## Typical biomechanical bias in the perception of congenitally absent hands

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There is compelling evidence that our perception of others' bodies and movements is shaped by several 1 2 rules and constraints, such as the biomechanics of body movement, originally thought to affect only the control and execution of actual movements (Grosjean, Shiffrar, & Knoblich, 2007; Parsons, 1987; Shiffrar & 3 4 Frevd, 1993). For numerous authors, this demonstrates that the perception of others' bodies and movements is supported by somatosensory and motor representations of our own body (Grush, 2004; Hommel, Müsseler, 5 6 Aschersleben, & Prinz, 2001; Wilson & Knoblich, 2005). Accordingly, the presence or absence of effects of 7 body constraints on body perception is increasingly used as an index of, respectively, the integrity or 8 impairment of covert stages of action production in patients with motor execution disabilities (e.g., Conson, 9 Pistoia, Sarà, Grossi, & Trojan, 2010; Conson et al., 2013; de Lange, Roelofs, & Toni, 2008; Fioro, Tinazzi, 10 & Aglioti, 2006; Helmich, de Lange, Bloem, & Toni, 2007; Munzert, Lorey, & Zengraf, 2009; Nico, Daprati, 11 Rigal, Parsons, & Sirigu, 2004). For example, because the response latencies of patients with left cerebral 12 palsy in judging the laterality of presented hand drawings are positively correlated with biomechanical 13 difficulty of the hand configurations, but not those of patients with right cerebral palsy, it was concluded that only the latter group of patients suffer from a motor planning deficit (Mutsaarts, Steenbergen, & Bekkering, 14 15 2007).

16 However, these biomechanical constraints biases might simply reflect how the visuo-perceptual system 17 processes and represents human bodies (Shiffrar & Freyd, 1993; Tessari, Ottoboni, Symes, & Cubelli, 2010; 18 Vannuscorps, Pillon, & Andres, 2012). Evidence for this alternative comes mainly from the observation that 19 two individuals born with severely reduced upper limbs (congenital bilateral upper limb dysmelia) also 20 showed biomechanical biases when asked to provide perceptual judgments about hand postures and upper 21 limb movements (A.Z.: Brugger et al., 2000; Funk & Brugger, 2008; Funk, Shiffrar & Brugger, 2005; D.C.: 22 Vannuscorps et al., 2012). The evidence from those studies, however, could be challenged on the ground that 23 D.C. and A.Z. had upper limb stumps and, therefore, were not totally deprived of motor experience with the upper limbs (and motor representations thereof). In addition, A.Z. presented with a rare profile of very vivid 24 25 phantom sensations of the missing body parts that she was able to intentionally "move", making her case 26 difficult to interpret.

27 Here, to overcome the ambiguity of the previous studies with dysplasic individuals and test these 28 alternative accounts, we asked a 27 year-old woman (P.M.) born without upper limbs at all (bilateral upper 29 limb amelia, i.e., no arm, no forearm, no hand) and no history of upper limb prosthetics or phantom limb 30 sensations to judge as fast as possible the laterality of successively presented drawings of left and right hands 31 displayed in 2 different postures and 7 angles of rotation (see Fig. 1a). In this Hand Laterality Judgment 32 (HLJ) task (Parsons, 1987) the influence of body constraints on perception is typically unveiled by three 33 features of participants' response latencies. First, response latencies are characterized by a three-way interaction between LATERALITY, POSTURE, and ANGLE of rotation of the hand, reflecting the different 34 35 clockwise rotational range of movement of left and right hands in different hand postures. Second, response latencies are shorter for hands oriented in medial (stimuli rotated toward the mid-sagittal plane) than lateral 36 37 (away of the mid-sagittal plane) directions (the Medial-Over-Lateral-Advantage effect), in congruence with the fact that it is easier to orient one's own hand in medial than lateral directions (see Fig 1a). Third, response 38 latencies are positively correlated with estimates of the awkwardness of the different hand positions (i.e., the 39 40 difficulty to place the appropriate limb into the orientation of the stimulus) even after controlling for the part 41 of variance explained by the effect of visual familiarity with the stimuli (Vannuscorps et al., 2012). We 42 reasoned that if the influence of body biomechanical constraints on perception reflects the recruitment of participants' somatosensory and motor representations of their own body, then, these features should not 43 44 characterize P.M.'s performance. If, however, this bias reflects a property intrinsic to how the visuo-45 perceptual system processes observed body parts, then, P.M.'s response profile should be analogous to that of typically developed participants. 46

During the experiment, P.M. was seated at about 60 cm of a computer screen. She performed 5 blocks of trials (2 sides x 2 postures x 7 angles). In each block, stimuli were mixed in different orders. The first block included 10 practice trials. Each trial started with the presentation of a central cross for 200 ms followed by a hand drawing displayed until a response was recorded. Trials were separated by a blank screen of random duration between 500 ms and 1000 ms. The experiment was controlled with the E-Prime software (Psychological Software, 2002, Pittsburgh, PA). PM responded verbally ("right" or "left") and the post-stimulus onset latency of the subject's vocalization was recorded by a voice-key. The accuracies of responses and of the voice-key vocalization detection were monitored on-line by the experimenter. The study was approved by the biomedical ethics committee of the Cliniques Universitaires Saint-Luc, Brussels, Belgium.

56 P.M.'s results are shown in Figure 1. There were no voice key failures. Response errors (10%) were 57 discarded from response latency analyses. PM's response latencies showed the three typical indexes of an 58 influence of the body biomechanical constraints: a three-way interaction between LATERALITY, ANGLE (30-59  $150^{\circ}$  vs 210-330°), and POSTURE [F (1, 100) = 10.62, p < 0.01] (Figure 1, a) of the hand (data from the 60 angles 30-150 and 210-330 were collapsed and then log transformed to satisfy the homoscedasticity and 61 normality assumptions of ANOVA); shorter response latencies for hands oriented in medial (stimuli rotated 62 toward the mid-sagittal plane) than lateral (away of the mid-sagittal plane) directions [medial: 1549 ms  $\pm$ 445 ms; lateral 2166 ms  $\pm$  742; t (18) = 2.46, p = 0.02] (Figure 1, b); and response latencies positively 63 correlated with estimates of the awkwardness of the different hand positions (extracted from Parsons, 1987) 64 after controlling for the effect of P.M.'s visual familiarity with the stimuli [P.M. was asked to rate how often 65 she sees each of the stimuli in everyday life; partial correlation: r(25) = 0.74, p < 0.001 (Figure 1, d). In 66 67 addition, PM made significantly more errors on lateral than medial hand orientations [chi<sup>2</sup> (1) = 9.26, p < p68 0.01] (Figure 1, c).

69 In sum, P.M.'s speed and accuracy at judging the laterality of hand drawings was influenced by the 70 biomechanical complexity of the different hand postures and orientations, despite her impossibility to 71 simulate motorically hand postures and orientations. This finding is consistent with the results obtained 72 previously with two other individuals with congenital bilateral upper limb abnormalities (A.Z.: Brugger et 73 al., 2000; Funk & Brugger, 2008; D.C.: Vannuscorps et al., 2012). The present study goes beyond the 74 previous evidence, however, by demonstrating the presence of a typical biomechanical bias in an individual 75 totally deprived of upper limbs and who has never experience phantom limb sensations. It allows the 76 conclusion that the influence of body constraints on body perception is not necessarily a consequence of an 77 automatic recruitment of the observer's representation of her/his own body and can be a natural consequence 78 of how the visuo-perceptual system processes and represents human bodies.

79 This interpretation of our results may be open to three criticisms. A first objection that could be raised is 80 that a congenital absence of upper limbs does not prevent the dysplasics from using (innate) motor 81 representations of the upper limb movements to support their judgment of hand laterality. The existing 82 evidence, however, suggests that the dysplasics' motor cortex does not contain a representation of the 83 missing limbs (Funk et al., 2008; Reilly & Sirigu, 2011; Stoeckel Seitz & Buetefish, 2009). Rather, the 84 specific parts of their somatosensory and motor cortices that would normally represent the "absent" limbs are 85 allocated to the representation of adjacent body parts (Funk et al., 2008; Stoeckel et al., 2005; Stoeckel et al., 86 2009).

87 A second possibility is that P.M.'s response profile may arise from her imagining moving her lower limbs to the position of the hand drawings. The very different skeletal and muscular features and degrees of 88 89 freedom of the arms and legs and hands and feet make it virtually impossible to imitate all the observed hand 90 postures with the feet, however. For example, while the medial rotation of the palm of the hand viewed from 91 the back can easily reach  $180^{\circ}$ , the corresponding rotation with the foot is limited to approximately  $30^{\circ}$ 92 (Nordin & Frankel, 2001). The observation that A.Z. also showed the same effect despite the fact that she 93 had no feet (Brugger et al., 2000; Funk & Brugger, 2008) and that D.C. was slower at judging the laterality 94 of feet in comparison to hands (Vannuscorps et al., 2012) are also incompatible with this account.

A last objection that could be raised against our interpretation is that we cannot discard the possibility that the effect of the biomechanical constraints in P.M and in typically developed participants might be supported by different strategies or computations. This is true. However, our conclusion seems reasonable in the light of the evidence from the neuropsychological and transcranial magnetic stimulation literature showing that the effect of the biomechanical constraints can be observed even after transient lesions to the 100 motor system (Ganis, Keenan, Kosslyn, & Pascual-Leone, 2000; Pelgrims, Michaux, Olivier, & Andres, 2010; Sauner, Bestmann, Siebner, & Rothwell, 2006) and in patients suffering from diverse conditions 101 102 preventing the normal execution of hand movements (e.g., Helmich et al., 2007; Fioro et al., 2006; de Lange et al., 2008). It is also in agreement with the observation that occipito-temporal regions of the human cortex 103 104 are sensitive to violations of the biomechanical constraints in observed movements (Stevens, Fonlupt, 105 Shiffrar, & Decety, 2000; Costantini et al., 2005). In any case, our results constitute existence proof that 106 using one's own body motor and somatosensory representations is not needed to obtain the performance 107 profiles that have been used to support theories claiming that our perception of others' bodies and 108 movements is supported by somatosensory and motor representations of our own body (Grush, 2004; 109 Hommel et al., 2001; Wilson & Knoblich, 2005). As a corollary, they also suggest that our visuo-perceptual system is endowed with a representation of human bodies that specifies the biomechanical constraints 110 111 imposed by the body musculoskeletal structure (Shiffrar & Freyd, 1993; Tessari, et al., 2010; Vannuscorps et 112 al., 2012).

113 This conclusion does not conflict with previous evidence showing that the performance in the Hand 114 Laterality Judgment (HLJ) task can be delayed, and the effect of the biomechanical constraints hindered, in 115 patients suffering from motor disorders. Evidence for the influence of motor disorders in the HLJ task are 116 compelling and have been found in different populations of patients (Conson et al., 2010; Conson et al., 117 2013; de Lange et al., 2008; Fioro et al., 2006; Helmich et al., 2007; Munzert et al., 2009; Nico et al., 2004). Within the classical interpretation of the HLJ task, it is hypothesized that performance in the HLJ task is 118 supported by both a perceptual analysis of the hand shape providing a first estimate of the hand laterality and 119 120 then by a verification strategy involving an implicit simulation of this hand posture and orientation (Parsons, 121 1987). On this theoretical account, motor disorders interfere with the verification process, thereby affecting participant's performance. In contrast, participants, such as P.M., who cannot use a motor verification 122 strategy judge the hand laterality based only on visuo-perceptual processes. 123

In sum, our finding encourages a shift in the focus of future research away from motor simulation as a necessary component of human movement perception and toward the interesting question of how the visuo-perceptual system represents and processes articulated objects and their movements. In addition to its

127 theoretical significance, this finding also serves as a cautionary note in the use of the Hand Laterality Task as

128 a tool to study the integrity of covert stages of action production in neurological and psychiatric conditions.

## **Figure caption**

Figure 1. Results. (a) Mean response latency for left and right hand drawings rotated clockwise viewed from the side (left) and from the wrist (right). On dark grey: medial orientations; on light grey: lateral orientations. (b, c) Mean response latency (b) and mean percentage of correct responses (c) as a function of hand orientation (Lateral vs. Medial). (d) Partial correlation between response latency and motor awkwardness rating controlling for visual familiarity.

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