

Review



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Pleasure junkies all around! Why it matters and why 'the arts' might be the answer: a biopsychological perspective

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Today's society is pleasure seeking. We expect to obtain pleasurable experiences fast and easily. We are used to hyper-palatable foods and drinks, and we can get pornography, games and gadgets whenever we want them. The problem: with this type of pleasure-maximizing choice behaviour we may be turning ourselves into mindless pleasure junkies, handing over our free will for the next dopamine shoot. Pleasure-only activities are fun. In excess, however, such activities might have negative effects on our biopsychological health: they provoke a change in the neural mechanisms underlying choice behaviour. Choice behaviour becomes biased towards short-term pleasure-maximizing goals, just as in the addicted brain (modulated by the amygdala, posterior ventromedial prefrontal cortex' (VMPFC), striatum, nucleus accumbens; 'A-system') and away from long-term prosperity and general well-being maximizing objectives (normally ensured by the insula, anterior VMPFC, hippocampus, dorsolateral prefrontal cortex (DLPFC), anterior cingulate cortex (ACC); 'I-system'). This paper outlines, first, what 'pleasure' is and what 'pleasure-only' activities are (e.g. social media engagement, hyper-palatable eating). Second, an account is given of the type of action that might aid to maintain the neural systems underlying choice behaviour balanced. Finally, it is proposed that engagement with the arts might be an activity with the potential to foster healthy choice behaviour—and not be just for pleasure. The evidence in this rather new field of research is still piecemeal and inconclusive. This review aims to motivate targeted research in this domain.

Knowledge without action is madness and action without knowledge is void.
—Abu Hamid Muhammad ibn Muhammad al-Ghazali [Al-Ghazali]; Persian scholar

1. Introduction: freedom of choice

Today's society is pleasure seeking. We expect to obtain pleasure fast and easily. We are used to hyper-palatable foods and drinks. We can choose to get pornography, games and gadgets whenever we want. We owe no explanation to anyone. Pleasure is good. Pleasure is right. The problem: with this type of pleasure-maximizing behaviour we may be turning ourselves into mindless pleasure junkies, handing over our free will for the next dopamine shot [1].

Philosophic, psychological and neuroscientific perspectives on what pleasure is are given in §2. Section 3 outlines the neural systems underlying choice behaviour, and §4 gives an overview of what pleasure-only activities are, and how these might cause behavioural addictions. Section 5 provides an account of the type of activities which might contribute to maintain biopsychological health, and §6 reviews evidence suggesting that enjoyment and practice of the arts might be such an activity. Evidence in this field is still piecemeal and inconclusive, however, this review seeks to provide an overview of available evidence to stimulate future research in this domain.

2. What pleasure is

Two opposing philosophical traditions have suggested ways to reach ‘happiness’. Hedonism advocates that happiness is achieved through pure pleasure and enjoyment, while eudemonism contends that happiness is only reached through complex and meaningful goals [2]. In accordance with recent developments in the field of positive psychology, it appears, however, that both hedonism (strive for pleasure) and eudemonism (strive for meaning) are required for happiness and genuine well-being in life. Individuals striving for both pleasure and meaning exhibit the largest life satisfaction, well-being, mental and physical health [3].

This view is echoed in the brain sciences. On a basic mechanistic level, a differentiation is made between low-level pleasures and higher-order pleasures. Low-level pleasure is a mere perceptual stimulation leading to a rewarding sensation (food, sex, etc.), while higher-order pleasures (the arts, scientific effort, etc.) engage broader neural networks implied in the attribution of meaning [4–6]. For the brain sciences, ‘pleasure’ is nothing more than a neuro-behavioural mechanism devised by nature to signal the re-establishment of an imbalance [7] (e.g. satiety and pleasure after re-establishing an imbalance in nutrients after ingestion of food). Dopaminergic action in the reward circuitries of the brain is responsible for this feeling and ensures that the individual engages in biologically relevant behaviour (e.g. we might not bother to incur in the costly behaviour of obtaining food if we did not feel pleasure in doing so). In this view, pleasure is a learning signal that reinforces a biologically relevant behaviour. Pleasure is a motivator of behaviour that is related to the fulfilment of any biological need (biochemical, homeostatic), and never an aim in itself [8–10]. Pleasure ‘for pleasure sake’ is a behaviour that the brain sciences classically describe as a problematic behaviour in drug addiction. The person is oblivious to any long-term implications of their behaviour and would do anything to obtain the next (pleasure) shot of their drug [11]; see also §4 (addiction).

‘Meaningful’ actions in the neurocognitive sense are actions that engage the entire neurobiological systems implied in the long-term maintenance of healthy bodily function—in addition to the reward circuitries of the brain. The arts have been suggested to have this potential as higher order pleasures [6], see also §7 (The Arts Hypothesis).

As an analogy, consider the following example. When nutrients are ingested through food, the whole point (i.e. ‘meaning’) of the activity ‘food ingestion’ is normally the nutrients (fats, carbs, etc.). As a side effect, we experience pleasure. When ingestion of food is purely driven by the motivation to experience pleasure, no matter the contents of the ingested food, the long-term consequence of imbalanced diet can be eating disorders (e.g. obesity), or other diet related disorders (e.g. type 2 diabetes).

The conscious experience of ‘meaningfulness’ of an action might be grasped under the concept of a ‘me factor’. In neural terms a ‘me factor’ would be evidenced by the fact that such activity engages both low-level evaluative processes (e.g. value assignment, pleasure and reward) and higher-order memory and conscious experiential mechanisms (e.g. assignment of meaning). The latter are highly idiosyncratic and, therefore, proper and fully dependent on who we are and what our bodily systems are tuned-in to in a given moment (‘me factor’).

3. Neural systems regulating choice behaviour: quick pleasure versus long-term prosperity?

Two neural systems of the limbic brain and their connections to the rest of the brain are particularly important for our ability to choose between options: one basic system concerned with maximizing immediate reward (‘A-system’ for reference: amygdala, posterior ventromedial prefrontal cortex (VMPFC), striatum; including nucleus accumbens; also referred to as the ‘reward system’), and another, concerned with maximizing future reward and prosperity (‘I-system’ for reference: insula, anterior VMPFC, hippocampus, dorsolateral prefrontal cortex (DLPFC), anterior cingulate cortex (ACC)) [11]; for a similar account see [12].

Neural circuits of the A-system respond to events in the environment and trigger the optimal physiological state in the body for the organism to deal with the event (e.g. motivating the choice to approach or to avoid) [13–15]. It triggers the autonomous nervous system through neurochemical action to prepare the adequate physiological state for this fast behavioural response [16–19]. Any behavioural response triggered directly by the A-system will, therefore, be a rather coarse reaction (e.g. fight or flight, pleasure–displeasure).

The neural circuits of the I-system process internal stimuli related to bodily processes (e.g. homeostasis), some of which may be the result of information from the A-system. The I-system relates any stimuli to previous experience and value [13,20–22] to foster the optimal behavioural response, ‘all things considered’. This may include downregulation of the A-system, to enable long-term reward.

Both systems are innervated by brain stem nuclei that contain serotonin, noradrenaline, dopamine and acetylcholine cell bodies and are, therefore, casually related to the experience of affect (which is important for ‘feeling’ the difference between options) and of pleasure (i.e. the enjoyable feeling after making the good/right choice; see electronic supplementary material, figure S1).

4. When it goes wrong: addiction

The human reward system evolved to respond to natural rewards (rewards we find in nature; foods like meat, vegetables, crops, sex, shelter, etc.). These contain a deeper ‘meaning’ to human psychobiological health: the nutrients of food, the shelter before the cold, reproduction for sex, etc. The reward system does not differentiate between natural and artificial rewards. However, normally, negative feedback loops in the brain signal when homeostasis is re-established. This stops the organism from ingesting something or carrying out an action more often than required by the biological state of the body [23].

In the addicted brain, pleasure is experienced, but no satiety, because no actual biochemical imbalance is re-established. This continuous pleasure stimulation over time induces the amygdala to be hyper-activated [11], while the insula is hypo-activated [24]. This is the basis of the problematic and inadequate decision-making of addicted individuals: they have little access to the top-down regulatory control processes acquired through socialization mediated by frontal and prefrontal networks, which would help signalling the long-term implications of different choice options [25] (I-system).

With this shifting in the neural underpinnings of ‘choice’ [11,26,27] comes the feeling of craving. Craving is a painful

state of wanting, similar to hunger [5,11]. Craving increases the incentive value of any stimulus related to the 'drug' (A-system; [24,28,29]). The more the individual has to resist or wait for the 'drug', the higher its incentive value and motivation to obtain it [25,30]. Craving strips the individual of their willpower to resist [11,31].

There are behaviours or actions that can act like 'drugs', lead to craving, compulsion-like behaviours and even to behavioural addictions because of their rewarding nature [25,30,32]. Everitt & Robbins [33] suggest that an initial conscious choice to engage with a stimulus (a game, sports, certain smart phone apps, social media, hyper-palatable foods, etc.), becomes a habit, and then develops into a compulsion by instrumental learning mechanisms [34]. Loss of autonomous, healthy choice behaviour is the result [11,33,35].

5. Pleasure-only activities

Studies comparing the brains of people with substance addictions and behavioural addictions have found that there are common neural mechanisms mediating drug addiction and behavioural addictions (for reviews, see [27,31,36]). Many of today's easy pleasures have the potential to create behavioural addictions. Evidence suggests this is the case for smart phone social media app use^{1,2} [37–39], gambling [40], sports [41–44], sex and pornography [45–47], hyper-palatable foods [36,48–50], gaming [51,52] and the Internet [53].

Intermittent reinforcement learning is one of the key mechanisms involved in the aetiology of addiction. This is because, in addition to signalling the re-establishment of an imbalance, 'pleasure' is a learning signal (see also §2 'what pleasure is'). We repeat what caused pleasure in the past. More than 50 years of reinforcement learning research has demonstrated that intermittent reinforcement is the most potent reinforcement schedule which causes the fastest learning (and addictive behaviour) and is the most resistant to extinction [54,55]. Intermittent reinforcement is when a desired action outcome is only obtained on part of the attempts to obtain it, and, when the ratio success rate is variable and unpredictable. For example, to receive a message, to see something that we like on social media, to win a gamble, to achieve a sporting outcome—all these events cause pleasurable chills, but they are unpredictable and happen on a variable basis. Two examples illustrate the cascade of effects when over-exposed to pleasure-only activities: social media use and hyper-palatable eating:

Facebook and other social 'network' platforms have potent secondary reinforcer properties [38,56,57]. They create craving because of the intermittent reinforcement schedule, triggered by the notification icon: we never know when it will appear [58]. Therefore, social media have the potential to cause behavioural addiction [37–39]. In addition, social media encourage dysfunctional personality styles (narcissism, low self-esteem, shyness, excessive need for confirmation; [59–62], antagonism (e.g. by encouraging jealousy and other interpersonal negative emotions; [63–66]) and in-group–outgroup formation by mechanisms such as dysfunctional social comparison processes [67,68] and other mental health problems (especially to anxiety and depression). This is because the compulsive use of these platforms exposes the individual to prolonged and unnatural social and psychological pressure, forcing the individual to make choices that are not optimal for their own psychological health [69–72].^{3,4,5} These important negative

health effects are caused by social media engagement, obsession for image and superficial appearance deprived of meaning and content.⁶

Overeating sugar changes the brain as do other addictive drugs [27,48]. Intermittent sugar intake acts as a secondary reinforcer and therefore changes the neurochemistry of the reward system. With time, it causes a hyper-activation of the dopamine and opioid systems, producing an increase in the incentive value of the sight of hyper-palatable foods [49]. In addition, the food industry has developed the 'bliss point' which is the point at which people never feel satiated and carry on eating despite having ingested enough calories. This happens when a food product contains the exact right mixture of sweet, fat and salty [77]. This makes people over-eat despite caloric excess [78,79]. The 'hunger hormone'⁷ ghrelin is segregated when the body is in need of nutrients and is the conscious correlate of 'hunger'. Yet, it will also be released into the bloodstream when eating 'empty foods', that is, foods that have been deprived of their nutrients (e.g. fibres, vitamins, minerals; such as concentrated fruit juices and other processed foods [80,81]) but still have their content of sugar and fat—making the individual feel hungry in spite of already having ingested too many calories. Furthermore, hyperglycaemia (caused by the excess calories) induces a 'fat retention' mode in the body [82,83]. It is a vicious circle because the individual stays hungry despite ingesting food—which becomes directly stored as fat. The hormone 'leptin' would usually mediate this effect [84]. However, high fat foods elicit less leptin and will, therefore, cause over-intake of calories, as the negative feedback loop is missing [85]. The number of ingredients is another tool used by the food industry to trick our perceptual systems into eating (and thus 'buying') more [47,50]. The food industry combines an artificial number of ingredients (especially flavours) into a mix that does not exist in nature, and which therefore triggers intense pleasure (without nutritional value)—because these substances act directly on the A-system (reward). Apart from food addiction, the results of this imbalance caused by the choice of artificial foods are obesity and other eating disorders.

6. Meaningful activities: triggering a 'me factor'

Activities that strengthen the links between the A- and the I-systems might decrease the probability of developing behavioural addictions and aid to maintain bodily systems healthy from the outset because choices would be long-term prosperity maximizing.

The neural system linking A- and I-systems is the insula. The insula is centrally implicated in the interoceptive awareness of bodily states and signals [86]; for example, of bodily feedback signalling satiety, e.g. when 'it is enough' activity, food. The learned interpretation of these interoceptive signals in relation to preceding events and contextual information [22,87] is thought to form the basis of healthy emotional function [13,14,20,21,88,89] and decision-making [90,91]. Conversely, impaired interoceptive abilities have been related to addiction [92] and eating disorders [93–95].

It has been suggested that activities that might engage the insular and somatosensory systems could help to reverse the adverse effects of addictions (insula hypo-activation), by enabling access to the frontal control networks of the brain (I-system supporting meaning and awareness of long-term implications, through the insula) [96]. Two pathways provide the

neuroanatomical basis for the link between A- and I-systems; see the electronic supplementary material, Neuroanatomical link A- & I-systems. Activities that elicit this holistic activation pattern are activities that are not only pleasurable and rewarding, but also have a meaning to us because they engage our previous personal memories and life experience. The important point is that the activity engages both A- and I-systems and triggers the interoceptive feeling of ‘me’, a ‘me factor’.

7. The arts hypothesis

Interoceptive accuracy can be measured with objective tests (i.e. tests that are independent of how good or bad the person *thinks* they are at estimating their interoceptive signals) [97,98]. Attempts at identifying groups of people who might be specifically interoceptively aware have largely proved unsuccessful [96,99,100]. Notably, however, artists such as musicians and dancers have been found to have an enhanced objective awareness of their interoceptive states [101,102], suggesting an interesting route to heightened interoceptive awareness through the arts. This merits further investigation—also with respect to which aspects of interoceptive awareness are related to well-being [103].

Furthermore, engagement with the arts demonstrably has the potential to engage both the A- and the I-systems in lay people and art experts alike [104–107]. Low-level stimuli features of works of art trigger our attention, including shapes and tones, and other features such as symmetry and beauty [108–114]. Besides, the arts push boundaries, surprise, reveal, and excite both artist and spectator. This all causes pleasurable chills (value assignation and pleasure; A-system). The discipline ‘neuroaesthetics’ studies these low-level perceptual processes and how they relate to aesthetic preferences [115–117]. In this endeavour, neural structures of reward and pleasure have been found to be engaged during aesthetic experiences [107,111,118–120].

The I-system is engaged, for example, when personally significant artwork triggers idiosyncratic memories and personal knowledge and abilities (e.g. [113,121]). A piece of art gains personal significance [122], and meaningfulness [6] because it triggers memory and frontal experiential systems (I-system). The moment of meaning-assignation, also called ‘mastering’ or ‘understanding’ an artwork, is therefore a pleasurable experience [123–126], engaging similar brain mechanisms as the ‘aha!’ moment when the solution to a problem comes to mind [127,128]. This suggests that moments of understanding and finding a meaning to an artwork might be the moment where A- and I-systems are optimally involved.

In this context, it is important to refer to the concept of ‘flow’ as a marker of A- and I-systems engagement. Philosophers, scientists and poets have long argued that through the absorption of our mind in creative activities states of well-being and a sense of purpose in life are achieved [129]. Maslow [130] called this state peak experience. It is described as a situation or state in which we are optimally connected to the activity and where personal skills and task demands are in ideal balance [131]. An example of an activity that can induce flow is engagement with the arts. Personal engagement with an activity produces strongly pleasurable states of flow [132]. These moments might be only a few seconds long, or last for hours. The important aspect is the total absorption into one coherent focused neurocognitive state. Artists experience strong moments of flow during their artful activity [133]

and the self-rated meaningfulness of a produced artwork (e.g. a song) correlates with the intensity of the flow experience, both in experts [134] and in lay people (therapeutic context [135]). Flow is said to produce eudaimonia [4–6].

Importantly, the arts do not induce states of craving without fulfilment—as do activities with reinforcement schedules which are prone to create habits and addiction such as intermittent variable ratio or interval reinforcement schedules (e.g. social media, gambling, football, extreme sports, drugs, see §5). Rather, the above suggests that the arts can help overwrite the detrimental effects of dysfunctional urges and craving (caused by the hyper-activation of the amygdala [11] and the hypo-activation of the insula [24]), by focusing the mind into one coherent state which activates the A- and I-systems alike. It is true that not all art has a resolution or grand finale which soothes the senses after a turmoil of action and strong emotional discharge—and could thus induce craving (A-system hyper-activation). Movies and books with cliff-hanger endings exist, as do musical pieces without final note that leave a teasing yearning in the listener. However, when such ‘endings’ are chosen they are forming a greater whole with other elements of the artwork or the context—and thus do eventually represent a successful resolution and mastering in the artist and spectator. In this vein, a view expressed in the art therapy domain is that *active* arts therapy empowers individuals by engaging them in active interaction and discussion, thus creating new avenues of thought, assigning idiosyncratic and non-threatening new meanings to situations which were formerly problematic to the individual [136].

Furthermore, the arts do not search for a perceptual ‘Bliss point’ (see also §5; the electronic supplementary material). They do not just repeat over and over again a sensory stimulus that excites the senses and induces craving for more of a ‘pleasurable itch’ (e.g. sugar, sexualized body displays, certain musical lyrics, tones; i.e. a perceptual ‘bliss point’). A ballerina lifting her leg up into a perfect line of 180° in a teasingly slow manner will certainly induce a feeling of craving in the spectator for the ballerina to reach the climax expression of the pose [113]; see electronic supplementary material, figure S2. However, she *will* get the leg there eventually, as part of a choreography with a meaning to the spectator. The virtuosity of the movement—and the meaning the artist and/or spectator makes of it—form a greater whole. This ‘whole’ goes beyond low-level perceptual features such as the angle of the lines that the body draws in space (90° versus 180°; [113,137]).

8. Discussion: choice hygiene

Extensive lists of symptoms that can help to detect behavioural addictions are available in [138,139]. For example, the continued execution of the excessive behaviour despite negative consequences (health-related, occupational and social) is a particularly debilitating sign of addiction and is probably the most striking and easily detectable to friends and family members.

One might argue that it should be up to the individual’s free choice whether, or not, to let their choice behaviour be biased, and whether they care if their pleasure boosting A-system is hyper-activated at the expense of a hypo-activation of the insula. However, when it comes to decisions affecting larger groups of people, or a nation, (such as during elections and votes) one may want to ensure that the people making the choices are autonomous agents and not individuals blinded by short-term reward prospects.

The current societal situation maps onto Al-Ghazali's quote at the beginning of the article: we engage in actions without knowing about their effects on us while neuroscience and biopsychology have in the past 20 years provided extensive evidence highlighting negative effects of certain actions on our biopsychological health. The present review article aims to suggest ways to link knowledge to action and vice versa.

'Choice hygiene' may include, for example:

- to *be aware* of activities that can create behavioural addictions (only engage with them occasionally and following a set time frame);
- to *know* that if one repeatedly exposes oneself to activities that produce hyper-activation in the A-system there is a risk of causing a behavioural addiction (plan and adhere to periods without the activity);
- to *know* the signs of a behavioural addiction in oneself and others (e.g., knowing that finding excuses, rationalizations, self-delusion, justifications and 'important' reasons to engage with an activity despite obvious evidence against it, is a symptom of compulsion/addiction; e.g. 'I just have to check something on social media regarding an "important" question');
- to *know* that behavioural addictions have a neural basis and that its neural firing pattern alters brain structure and requires time to remit once altered (once a compulsion/addiction is manifest, remedy is difficult and might require professional help);
- to *know* what are the meaningful activities for *me* (triggering the 'me factor') and which is their healthy dosage (training in any art form from early age provides the individual with an important tool later in life).

9. Conclusion: empowered by knowledge to be free?

A very important aspect of the 'freedom of choice' which we enjoy in Western societies is being ignored. In particular, that

this freedom of choice requires an increased responsibility of the individual—of *us*: that of being informed about the effects of our choices—also at the level of neurobiological health. We need to be empowered by knowledge to be free. For example, today's mainstream acceptance of pleasure-seeking behaviour might have detrimental effects for society as a whole.

Individuals' freedom used to be limited by religion, culture and tradition. Generations fought and achieved freedom of individual choice. However, we now might be on the edge of losing this freedom again, to a new prison that is made in our own brain. The arts are mostly neglected as anything more than a nice *passe-time*,—although poets, philosophers and scientists have always advocated for the importance of the arts for personal autonomous development. Recent neuroscientific and biopsychological evidence suggests an interesting potential of arts practice as a means to maintain a free mind—even in neurobiological terms.

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Endnotes

¹Deloitte mobile consumer survey: <https://www2.deloitte.com/uk/en/pages/technology-media-and-telecommunications/articles/mobile-consumer-survey.html>.

²UK has never been more addicted to smart phones: <http://www.bbc.co.uk/news/business-37468560>.

³Facebook lurking makes you miserable, says study: <http://www.bbc.co.uk/news/education-38392802>.

⁴Twenty-four hour social media 'link to teenage anxiety'. See <http://www.bbc.co.uk/news/education-34220964>.

⁵Girls becoming more unhappy, says study: <http://www.bbc.co.uk/news/education-37223063>.

⁶Positive effects of social media can be found in [73]. For example, social media have beneficial effects in the medicine setting [74,75] and may be a useful tool to manage depression [76].

⁷GHRL ghrelin and obestatin prepropeptide (*Homo sapiens* (human)). See <http://www.ncbi.nlm.nih.gov/gene?Db=gene&Cmd=DetailsSearch&Term=51738>.

References

1. Dennett DC. 1987 *The intentional stance*. Cambridge, MA: MIT Press.
2. Seligman ME, Steen TA, Park N, Peterson C. 2005 Positive psychology progress: empirical validation of interventions. *Am. Psychol.* **60**, 410–421. (doi:10.1037/0003-066x.60.5.410)
3. Delle Fave A, Massimini F, Bassi M. 2011 Hedonism and eudaimonism in positive psychology. In *Psychological selection and optimal experience across cultures: social empowerment through personal growth*, pp. 3–18. Dordrecht, The Netherlands: Springer.
4. Berridge KC, Kringelbach ML. 2011 Building a neuroscience of pleasure and well-being. *Psychol. Well Being* **1**, 1–3. (doi:10.1186/2211-1522-1-3)
5. Kringelbach ML, Berridge KC. 2009 Towards a functional neuroanatomy of pleasure and happiness. *Trends Cogn. Sci.* **13**, 479–487. (doi:10.1016/j.tics.2009.08.006)
6. Kringelbach ML, Berridge KC. 2010 The functional neuroanatomy of pleasure and happiness. *Discov. Med.* **9**, 579–587.
7. McGlone F, Wessberg J, Olausson H. 2014 Discriminative and affective touch: sensing and feeling. *Neuron* **82**, 737–755. (doi:10.1016/j.neuron.2014.05.001)
8. Berridge KC, Kringelbach ML. 2013 Neuroscience of affect: brain mechanisms of pleasure and displeasure. *Curr. Opin. Neurobiol.* **23**, 294–303. (doi:10.1016/j.conb.2013.01.017)
9. Kringelbach ML, Rolls ET. 2004 The functional neuroanatomy of the human orbitofrontal cortex: evidence from neuroimaging and neuropsychology. *Progress in Neurobiology* **72**, 341–372. (doi:10.1016/j.pneurobio.2004.03.006)
10. O'Doherty J, Kringelbach ML, Rolls ET, Hornak J, Andrews C. 2001 Abstract reward and punishment representations in the human orbitofrontal cortex. *Nature Neuroscience* **4**, 95–102.
11. Bechara A. 2005 Decision making, impulse control and loss of willpower to resist drugs: a neurocognitive perspective. *Nat. Neurosci.* **8**, 1458–1463. (doi:10.1038/nn1584)
12. Rolls ET. 2015 Limbic systems for emotion and for memory, but no single limbic system. *Cortex* **62**, 119–157. (doi:10.1016/j.cortex.2013.12.005)
13. Craig AD. 2009 How do you feel—now? The anterior insula and human awareness. *Nat. Rev. Neurosci.* **10**, 59–70. (doi:10.1038/nrn2555)
14. Critchley HD. 2005 Neural mechanisms of autonomic, affective, and cognitive integration. *J. Comp. Neurol.* **493**, 154–166. (doi:10.1002/cne.20749)
15. Critchley HD, Eccles J, Garfinkel SN. 2013 Interaction between cognition, emotion, and the autonomic nervous system. *Handb. Clin. Neurol.* **117**, 59–77. (doi:10.1016/B978-0-444-53491-0.00006-7)
16. Carver CS, Harmon-Jones E. 2009 Anger is an approach-related affect: evidence and implications.

- Psychol. Bull.* **135**, 183–204. (doi:10.1037/a0013965)
17. Frijda NH. 1987 Emotion, cognitive structure, and action tendency. *Cogn. Emotion* **1**, 115–143. (doi:10.1080/02699938708408043)
 18. Hietanen JK, Leppanen JM, Peltola MJ, Linna-Aho K, Ruuhiala HJ. 2008 Seeing direct and averted gaze activates the approach–avoidance motivational brain systems. *Neuropsychologia* **46**, 2423–2430. (doi:10.1016/j.neuropsychologia.2008.02.029)
 19. Whalen PJ, Shin LM, McInerney SC, Fischer H, Wright CI, Rauch SL. 2001 A functional MRI study of human amygdala responses to facial expressions of fear versus anger. *Emotion* **1**, 70–83. (doi:10.1037/1528-3542.1.1.70)
 20. Craig AD. 2003 Interoception: the sense of the physiological condition of the body. *Curr. Opin. Neurobiol.* **13**, 500–505. (doi:10.1016/S0959-4388(03)00090-4)
 21. Critchley HD. 2009 Psychophysiology of neural, cognitive and affective integration: fMRI and autonomic indicators. *Int. J. Psychophysiol.* **73**, 88–94. (doi:10.1016/j.ijpsycho.2009.01.012)
 22. Seth AK. 2013 Interoceptive inference, emotion, and the embodied self. *Trends Cogn. Sci.* **17**, 565–573. (doi:10.1016/j.tics.2013.09.007)
 23. Kelley AE, Berridge KC. 2002 The neuroscience of natural rewards: relevance to addictive drugs. *J. Neurosci.* **22**, 3306–3311.
 24. Paulus MP, Stewart JL. 2014 Interoception and drug addiction. *Neuropharmacology* **76**, 342–350. (doi:10.1016/j.neuropharm.2013.07.002)
 25. Noël X, Van Der Linden M, Bechara A. 2006 The neurocognitive mechanisms of decision-making, impulse control and loss of willpower to resists drugs. *Psychiatry* **3**, 30–41.
 26. Kalivas PW, Volkow ND. 2005 The neural basis of addiction: a pathology of motivation and choice. *Am. J. Psychiatry* **162**, 1403–1413. (doi:10.1176/appi.ajp.162.8.1403)
 27. Olsen CM. 2011 Natural rewards, neuroplasticity, and non-drug addictions. *Neuropharmacology* **61**, 1109–1122. (doi:10.1016/j.neuropharm.2011.03.010)
 28. Alavi SS, Ferdosi M, Jannatifard F, Eslami M, Alaghemandan H, Setare M. 2012 Behavioral addiction versus substance addiction: correspondence of psychiatric and psychological views. *Int. J. Prevent. Med.* **3**, 290–294.
 29. Naqvi NH, Rudrauf D, Damasio H, Bechara A. 2007 Damage to the insula disrupts addiction to cigarette smoking. *Science* **315**, 531–534. (doi:10.1126/science.1135926)
 30. Goldstein RZ, Volkow ND. 2011 Dysfunction of the prefrontal cortex in addiction: neuroimaging findings and clinical implications. *Nat. Rev. Neurosci.* **12**, 652–669. (doi:10.1038/nrn3119)
 31. Grant JE, Potenza MN, Weinstein A, Gorelick DA. 2010 Introduction to behavioral addictions. *Am. J. Drug Alcohol Abuse* **36**, 233–241. (doi:10.3109/00952990.2010.491884)
 32. Wilcox CE, Dekonenko CJ, Mayer AR, Bogenschutz MP, Turner JA. 2014 Cognitive control in alcohol use disorder: deficits and clinical relevance. *Rev. Neurosci.* **25**, 1–24. (doi:10.1515/revneuro-2013-0054)
 33. Everitt BJ, Robbins TW. 2005 Neural systems of reinforcement for drug addiction: from actions to habits to compulsion. *Nat. Neurosci.* **8**, 1481–1489. (doi:10.1038/nn1579)
 34. Delgado MR, Miller MM, Inati S, Phelps EA. 2005 An fMRI study of reward-related probability learning. *Neuroimage* **24**, 862–873. (doi:10.1016/j.neuroimage.2004.10.002)
 35. Dennett D. 1985 *Elbow room: the varieties of free will worth wanting*. Oxford, UK: Oxford University Press.
 36. Johnson PM, Kenny PJ. 2010 Dopamine D2 receptors in addiction-like reward dysfunction and compulsive eating in obese rats. *Nat. Neurosci.* **13**, 635–641. (doi:10.1038/nn.2519)
 37. Andreassen CS, Pallesen S. 2014 Social network site addiction—an overview. *Curr. Pharm. Des.* **20**, 4053–4061. (doi:10.2174/13816128113199990616)
 38. Kuss DJ, Griffiths MD. 2011 Online social networking and addiction—a review of the psychological literature. *Int. J. Environ. Res. Public Health* **8**, 3528–3552. (doi:10.3390/ijerph8093528)
 39. Ryan T, Chester A, Reece J, Xenos S. 2014 The uses and abuses of Facebook: a review of Facebook addiction. *J. Behav. Addict.* **3**, 133–148. (doi:10.1556/jba.3.2014.016)
 40. Grusser SM, Thalemann R, Griffiths MD. 2007 Excessive computer game playing: evidence for addiction and aggression? *Cyberpsychol. Behav.* **10**, 290–292. (doi:10.1089/cpb.2006.9956)
 41. Berczik K, Szabo A, Griffiths MD, Kurimay T, Kun B, Urban R, Demetrovics Z. 2012 Exercise addiction: symptoms, diagnosis, epidemiology, and etiology. *Subst. Use Misuse* **47**, 403–417. (doi:10.3109/10826084.2011.639120)
 42. Boecker H, Sprenger T, Spilker ME, Henriksen G, Koppenhoefer M, Wagner KJ, Valet M, Berthele A, Tolle TR. 2008 The runner's high: opioidergic mechanisms in the human brain. *Cereb. Cortex* **18**, 2523–2531. (doi:10.1093/cercor/bhn013)
 43. Freimuth M, Moniz S, Kim SR. 2011 Clarifying exercise addiction: differential diagnosis, co-occurring disorders, and phases of addiction. *Int. J. Environ. Res. Public Health* **8**, 4069–4081. (doi:10.3390/ijerph8104069)
 44. Weinstein A, Weinstein Y. 2014 Exercise addiction—diagnosis, bio-psychological mechanisms and treatment issues. *Curr. Pharm. Des.* **20**, 4062–4069. (doi:10.2174/13816128113199990614)
 45. Love T, Laier C, Brand M, Hatch L, Hajela R. 2015 Neuroscience of internet pornography addiction: a review and update. *Behav. Sci. (Basel)* **5**, 388–433. (doi:10.3390/bs5030388)
 46. Mick TM, Hollander E. 2006 Impulsive—compulsive sexual behavior. *CNS Spectr.* **11**, 944–955. (doi:10.1017/S1092852900015133)
 47. Schiebener J, Laier C, Brand M. 2015 Getting stuck with pornography? Overuse or neglect of cybersex cues in a multitasking situation is related to symptoms of cybersex addiction. *J. Behav. Addict.* **4**, 14–21. (doi:10.1556/jba.4.2015.1.5)
 48. Avena NM, Gold MS. 2011 Food and addiction—sugars, fats and hedonic overeating. *Addiction* **106**, 1214–1215. (doi:10.1111/j.1360-0443.2011.03373.x)
 49. Avena NM, Rada P, Hoebel BG. 2008 Evidence for sugar addiction: behavioral and neurochemical effects of intermittent, excessive sugar intake. *Neurosci. Biobehav. Rev.* **32**, 20–39. (doi:10.1016/j.neubiorev.2007.04.019)
 50. Gearhardt AN, Grilo CM, DiLeone RJ, Brownell KD, Potenza MN. 2011 Can food be addictive? Public health and policy implications. *Addiction (Abingdon, England)*, **106**, 1208–1212. (doi:10.1111/j.1360-0443.2010.03301.x)
 51. Ko C-H, Liu G-C, Hsiao S, Yen J-Y, Yang M-J, Lin W-C, Yen C-F, Chen C-S. 2009 Brain activities associated with gaming urge of online gaming addiction. *J. Psychiatr. Res.* **43**, 739–747. (doi:10.1016/j.jpsychires.2008.09.012)
 52. Sun Y, Ying H, Seetohul RM, Xuemei W, Ya Z, Qian L, Guoqing X, Ye S. 2012 Brain fMRI study of crave induced by cue pictures in online game addicts (male adolescents). *Behav. Brain Res.* **233**, 563–576. (doi:10.1016/j.bbr.2012.05.005)
 53. Kuss DJ, Griffiths MD, Karila L, Billieux J. 2014 Internet addiction: a systematic review of epidemiological research for the last decade. *Curr. Pharm. Des.* **20**, 4026–4052. (doi:10.2174/13816128113199990617)
 54. Ferster CB, Skinner BF. 1957 *Schedules of reinforcement*. New York, NY: Appleton-Century-Crofts.
 55. Skinner BF. 1956 A case history in scientific method. *Am. Psychol.* **11**, 221–233. (doi:10.1037/h0047662)
 56. Masters K. 2015 Social networking addiction among health sciences students in Oman. *Sultan Qaboos Univers. Med. J.* **15**, e357–e363. (doi:10.18295/squmj.2015.15.03.009)
 57. Montag C, Błaskiewicz K, Sariyska R, Lachmann B, Andone I, Trendafilov B, Eibes M, Markowitz A. 2015 Smartphone usage in the 21st century: who is active on WhatsApp? *BMC Res. Notes* **8**, 331. (doi:10.1186/s13104-015-1280-z)
 58. Mc Mahon C. 2015 Why do we 'like' social media? *Psychologist* **28**, 724–729.
 59. Evraire LE, Dozois DJ. 2011 An integrative model of excessive reassurance seeking and negative feedback seeking in the development and maintenance of depression. *Clin. Psychol. Rev.* **31**, 1291–1303. (doi:10.1016/j.cpr.2011.07.014)
 60. Marshall TC, Lefringhausen K, Ferenczi N. 2015 The Big Five, self-esteem, and narcissism as predictors of the topics people write about in Facebook status updates. *Personal. Individ. Differ.* **85**, 35–40. (doi:10.1016/j.paid.2015.04.039)
 61. Nadkarni A, Hofmann SG. 2012 Why do people use Facebook? *Personal. Individ. Differ.* **52**, 243–249. (doi:10.1016/j.paid.2011.11.007)
 62. Starr LR, Davila J. 2008 Excessive reassurance seeking, depression, and interpersonal

- rejection: a meta-analytic review. *J. Abnorm. Psychol.* **117**, 762–775. (doi:10.1037/a0013866)
63. Elphinston RA, Noller P. 2011 Time to face it! Facebook intrusion and the implications for romantic jealousy and relationship satisfaction. *Cyberpsychol. Behav. Soc. Netw.* **14**, 631–635. (doi:10.1089/cyber.2010.0318)
64. Muise A, Christofides E, Desmarais S. 2009 More information than you ever wanted: does Facebook bring out the green-eyed monster of jealousy? *Cyberpsychol. Behav.* **12**, 441–444. (doi:10.1089/cpb.2008.0263)
65. Muscanell NL, Guadagno RE, Rice L, Murphy S. 2013 Don't it make my brown eyes green? An analysis of Facebook use and romantic jealousy. *Cyberpsychol. Behav. Soc. Netw.* **16**, 237–242. (doi:10.1089/cyber.2012.0411)
66. Orosz G, Szekeres A, Kiss ZG, Farkas P, Roland-Levy C. 2015 Elevated romantic love and jealousy if relationship status is declared on Facebook. *Front. Psychol.* **6**, 214. (doi:10.3389/fpsyg.2015.00214)
67. Lup K, Trub L, Rosenthal L. 2015 Instagram #instasad?: exploring associations among Instagram use, depressive symptoms, negative social comparison, and strangers followed. *Cyberpsychol. Behav. Soc. Netw.* **18**, 247–252. (doi:10.1089/cyber.2014.0560)
68. Nesi J, Prinstein MJ. 2015 Using social media for social comparison and feedback-seeking: gender and popularity moderate associations with depressive symptoms. *J. Abnorm. Child Psychol.* **43**, 1427–1438. (doi:10.1007/s10802-015-0020-0)
69. Baker DA, Algorta GP. 2016 The relationship between online social networking and depression: a systematic review of quantitative studies. *Cyberpsychol. Behav. Soc. Netw.* **19**, 638–648. (doi:10.1089/cyber.2016.0206)
70. Rosenthal SR, Buka SL, Marshall BD, Carey KB, Clark MA. 2016 Negative experiences on Facebook and depressive symptoms among young adults. *J. Adolesc. Health* **59**, 510–516. (doi:10.1016/j.jadohealth.2016.06.023)
71. Tromholt M. 2016 The Facebook experiment: quitting facebook leads to higher levels of well-being. *Cyberpsychol. Behav. Soc. Netw.* **19**, 661–666. (doi:10.1089/cyber.2016.0259)
72. Woods HC, Scott H. 2016 #Sleepyteens: social media use in adolescence is associated with poor sleep quality, anxiety, depression and low self-esteem. *J. Adolesc.* **51**, 41–49. (doi:10.1016/j.adolescence.2016.05.008)
73. Pantic I. 2014 Online social networking and mental health. *Cyberpsychol. Behav. Soc. Netw.* **17**, 652–657. (doi:10.1089/cyber.2014.0070)
74. George DR, Rovniak LS, Kraschewski JL. 2013 Dangers and opportunities for social media in medicine. *Clin. Obstet. Gynecol.* **56**, 453–462. (doi:10.1097/GRF.0b013e318297dc38)
75. Grajales FJIII, Sheps S, Ho K, Novak-Lauscher H, Eysenbach G. 2014 Social media: a review and tutorial of applications in medicine and health care. *J. Med. Internet Res.* **16**, e13. (doi:10.2196/jmir.2912)
76. Takahashi Y, Uchida C, Miyaki K, Sakai M, Shimbo T, Nakayama T. 2009 Potential benefits and harms of a peer support social network service on the internet for people with depressive tendencies: qualitative content analysis and social network analysis. *J. Med. Internet Res.* **11**, e29. (doi:10.2196/jmir.1142)
77. Moss M. 2013 The extraordinary science of addictive junk food. *New York Times*, 20 February 2013.
78. Halford JC, Harrold JA. 2012 Satiety-enhancing products for appetite control: science and regulation of functional foods for weight management. *Proc. Nutr. Soc.* **71**, 350–362. (doi:10.1017/s0029665112000134)
79. Van Kleef E, Van Trijp JCM, Van Den Borne J, Zondervan C. 2012 Successful development of satiety enhancing food products: towards a multidisciplinary agenda of research challenges. *Crit. Rev. Food Sci. Nutr.* **52**, 611–628. (doi:10.1080/10408398.2010.504901)
80. Flood-Obbagy JE, Rolls BJ. 2009 The effect of fruit in different forms on energy intake and satiety at a meal. *Appetite* **52**, 416–422. (doi:10.1016/j.appet.2008.12.001)
81. Wojcicki, Heyman 2012.
82. Horton TJ, Drougas H, Brachey A, Reed GW, Peters JC, Hill JO. 1995 Fat and carbohydrate overfeeding in humans: different effects on energy storage. *Am. J. Clin. Nutr.* **62**, 19–29.
83. McDevitt RM, Poppitt SD, Murgatroyd PR, Prentice AM. 2000 Macronutrient disposal during controlled overfeeding with glucose, fructose, sucrose, or fat in lean and obese women. *Am. J. Clin. Nutr.* **72**, 369–377.
84. Berthoud HR. 2007 Interactions between the 'cognitive' and 'metabolic' brain in the control of food intake. *Physiol. Behav.* **91**, 486–498. (doi:10.1016/j.physbeh.2006.12.016)
85. Astrup A, Toubro S, Raben A, Skov AR. 1997 The role of low-fat diets and fat substitutes in body weight management: what have we learned from clinical studies? *J. Am. Diet. Assoc.* **97**(7 Suppl.), S82–87. (doi:10.1016/S0002-8223(97)00737-2)
86. Alkozei A, Killgore WD. 2015 Emotional intelligence is associated with reduced insula responses to masked angry faces. *NeuroReport* **26**, 567–571. (doi:10.1097/wnr.0000000000000389)
87. Seth AK, Critchley HD. 2013 Extending predictive processing to the body: emotion as interoceptive inference. *Behav. Brain Sci.* **36**, 227–228. (doi:10.1017/s0140525x12002270)
88. Craig AD. 2002 How do you feel? Interoception: the sense of the physiological condition of the body. *Nat. Rev. Neurosci.* **3**, 655–666. (doi:10.1038/nrn894)
89. Critchley HD, Wiens S, Rotshtein P, Ohman A, Dolan RJ. 2004 Neural systems supporting interoceptive awareness. *Nat. Neurosci.* **7**, 189–195. (doi:dx.doi.org/10.1038/Nn1176)
90. Bechara A. 2004 The role of emotion in decision-making: evidence from neurological patients with orbitofrontal damage. *Brain Cogn.* **55**, 30–40. (doi:10.1016/j.bandc.2003.04.001)
91. Bechara A, Damasio H, Damasio AR. 2000 Emotion, decision making and the orbitofrontal cortex. *Cereb. Cortex* **10**, 295–307. (doi:10.1093/cercor/10.3.295)
92. Verdejo-García A, Clark L, Dunn BD. 2012 The role of interoception in addiction: a critical review. *Neurosci. Biobehav. Rev.* **36**, 1857–1869. (doi:10.1016/j.neubiorev.2012.05.007)
93. Fassino S, Piero A, Gramaglia C, Abbate-Daga G. 2004 Clinical, psychopathological and personality correlates of interoceptive awareness in anorexia nervosa, bulimia nervosa and obesity. *Psychopathology* **37**, 168–174. (doi:10.1159/000079420)
94. Herbert BM, Pollatos O. 2014 Attenuated interoceptive sensitivity in overweight and obese individuals. *Eat Behav.* **15**, 445–448. (doi:10.1016/j.eatbeh.2014.06.002)
95. Pollatos O, Kurz AL, Albrecht J, Schreder T, Kleemann AM, Schopf V, Kopietz R, Wiesmann M, Schandry R. 2008 Reduced perception of bodily signals in anorexia nervosa. *Eat Behav.* **9**, 381–388. (doi:10.1016/j.eatbeh.2008.02.001)
96. Daubenmier J, Sze J, Kerr CE, Kemeny ME, Mehling W. 2013 Follow your breath: respiratory interoceptive accuracy in experienced meditators. *Psychophysiology* **50**, 777–789. (doi:10.1111/psyp.12057)
97. Azevedo RT, Ainley V, Tsakiris M. 2016 Cardio-visual integration modulates the subjective perception of affectively neutral stimuli. *Int. J. Psychophysiol.* **99**, 10–17. (doi:10.1016/j.ijpsycho.2015.11.011)
98. Garfinkel SN, Seth AK, Barrett AB, Suzum J, Critchley H. 2015 Knowing your own heart: distinguishing interoceptive accuracy from interoceptive awareness. *Biol. Psychol.* **104**, 65–74. (doi:10.1016/j.biopsycho.2014.11.004)
99. Farb NA, Segal ZV, Anderson AK. 2013 Mindfulness meditation training alters cortical representations of interoceptive attention. *Soc. Cogn. Affect. Neurosci.* **8**, 15–26. (doi: 10.1093/scan/nss066)
100. Khalsa SS, Rudrauf D, Damasio AR, Davidson RJ, Lutz A, Tranel D. 2008 Interoceptive awareness in experienced meditators. *Psychophysiology* **45**, 671–677. (doi:10.1111/j.1469-8986.2008.00666.x)
101. Christensen JF, Calvo-Merino B, Gaigg SB. 2016 I can feel my heartbeat: dancers have increased interoceptive accuracy. In *Paper presented at the Aegina Summerschool on Interoception, Aegina, Greece*. (Poster presentation)
102. Schirmer-Mokwa KL, Fard PR, Zamorano AM, Finkel S, Birbaumer N, Kleber BA. 2015 Evidence for enhanced interoceptive accuracy in professional musicians. *Front. Behav. Neurosci.* **9**, 349. (doi:10.3389/fnbeh.2015.00349)
103. Paulus MP, Stein MB. 2006 An insular view of anxiety. *Biol. Psychiatry* **60**, 383–387. (doi:10.1016/j.biopsycho.2006.03.042)
104. Kuhn S, Gallinat J. 2012 The neural correlates of subjective pleasantness. *NeuroImage* **61**, 289–294. (doi:10.1016/j.neuroimage.2012.02.065)
105. Menon V, Levitin DJ. 2005 The rewards of music listening: response and physiological connectivity of

- the mesolimbic system. *NeuroImage* **28**, 175–184. (doi:10.1016/j.neuroimage.2005.05.053)
106. Montag C, Reuter M, Axmacher N. 2011 How one's favorite song activates the reward circuitry of the brain: personality matters! *Behav. Brain Res.* **225**, 511–514. (doi:10.1016/j.bbr.2011.08.012)
107. Salimpoor VN, van den Bosch I, Kovacevic N, McIntosh AR, Dagher A, Zatorre RJ. 2013 Interactions between the nucleus accumbens and auditory cortices predict music reward value. *Science* **340**, 216–219. (doi:10.1126/science.1231059)
108. Aronoff J. 2006 How we recognize angry and happy emotion in people, places and things. *Cross-Cult. Res.* **40**, 83–105. (doi:10.1177/1069397105282597)
109. Aronoff J, Woike BA, Hyman LM. 1992 Which are the stimuli in facial displays of anger and happiness—configurational bases of emotion recognition. *J. Pers. Soc. Psychol.* **62**, 1050–1066. (doi:10.1037/0022-3514.62.6.1050)
110. Bar M, Neta M. 2006 Humans prefer curved visual objects. *Psychol. Sci.* **17**, 645–648. (doi:10.1111/j.1467-9280.2006.01759.x)
111. Bar M, Neta M. 2007 Visual elements of subjective preference modulate amygdala activation. *Neuropsychologia* **45**, 2191–2200. (doi:10.1016/j.neuropsychologia.2007.03.008)
112. Christensen JF, Calvo-Merino B. 2013 Dance as a subject for empirical aesthetics. *Psychol. Aesthetics Creat. Arts* **7**, 76–88. (doi:10.1037/a0031827)
113. Christensen JF, Pollick FE, Lambrechts A, Gomila A. 2016 Affective responses to dance. *Acta Psychol. (Amst.)* **168**, 91–105. (doi:10.1016/j.actpsy.2016.03.008)
114. Gómez-Puerto G, Munar E, Nadal M. 2015 Preference for curvature: a historical and conceptual framework. *Front. Hum. Neurosci.* **9**, 712. (doi:10.3389/fnhum.2015.00712)
115. Chatterjee A. 2003 Prospects for a cognitive neuroscience of visual aesthetics. *Bull. Psychol. Arts* **4**, 55–60.
116. Chatterjee A. 2011 Neuroaesthetics: a coming of age story. *J. Cogn. Neurosci.* **23**, 53–62. (doi:10.1162/jocn.2010.21457)
117. Zeki S. 2001 Artistic creativity and the brain. *Science* **293**, 51–52. (doi:10.1126/science.1062331)
118. Blood AJ, Zatorre RJ. 2001 Intensely pleasurable responses to music correlate with activity in brain regions implicated in reward and emotion. *Proc. Natl Acad. Sci. USA* **98**, 11 818–11 823. (doi:10.1073/pnas.191355898)
119. Kawabata H, Zeki S. 2004 Neural correlates of beauty. *J. Neurophysiol.* **91**, 1699–1705. (doi:10.1152/jn.00696.2003)
120. Salimpoor VN, Benovoy M, Longo G, Cooperstock JR, Zatorre RJ. 2009 The rewarding aspects of music listening are related to degree of emotional arousal. *PLoS ONE* **4**, e7487. (doi:10.1371/journal.pone.0007487)
121. Juslin PN, Vastfjäll D. 2008 Emotional responses to music: the need to consider the underlying mechanisms. *Behav. Brain Sci.* **31**, 559–575. (doi:10.1017/S0140525X08005293)
122. Kuhn D. 2002 The effects of active and passive participation in musical activity on the immune system as measured by salivary immunoglobulin A (SIgA). *J. Music Ther.* **39**, 30–39. (doi:10.1093/jmt/39.1.30)
123. Belke B, Leder H, Augustin D. 2006 Mastering style. Effects of explicit style-related information, art knowledge and affective state on appreciation of abstract paintings. *Psychol. Sci.* **48**, 115–135.
124. Cupchik GC. 1995 Emotion in aesthetics: reactive and reflective models. *Poetics* **23**, 177–188. (doi:10.1016/0304-422X(94)00014-W)
125. Cupchik GC, Vartanian O, Crawley A, Mikulis DJ. 2009 Viewing artworks: contributions of cognitive control and perceptual facilitation to aesthetic experience. *Brain Cogn.* **70**, 84–91. (doi:10.1016/j.bandc.2009.01.003)
126. Leder H, Belke B, Oeberst A, Augustin MD. 2004 A model of aesthetic appreciation and aesthetic judgments. *Br. J. Psychol.* **95**, 489–508. (doi:10.1348/0007126042369811)
127. Aziz-Zadeh L, Kaplan JT, Iacoboni M. 2009 'Aha!': the neural correlates of verbal insight solutions. *Hum. Brain Mapp.* **30**, 908–916. (doi:10.1002/hbm.20554)
128. Qiu J, Li H, Jou J, Liu J, Luo Y, Feng T, Wu Z, Zhang Q. 2010 Neural correlates of the 'Aha' experiences: evidence from an fMRI study of insight problem solving. *Cortex* **46**, 397–403. (doi:10.1016/j.cortex.2009.06.006)
129. Csikszentmihalyi M. 2008 *Flow: The Psychology of Optimal Experience*. New York: Harper Perennial Modern Classics.
130. Maslow AH. 1943 A Theory of Human Motivation. *Psychological Review* **50**, 370–396. (<http://dx.doi.org/10.1037/h0054346>)
131. Jackson SA, Marsh HW. 1996 Development and validation of a scale to measure optimal experience: the flow state scale. *J. Sport Exerc. Psychol.* **18**, 17–35. (doi:10.1123/jsep.18.1.17)
132. Keeler JR, Roth EA, Neuser BL, Spitsbergen JM, Waters DJ, Vianney JM. 2015 The neurochemistry and social flow of singing: bonding and oxytocin. *Front. Hum. Neurosci.* **9**, 518. (doi:10.3389/fnhum.2015.00518)
133. MacDonald R, Byrne C, Carlton L. 2006 Creativity and flow in musical composition: an empirical investigation. *Psychol. Music* **34**, 292–306. (doi:10.1177/0305735606064838)
134. Baker FA, MacDonald RAR. 2013 Flow, identity, achievement, satisfaction and ownership during therapeutic songwriting experiences with university students and retirees. *Mus. Sci.* **17**, 131–146. (doi:10.1177/1029864913476287)
135. Silverman MJ, Baker FA, MacDonald RAR. 2016 Flow and meaningfulness as predictors of therapeutic outcome within songwriting interventions. *Psychol. Music* **44**, 1331–1345. (doi:10.1177/0305735615627505)
136. Sachs M, Damasio A, Habibi A. 2015 The pleasures of sad music: a systematic review. *Front. Hum. Neurosci.* **9**, 1–12. (doi:10.3389/fnhum.2015.00404)
137. Daprati E, Iosa M, Haggard P. 2009 A dance to the music of time: aesthetically-relevant changes in body posture in performing art. *PLoS ONE* **4**, 1–11. (doi:10.1371/journal.pone.0005023)
138. Albrecht U, Kirschner NE, Grüsser SM. 2007 Diagnostic instruments for behavioural addiction: an overview. *GMS Psycho-Soc. Med.* **4**, Doc11.
139. Grüsser SM, Thalemann CN. 2006 *Verhaltenssucht-diagnostik, therapie, forschung*. Bern, Switzerland: Huber.