

How do we perceive timbre?

Timothy D. Griffiths

Institute of Neuroscience, Newcastle University

Wellcome Trust Centre for Neuroimaging, UCL

Department of Neurosurgery, Iowa University

Supported by
wellcometrust



National Institutes
of Health



MRC | Medical
Research
Council

Timbre Perception

1. A *sensory* framework for timbre in the brain
2. Mapping and modelling the *percept* called timbre
3. Timbre gone wrong: dystimbria

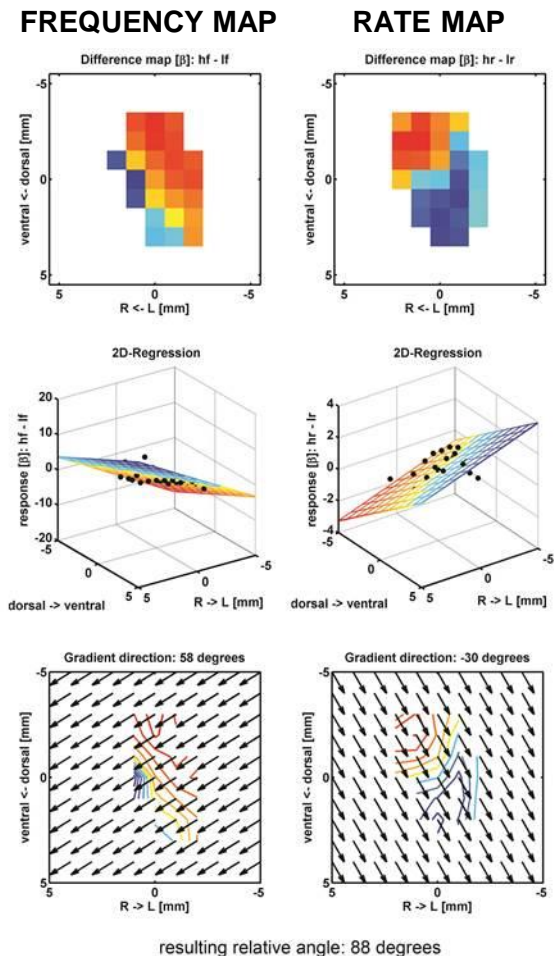
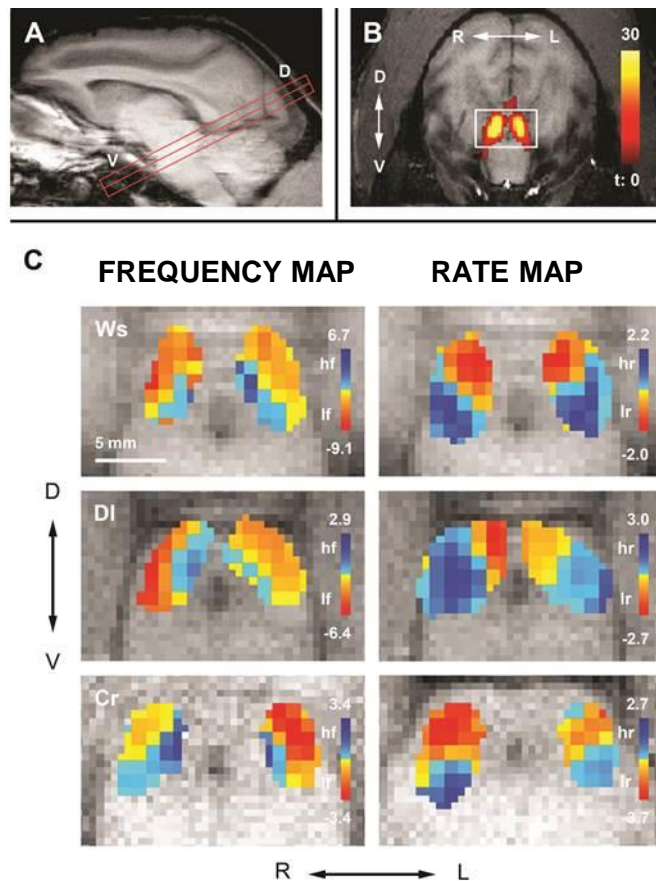
Sensation

Sensation

1. Timbre is not pitch
2. Timbre is a percept and not a stimulus property
3. All syntheses agree that timbre has dimensions that correspond to time and frequency domain
4. How are sensory frequency and time-domain properties mapped in the brain?

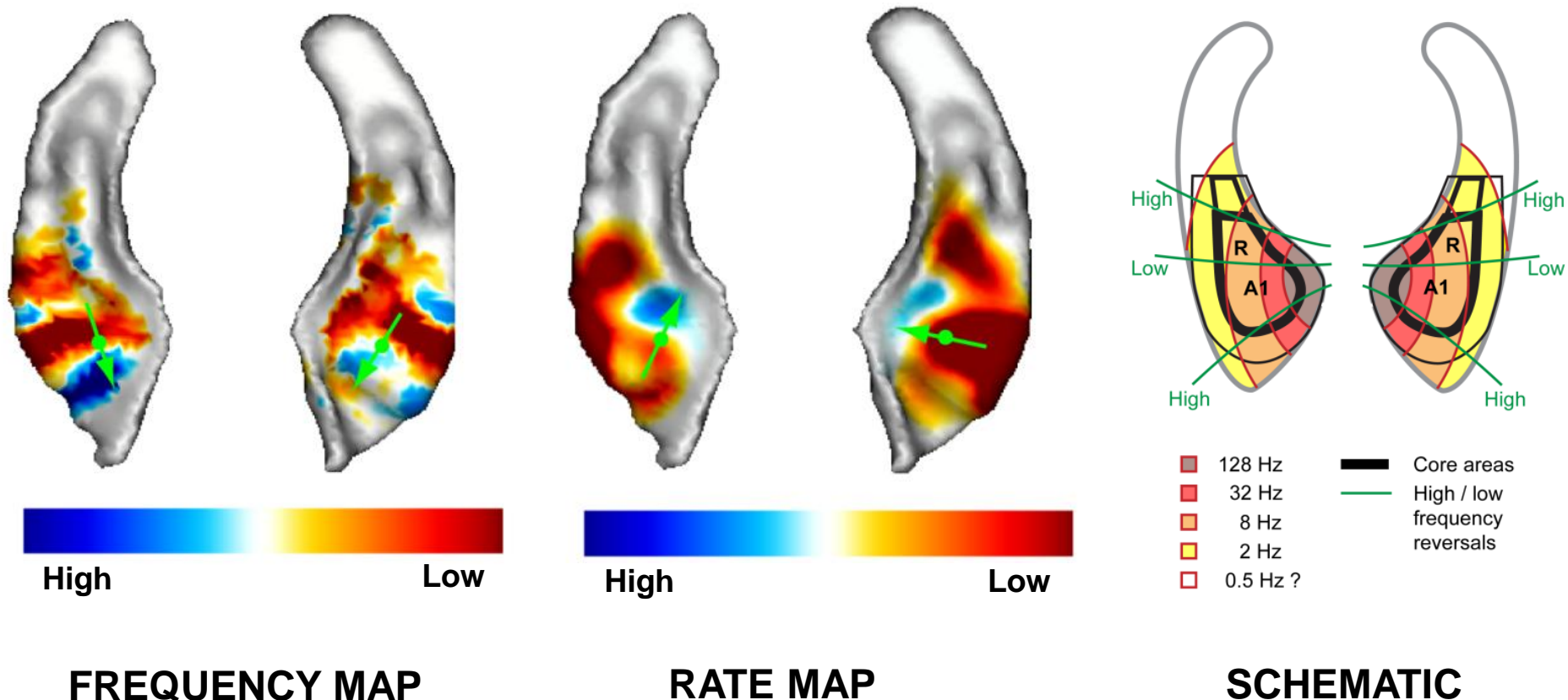
Sensory mapping

Frequency/ time domain mapping in primate brainstem



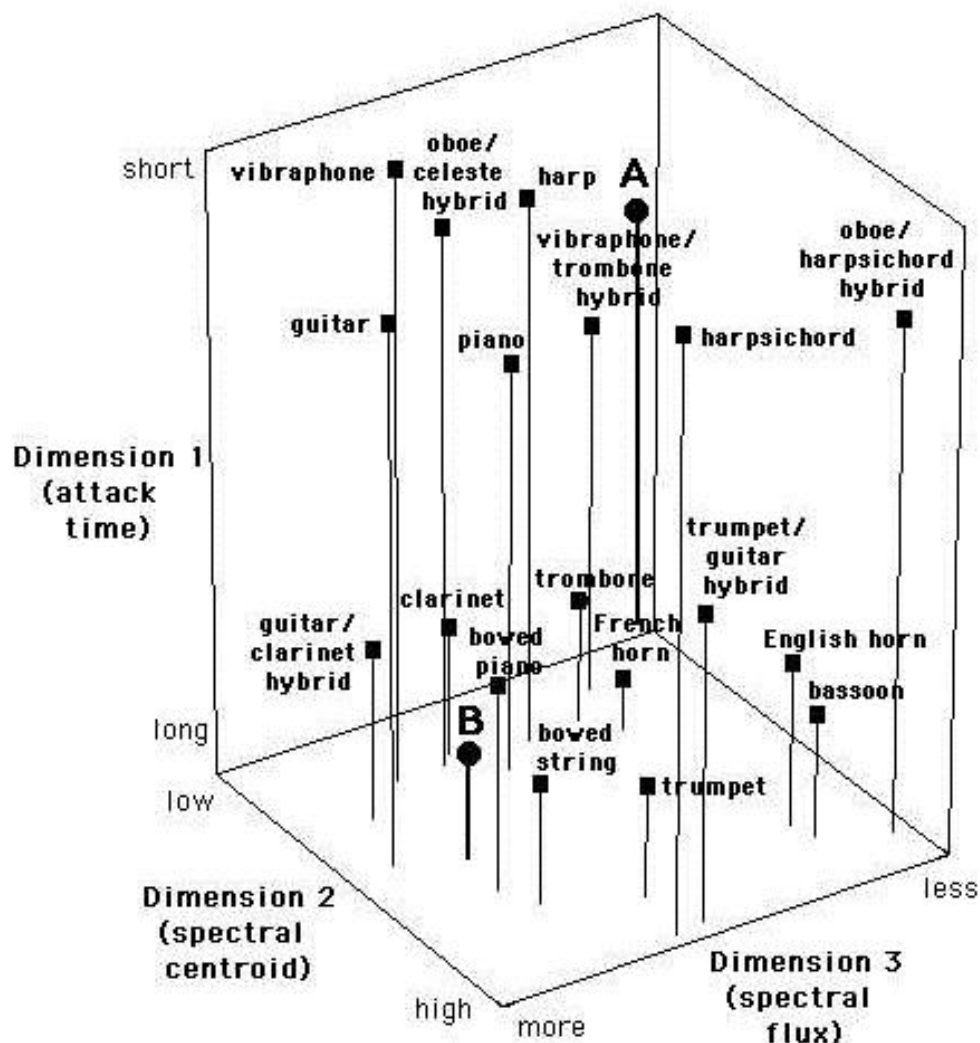
Sensory mapping

Frequency/ time domain mapping in primate cortex



Perception

Perception: timbral dimensions



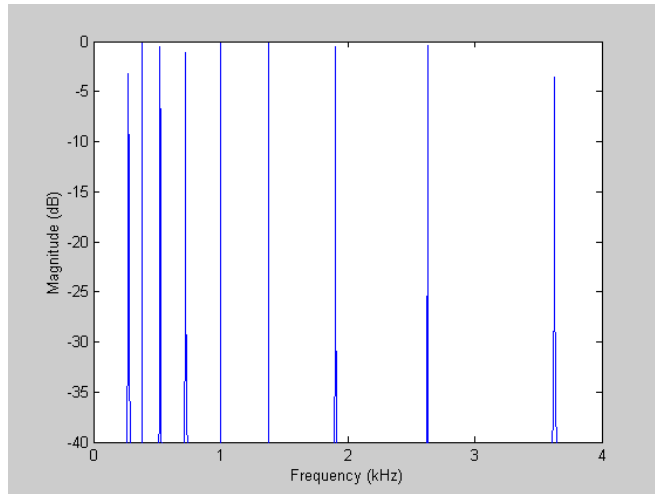
Dimension 1: spectral shape

- Profile Analysis experiments (David Green and others 1980s onwards)
- Alteration of single element in array of spectral components

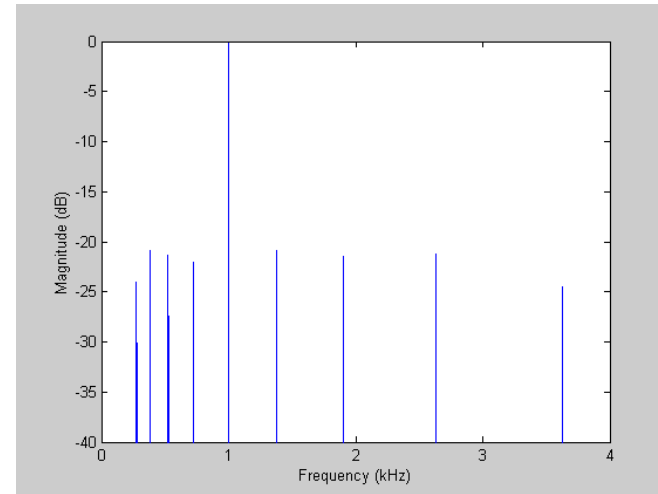
Profile Analysis

[hugely suprathreshold stimuli for illustration]

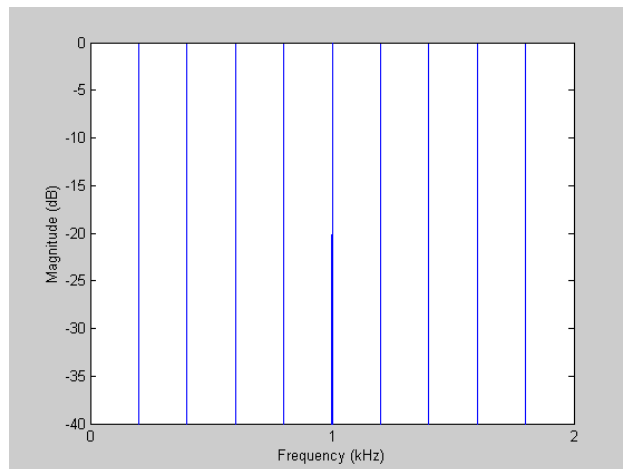
Log Spaced ref



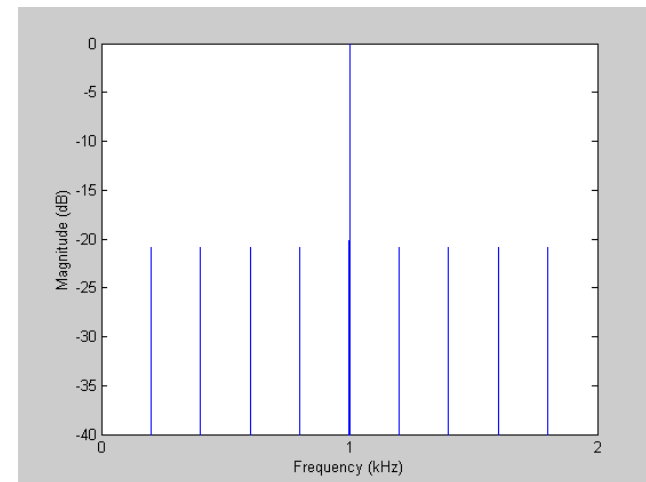
Log Spaced Target



Harmonic ref



Harmonic target



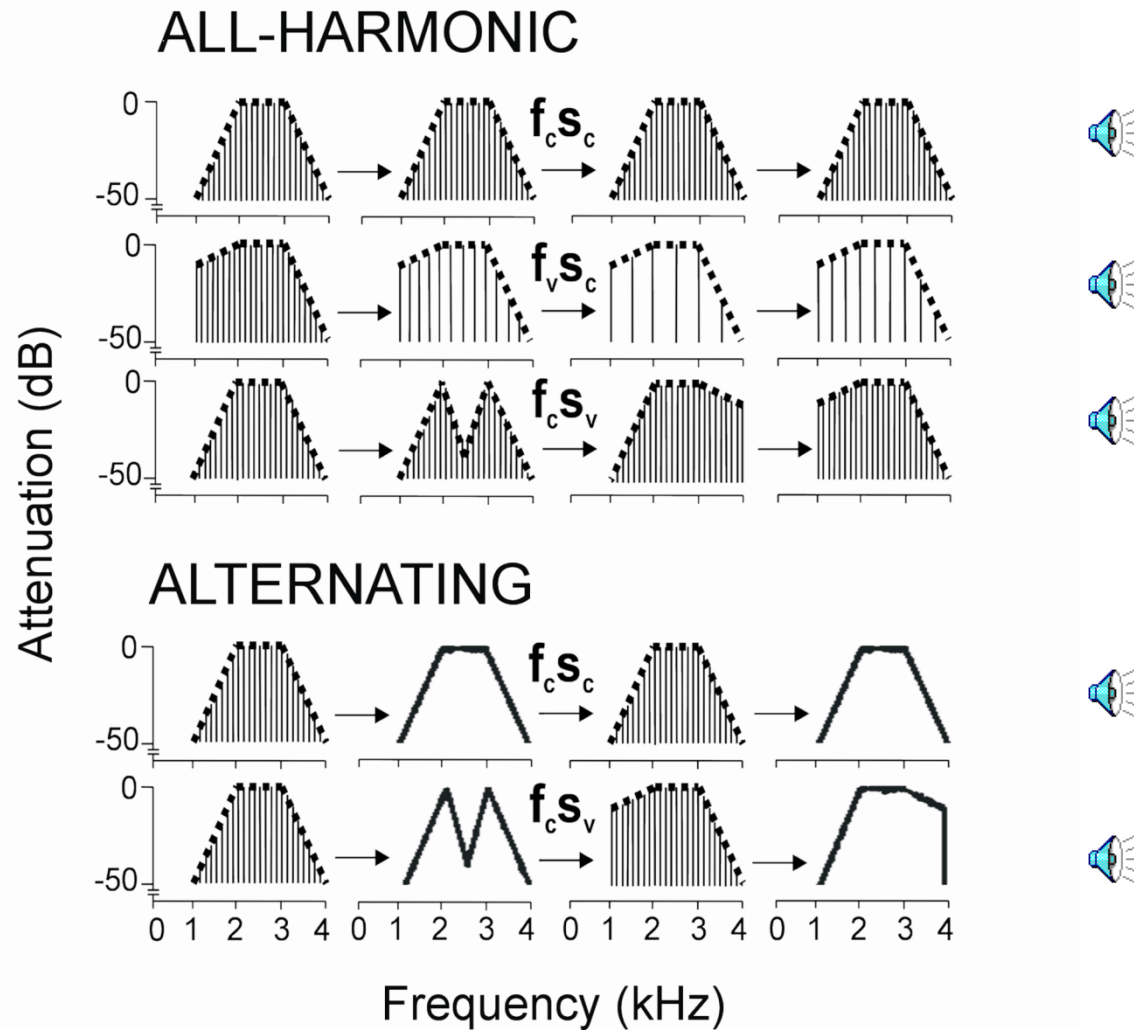
Dimension 1: spectral shape

- First profile analysis experiments used log spaced elements [equal distance on receptor surface] and roved overall level
 - ⇒ With roving level you cannot do task by just using output from one peripheral channel or 'critical band'
 - ⇒ Detectability improved by elements outside 'critical band'
 - ⇒ Requires a central mechanism for 'profile analysis'
 - ⇒ Detectability improves with number of components until there are several elements in each critical band when these interfere and it deteriorates
- Experiments with harmonic spaced elements
 - ⇒ Similar mechanisms

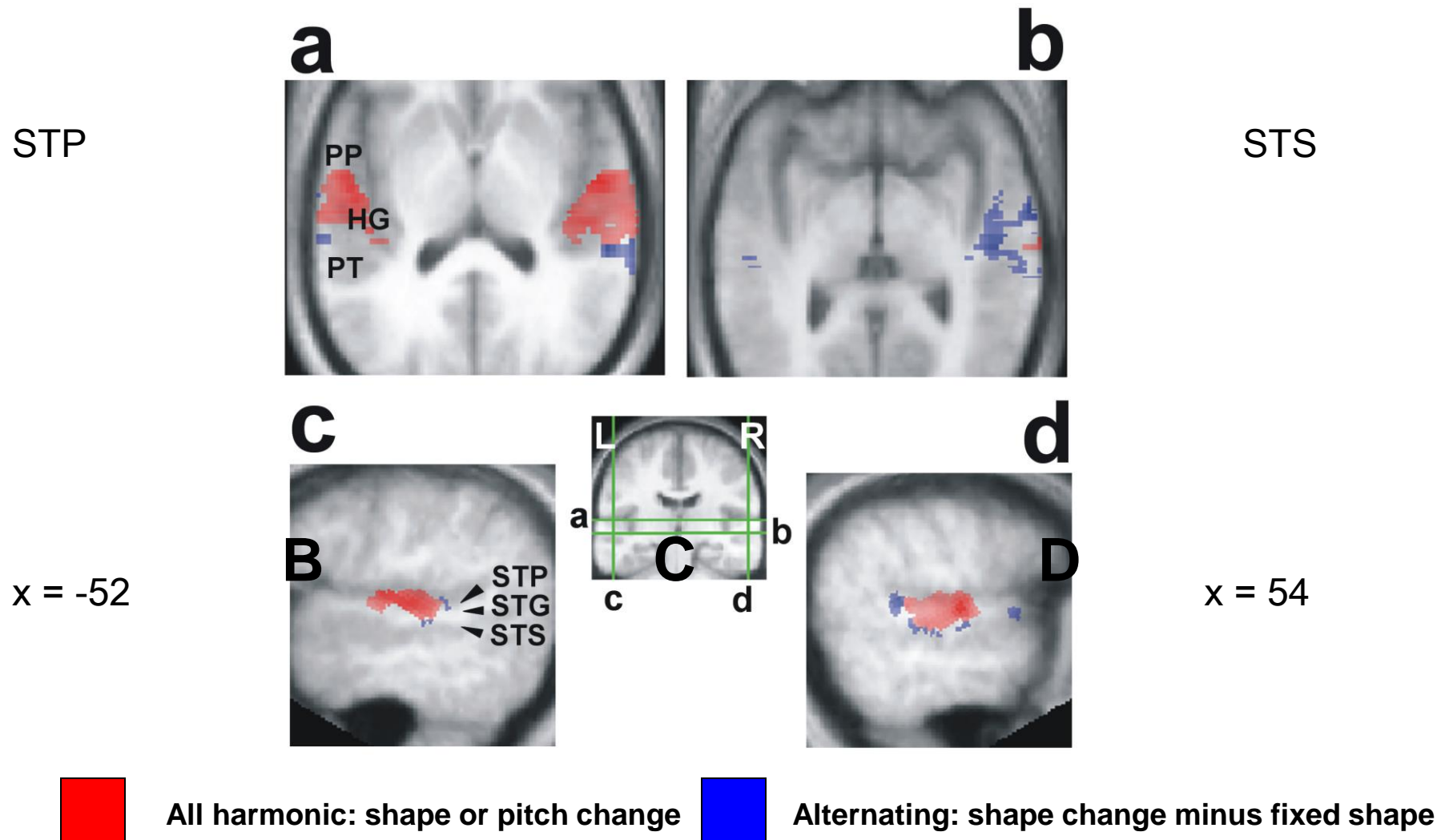
Dimension 1: spectral shape

- Limitations profile analysis
 - Unnatural stimuli with change in single element
 - Huge amount of training required to produce performance in early Green studies (1000 trials before any data collected)
Is this relevant to the object analysis that we all carry out continuously and effortlessly for novel stimuli?
 - Results only apply to harmonic stimuli

Dimension 1: imaging stimuli

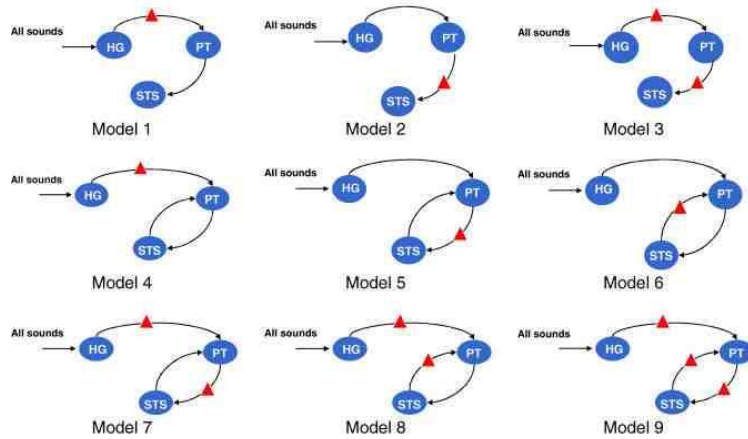


Dimension 1: imaging

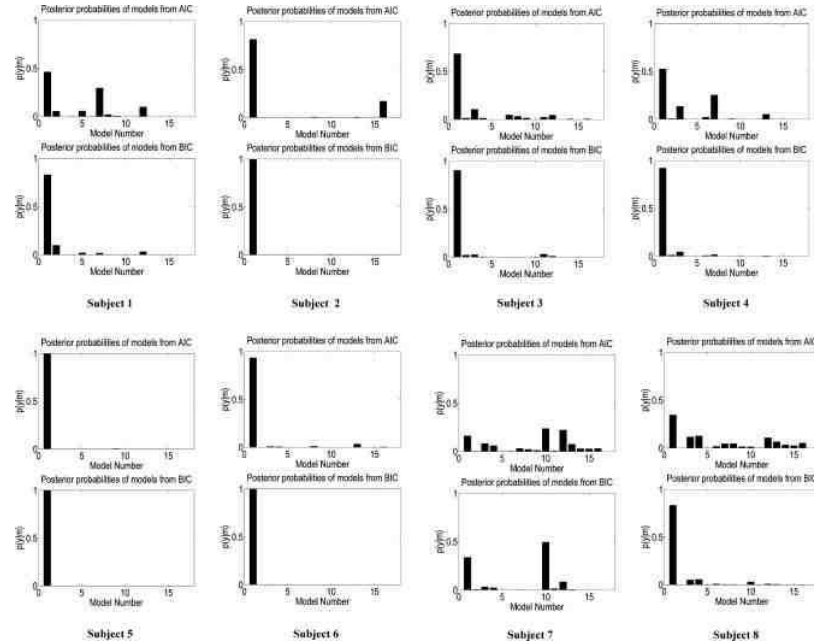
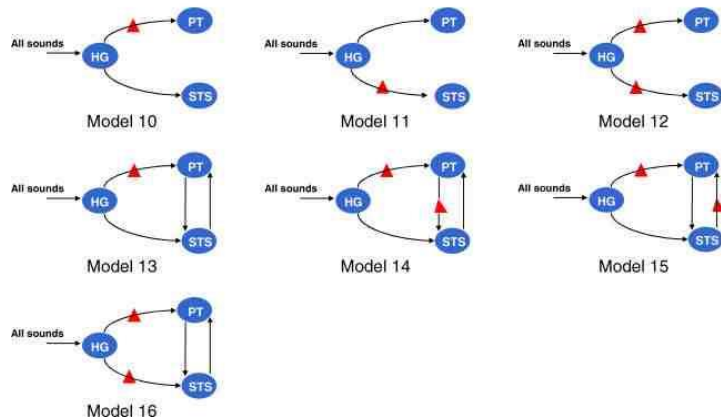


Dimension 1: modelling

Serial Models



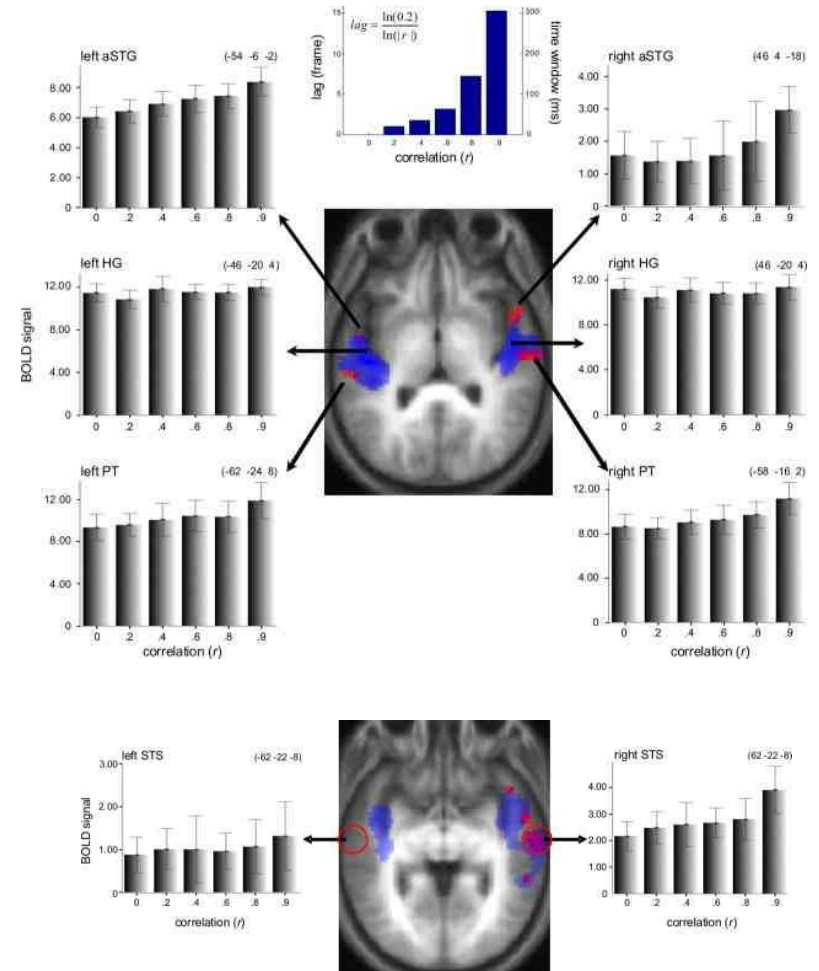
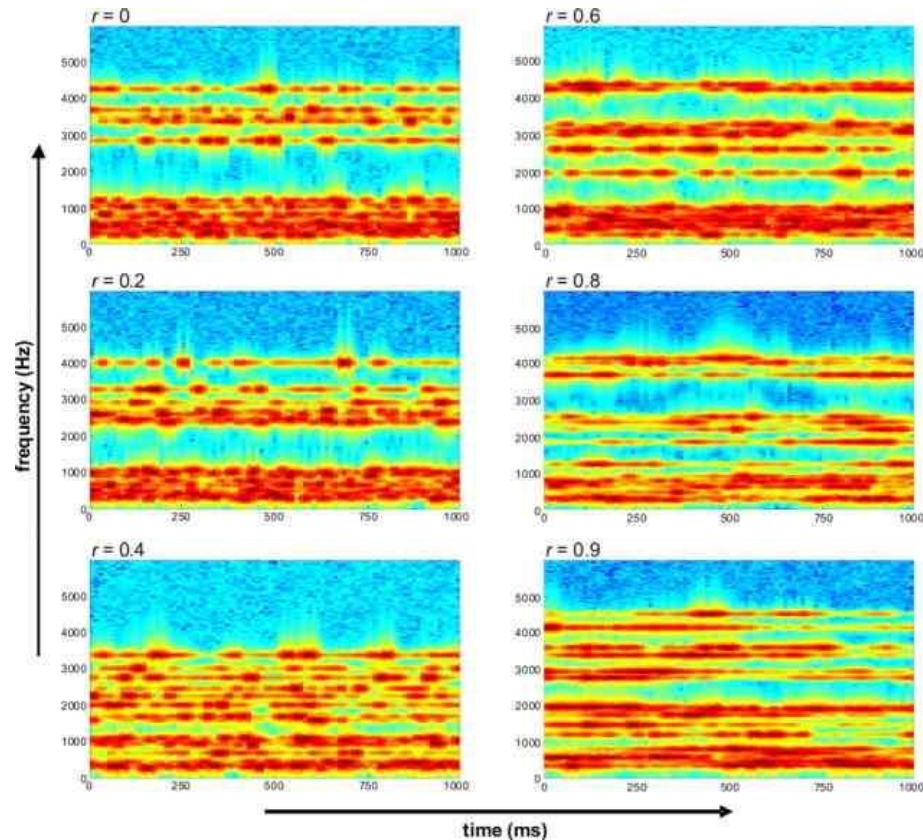
Parallel Models



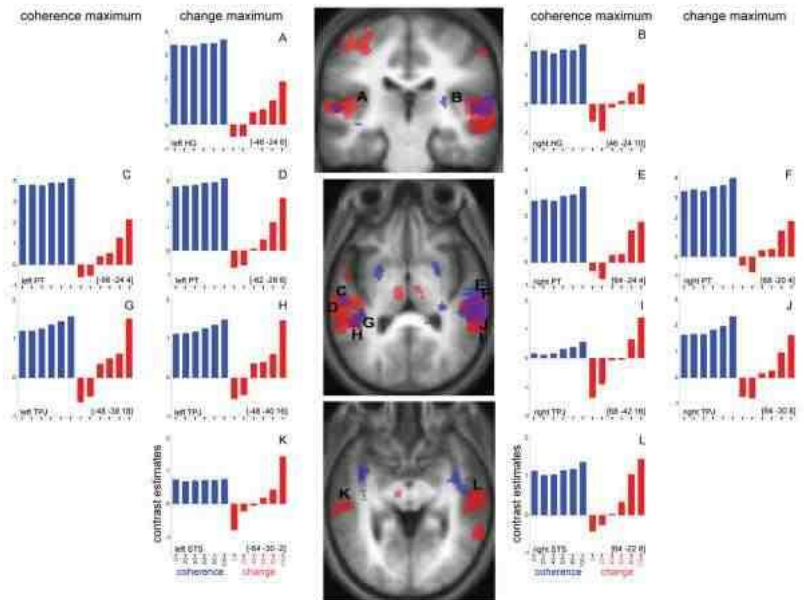
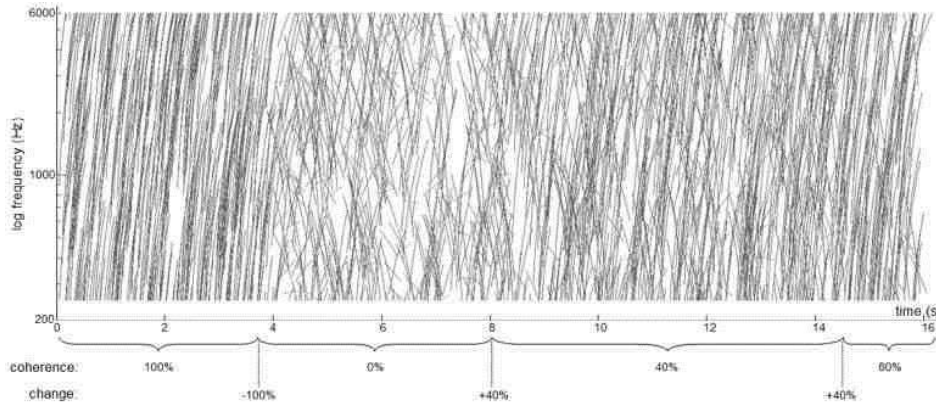
Dimension 1: spectral shape

- Psychophysics demonstrates a mechanism for spectral shape analysis that allows the abstraction of spectral shape
- Functional imaging suggests this intermediate level of processing is based on right-lateralised mechanisms between posterior STP and STS
- Modelling suggests a hierarchical mechanism

Dimension 2: spectral flux



Dimension 3: texture



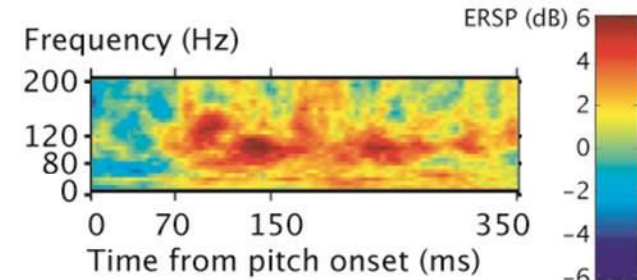
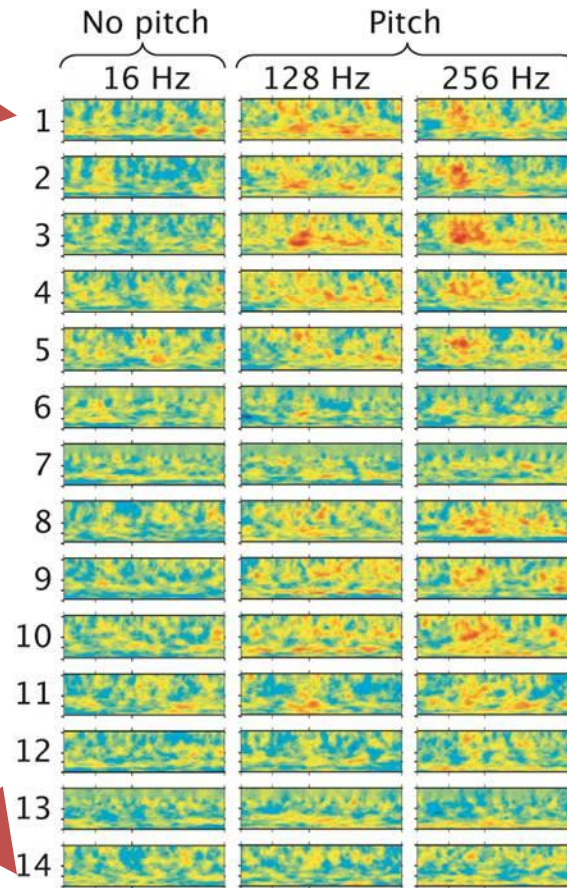
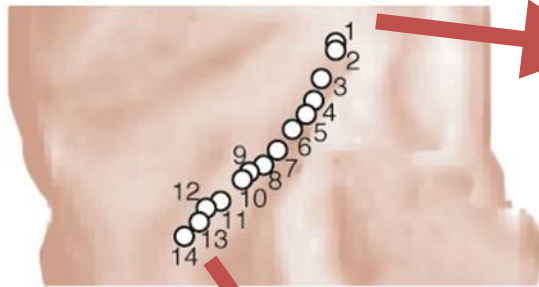
Timbre perception

- Abstraction of timbral dimensions depends on mechanisms in human belt homologues in PT and right-lateralised mechanisms in human parabelt homologues in STS
- Functional imaging suggests this intermediate level of processing is based on right-lateralised mechanisms between posterior STP and STS
- Modelling suggests a hierarchal mechanism with serial processing from human core to belt to parabelt homologues

[A note on pitch models]

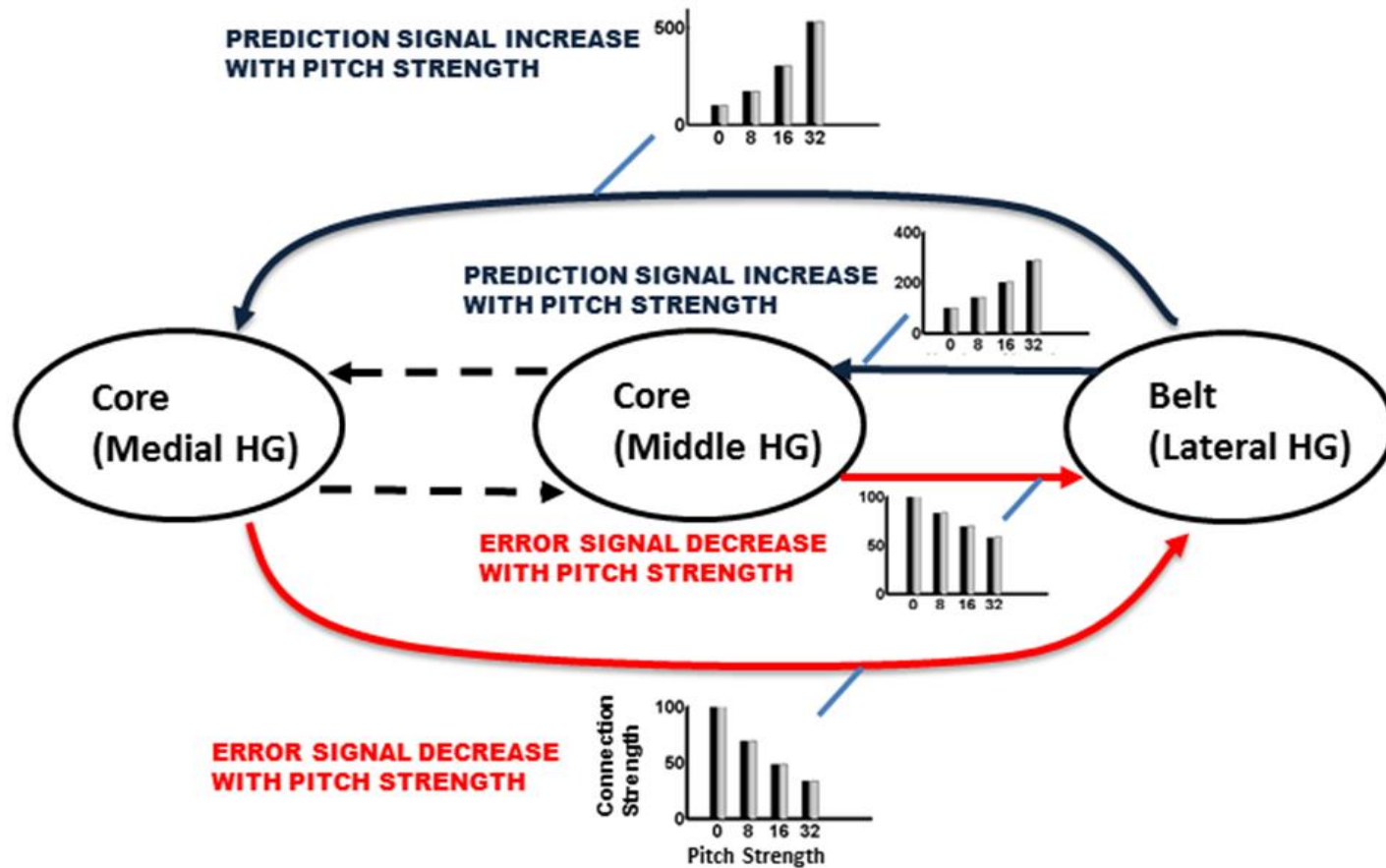
Human pitch neurophysiology

Subject 154: Right HG



Griffiths et al: Current Biology 2010 (2 subjects)
Gander et al: submitted (6 subjects)

Human pitch modelling



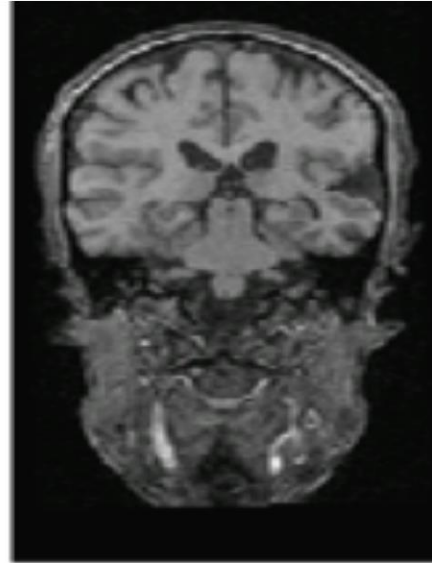
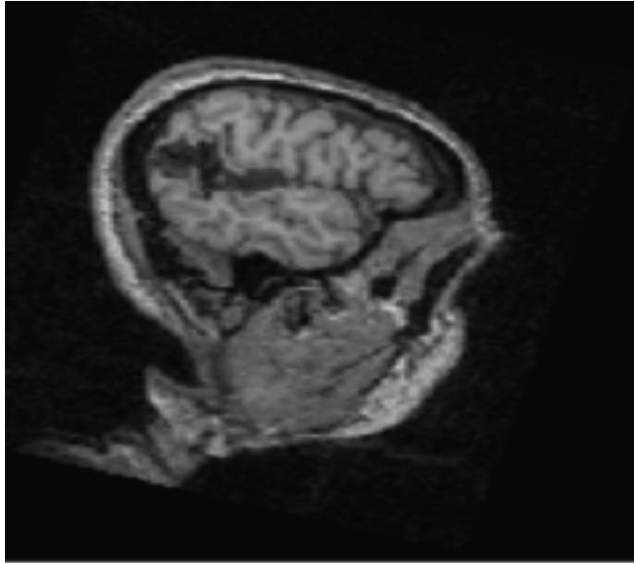
[A note on pitch models]

- Pitch modelling using high-precision neurophysiology data strongly supports constructive models of pitch perception especially predictive coding
- The modelling of timbre using BOLD data supported hierarchical mechanisms but did not show backward effective connectivity to support predictive coding models
- Ongoing work is examining timbre perception in neurophysiological datasets to test hypothesis that timbre perception also depends on predictive coding

Disorder: Dystimbria

- Television producer with symptoms after right hemisphere stroke
 - No new deafness
 - Acquired amusia
 - Alteration in quality of musical and environmental sounds

Disorder: Dystimbria

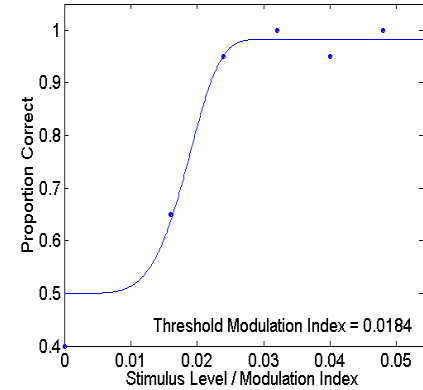
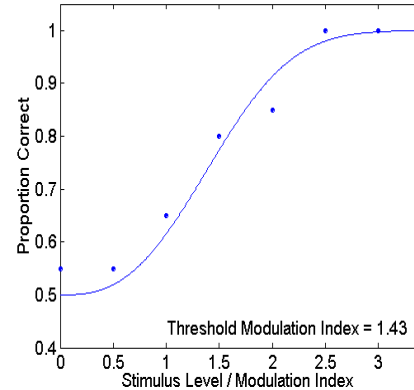
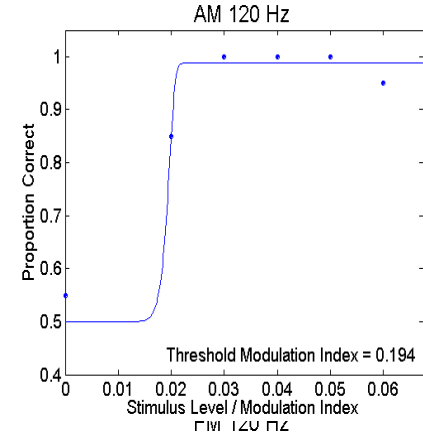
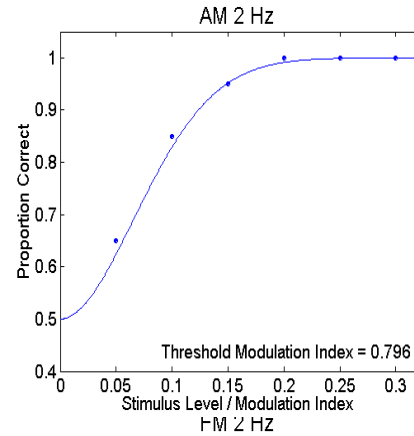
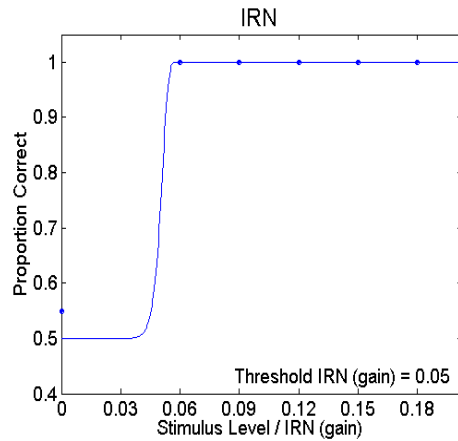


L



R

Disorder: Dystimbria



Disorder: Dystimbria

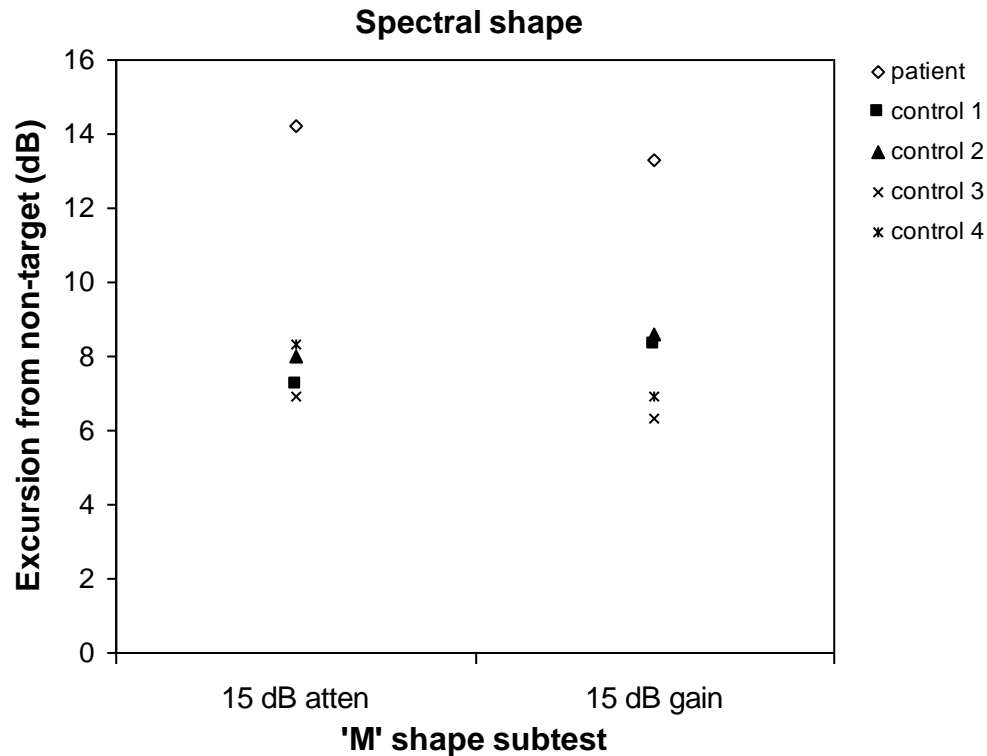
| Task | NAB group mean | | Patient DT | Z score |
|--------------------|----------------|--------------|----------------|----------------|
| | Threshold | S.D. | Threshold | |
| <i>2 Hz FM*</i> | <i>0.0136</i> | <i>0.183</i> | <i>0.154</i> | <i>0.7672</i> |
| 120 Hz FM | 0.0161 | 0.00758 | 0.0184 | 0.3034 |
| <i>2 Hz AM*</i> | <i>-1.02</i> | <i>0.264</i> | <i>-1.0991</i> | <i>-0.2996</i> |
| <i>120 Hz AM*</i> | <i>-1.85</i> | <i>0.249</i> | <i>-1.7122</i> | <i>0.5534</i> |
| <i>IRN (gain)*</i> | <i>-1.05</i> | <i>0.176</i> | <i>-1.2984</i> | <i>-1.4114</i> |

** LOG transformed values*

Disorder: Dystimbria

| Task | MBEA group mean | | Patient DT | |
|----------|-----------------|------|------------|---------|
| | Score | S.D. | Score | Z score |
| Scale | 27 | 2.3 | 20 | -3.04 |
| Contour | 27 | 2.2 | 20 | -3.18 |
| Interval | 26 | 2.4 | 17 | -3.75 |
| Rhythm | 27 | 2.1 | 23 | -1.9 |
| Meter | 26 | 2.9 | 18 | -2.76 |
| Memory | 27 | 2.3 | 27 | 0 |
| Average | 27 | 1.6 | 21 | -3.75 |

Disorder: Dystimbria



Detection change in 'M' shaped envelope applied to harmonic series: 312AFC AXB design based on three-down one-up adaptive track yields 79.4% Threshold

Disorder: Dystimbria

- Abnormal timbral perception that dissociates from other tests of complex sound analysis – normal detection pitch of individual sounds
- Structural imaging shows lesion that would disrupt timbral analysis in right superior temporal sulcus

Acknowledgements 1

- **Auditory group Newcastle:** Simon Baumann, Thomas Cope (now Cambridge University), Manon Grube, Amanda Jennings (now Industry), Olivier Joly (now Oxford University), Sukhbinder Kumar, Will Sedley
- **Auditory group London:** Katherina von Kriegstein (now MPI Leipzig), Tobias Overath (now Duke University), Lauren Stewart (now Goldsmith's College, London), Sundeep Teki
- **Iowa Neurosurgery Research Group:** John Brugge, Phil Gander, Matt Howard, Kirill Nourski
- **Centre for the Neural Basis of Hearing, Cambridge:** Roy Patterson
- **Central Auditory Disorders Clinic, National Hospital for Neurology and Neurosurgery, London:** Doris-Eva Bamiou, Tim Griffiths, Jason Warren

Acknowledgements 2

- **Griffiths is a Wellcome Trust Senior Clinical Fellow**
- **NIH and WT support neurosurgical work**

Supported by
wellcometrust

