATING THE CONCEPT

1985: "qualities of experience"

surgingfading awayfleetingexplosivecrescendodecrescendoburstingdrawn out(1985:54)

1999: "feeling flow patterns" as before, plus

accelerando decelerando climaxing (1999:68)

3.2.2 VITALITY FORMS -ELABORATING THE CONCEPT

2004: "feeling qualities captured by kinetic terms" as before, plus

forceful/effortful	unstable	tentative	
reaching	hesitating		
leaning forward	leaning back	ward	(2004:36, 64)

3.2.3. VITALITY FORMS -ELABORATING THE CONCEPT

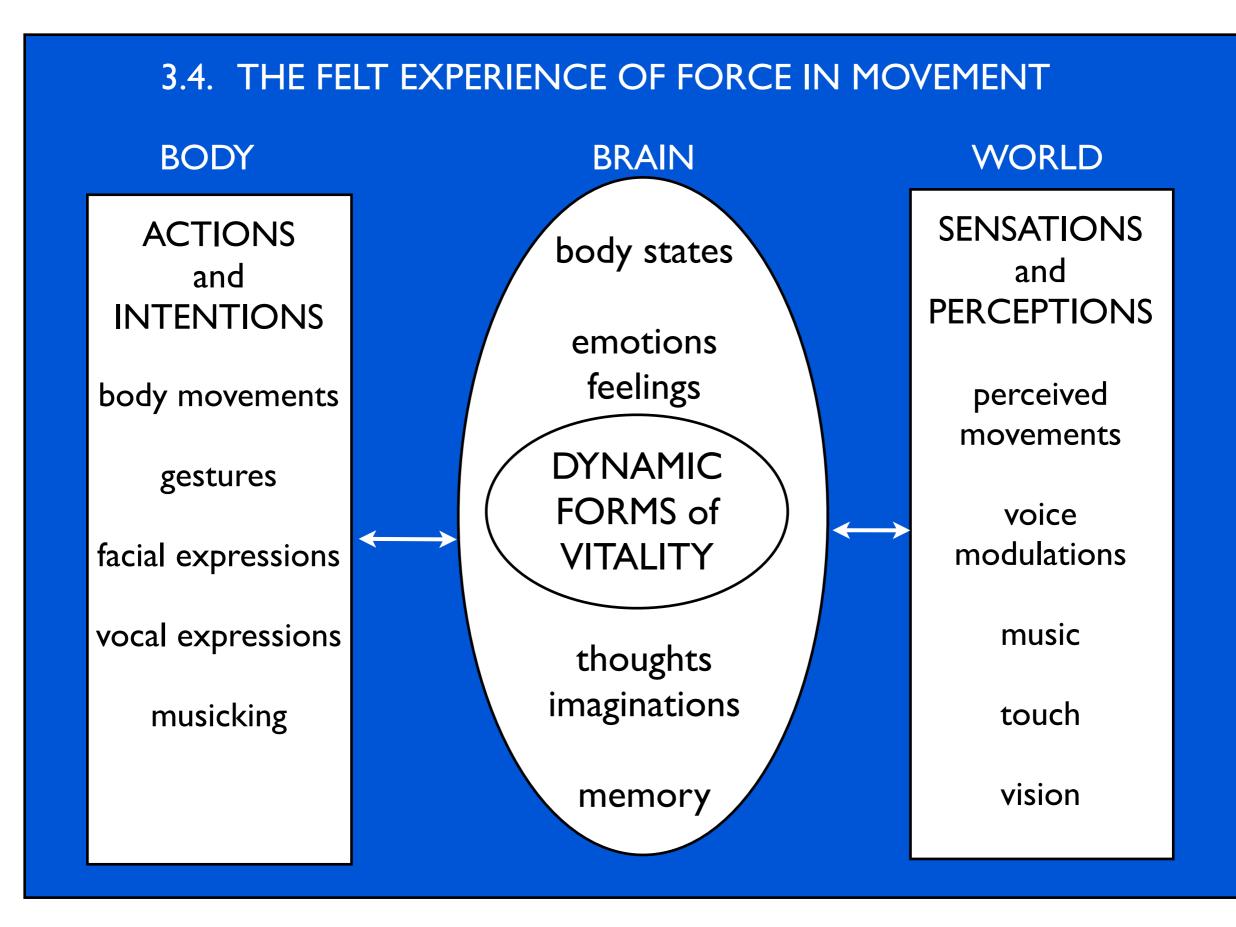
2010: "the felt experience of force in movement" as before, plus

swelling	disappearing	pulsing	
rushing	pulling	pushing	
relaxing	languorous	floating	
weak easy	gentle	loosely	
tense	tightly	bounding	
holding still	gliding	swinging	(2010:7)

3.3. DEFINITION 2010 of DYNAMIC FORMS OF VITALITY:

The felt experience of force – in movement – with a temporal contour, and a sense of aliveness, of going somewhere.

Forms of vitality concern the "How", not the "What" or the "Why" (2010:8)



FIELDS OF INVESTIGATION AND SUPPORT

CHILD DEVELOPMENT(2010, Chapter 6)CLINICAL THEORY AND PRACTICE(2010, Chapter 7)Stern's expert summaries(2010, Chapter 7)

MUSIC, DANCE, THEATER, CINEMA A preliminary essay (2010, Chapter 5)

AROUSAL Stern's central neuroscientific hypothesis (2010, Chapter 4)

4.1 MUSIC

DYNAMIC FORMS IN MUSIC create vitality forms:

intensity crescendo decrescendo accents attack staccato legato phrasing tempo ritardando accelerando (2010:82-84)

COMMUNICATIVE MUSICALITY Is largely based on the coupling of vitality dynamics between people (2010:51-53)

4.2 MUSIC THERAPY

The basic methods in music therapy improvisation require the use of vitality forms to share or interchange experience

imitating matching grounding holding containing empatic improvisation dialoguing turn taking interplay (2010:139-141)

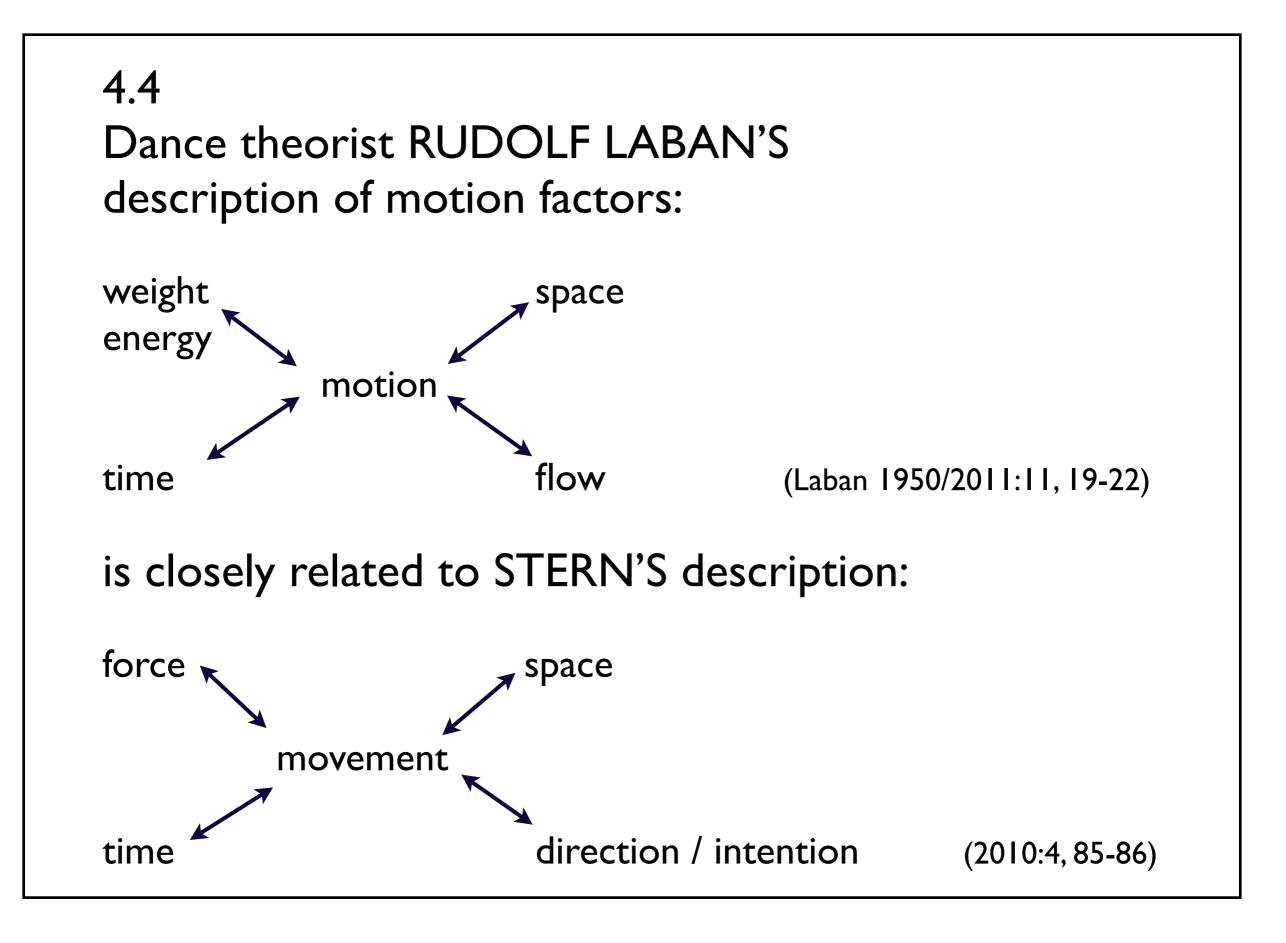
(Wigram 2004, Trolldalen 1997)

4.3. DANCE

Different vitality forms result from the variations of effort and shape in dance:

force	speed	deceleration	acceleration
power	strength	flexibility	
growing	shrinking	spreading	
enclosing	freeing	binding	

(2010:88)



4.5. RUDOLF LABAN'S examples of MOVEMENT SEQUENCES display similarities with dynamic forms of vitality:

crouching tossing whirling running closing bowing lifting opening circling swaying spreading hovering trembling shrinking precipitating sprawling creeping drooping perching waving walking jumping turning uprearing

(Laban 1950/2011:23)

5 THE AROUSAL HYPOTHESIS

Aim: To find a possible neuroscientific basis for the emergence of vitality forms (2010:54)

HYPOTHESIS: Arousal is the "fundamental force" for all bodily and mental activity (2010:59)

5.1 AROUSAL is a force for behavior that

activates motivations

triggers emotions

sharpens attention

starts up cognitions

initiates movement

(2010:57)

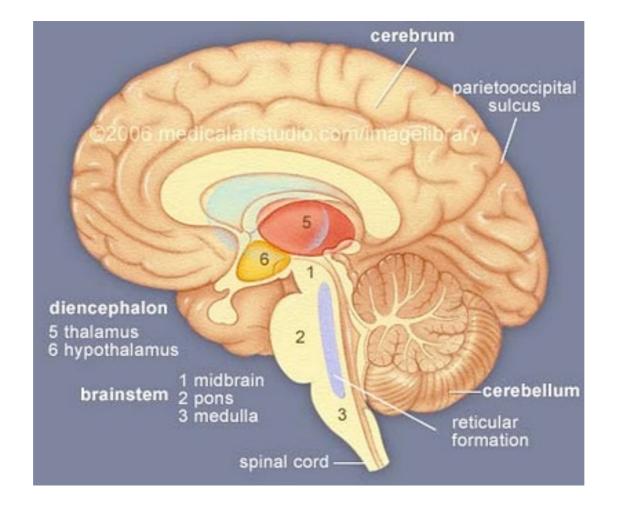
5.2 FIVE AROUSAL SYSTEMS based on five NEUROMODULATORS (or neurotransmitters)

Norepinephrine Dopamine Serotonin Acetylcholine Histamine

Neumodulators are produced subcortically in the brainstem, hypothalamus or basal forebrain

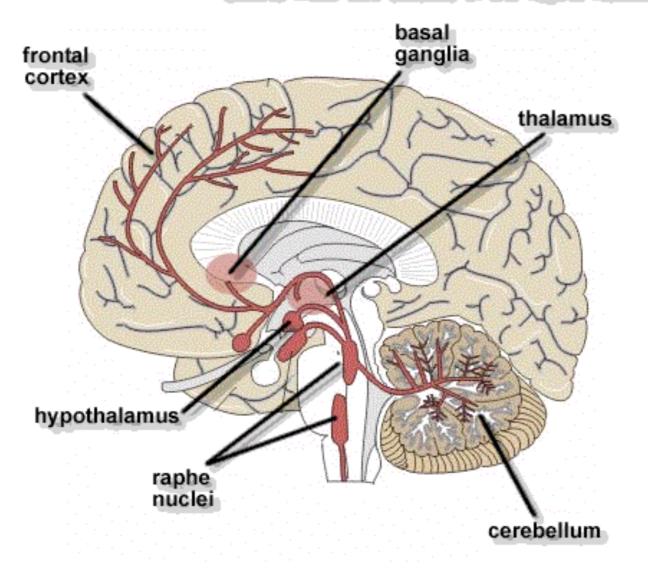
The arousal systems are regulated bottom-up and top-down (2010:60-63, 69; Pfaff 2006:31-38)

5.3 SUBCORTICAL AND CORTICAL STRUCTURES



5.4 One neuromodulator: Serotonin distribution in the brain

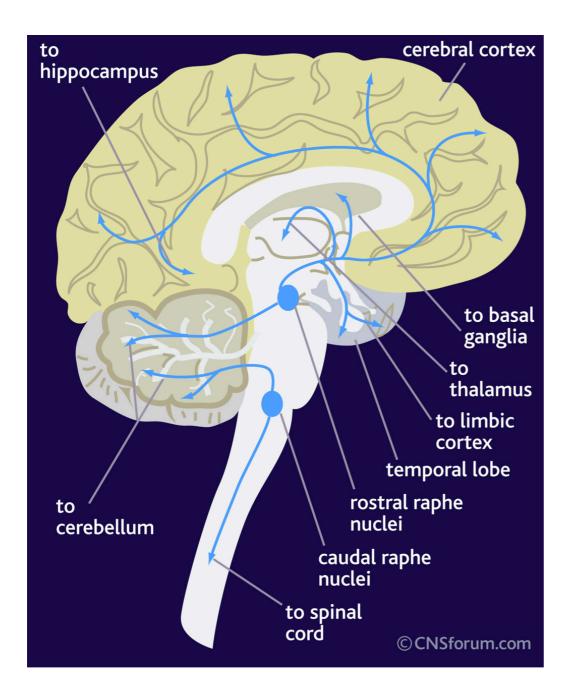
The serotinergic system consists of ascending axons from cell bodies in the raphe nuclei

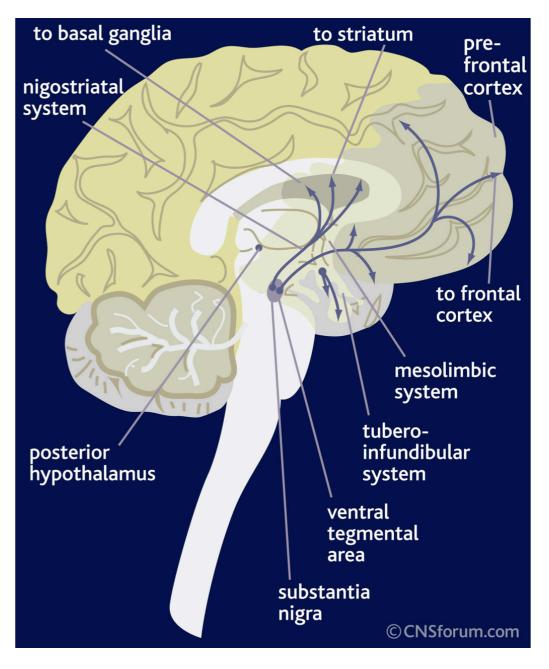


5.5. Comparison:

Serotonin distribution

Dopamine distribution





5.6 SOME PROMINENT NEUROMODULATOR FUNCTIONS

Norepinephrine supports sensory clarity

Dopamine is important for motor control, motivation, mood and reward

Serotonin reduces impact of incoming information

Acetylcholine mediates attention

Histamine influences sleep and wakefulness

(Pfaff 2006:31-38; Panksepp 1998:107; Robbins & Everitt 1995:708-716)

5.7 STERN'S FINAL AROUSAL HYPOTHESIS

The arousal systems could produce a multitude of highly specific and complex arousal profiles, each eliciting a specific vitality form

(2010:63)

5.8 ISSUES FOR DISCUSSION

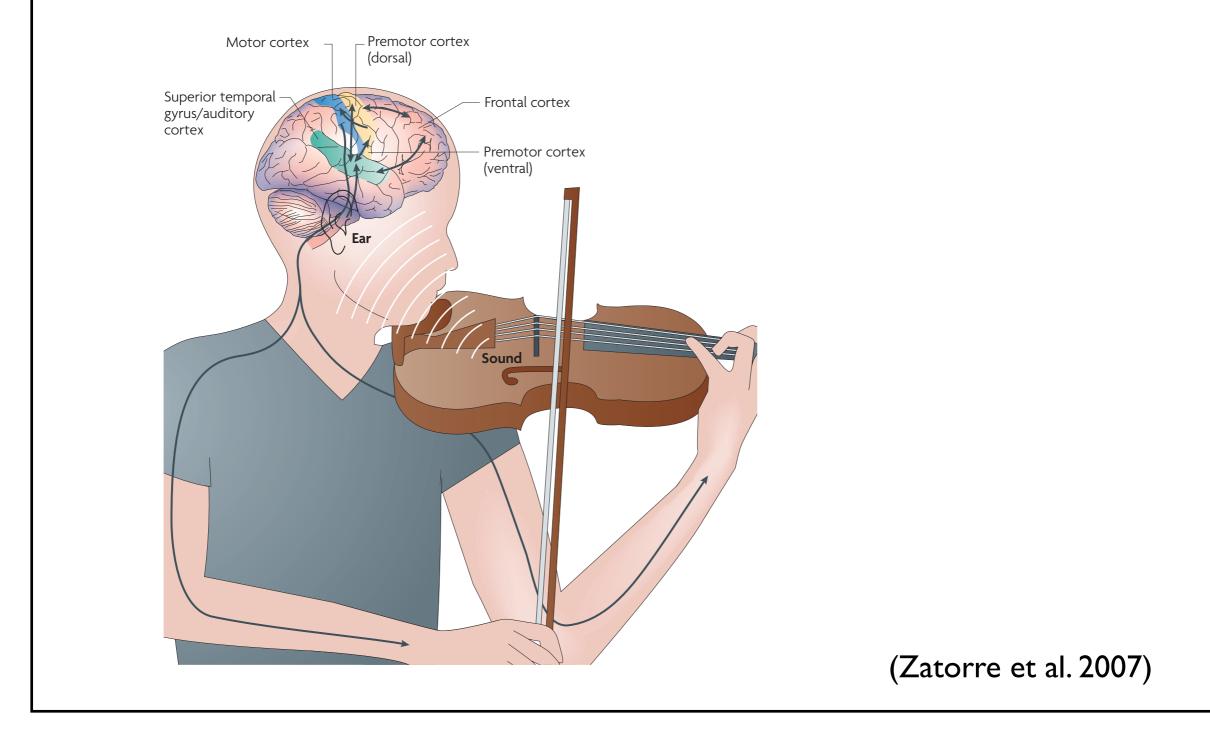
I) Stern refers to a limited selection of research: Pfaff 2006, Pfaff et al. 2007, 2008; Robbins and Everitt 1995

2) Stern refers to five arousal systems: Norepinephrine, Dopamine, Serotonin, Acetylcholine, Histamine.

A multitude of other neurochemicals are active as well: other neuromodulators, endorphins, numerous neuropeptides

3) Stern does not take other functions of the nervous system into consideration

5.8.1. Other functions of the nervous system: Auditory-motor interactions during musical performance



6. Stern's summary: INTENTIONS and ACHIEVEMENTS

To demonstrate that the domain of dynamic forms of vitality exists

To describe that dynamic forms of vitality are ubiquitous as a part of all experience

To influence some of our current notions and suggest further paths of inquiry

(2010:149)

7. FURTHER PATHS OF INQUIRY

Neuromodulators and music

Blood & Zatorre 2001; Salimpoor 2011; Chanda & Levitin 2013

Brainstem responses to music

Kraus et al. 2009 The Auditory Neuroscience Laboratory at Northwestern University, Illinois <u>http://www.soc.northwestern.edu/brainvolts/publications.php</u>

Embodied music listening

Panksepp 1995; Grewe et al. 2009; Altenmüller & Schlaug 2012. Overview in Christensen 2012:129-140 FURTHER PATHS OF INQUIRY...

Body-oriented psychotherapy Geuter 2012

Auditory-motor interactions Zatorre et al. 2007

Mirror neuron systems

Gallese & Lakoff 2005; Rizzolatti & Craighero 2004; Overy & Molnar-Szakacs 2009

Neural correlates of 'vitality form' recognition: an FMRI study dedicated to Daniel Stern Di Cesare et al. 2013

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Thank you for your embodied listening!



LATEST NEWS Mona Lisa Chanda and Daniel J. Levitin (2013). The neurochemistry of music. *Trends in cognitive sciences,* April 2013, Vol. 17 No. 4, pp.179-193.

We examine the scientific evidence that music influences health through neurochemical changes in the following four domains:

(i) reward, motivation and pleasure

(ii) stress and arousal

(iii) immunity; and

(iv) social affiliation

(2013:179)

These domains parallel, respectively, the known neurochemical systems of

(i) dopamine and opioids: REWARD, MOTIVATION, PLEASURE

(ii) cortisol, corticotrophin-releasing hormone (CRH), adrenocorticotropic hormone (ACTH): STRESS, AROUSAL

(iii) serotonin and the peptide derivatives of proopiomelanocortin(POMC), including alphamelanocyte stimulating hormone andbeta-endorphin: IMMUNITY

(iv) oxytocin: SOCIAL AFFILIATION (2013:179)

It appears then that it is not just the specific neurochemicals (e.g. dopamine, opioids, norepinephrine) that lead to feelings of pleasure, but their interactions with receptors in specific sites of action within the brain.

Thus, dopamine in one region may affect attentional control, in another region learning, and in yet another motivation.

(Chanda and Levitin 2013:180)

ADDITIONAL INFORMATION

The conscious waking state is turned on by neuromodulators such as acetylcholine, norepinephrine, and dopamine. Together, they enable a huge repertoire of different cognitive tasks. Each of those tasks involves a combination of local neurotransmitters like glutamine and GABA, along with neuromodulators that control the overall brain state that is needed for a task like perception or working memory to take place. (...)

Dopamine modulation is involved with basic functions like pleasure and reward seeking, sleep and waking, nicotine and stimulant addiction, working, memory, voluntary motor control, eye movements, and goaldirected learning. It is a huge set of functions.

Baars, B.J. & Gage, N.M. (2010). Cognition, Brain and Consciousness. Second Edition, p. 540.