

1 **The influence of pain on motor preparation in the human brain**

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19 **Running head:**

20 Pain and motor preparation

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29 ABSTRACT

30 The protective function of pain depends on appropriate motor responses to avoid injury and
31 promote recovery. The preparation and execution of motor responses is, thus, an essential
32 part of pain. However, it is not yet fully understood how pain and motor processes interact in
33 the brain. We here used electroencephalography to investigate the effects of pain on motor
34 preparation in the human brain. 20 healthy human participants performed a motor task in
35 which they performed button presses to stop increasingly painful thermal stimuli when they
36 became intolerable. In another condition, participants performed button presses without
37 concurrent stimulation. The results show that the amplitudes of preparatory event-related
38 desynchronizations at alpha and beta frequencies did not differ between conditions. In
39 contrast, the amplitude of the preparatory readiness potential was reduced when a button
40 press was performed to stop a painful stimulus as compared to a button press without
41 concomitant pain. A control experiment with non-painful thermal stimuli showed a similar
42 reduction of the readiness potential when a button press was performed to stop a non-painful
43 thermal stimulus. Together, these findings indicate that painful and non-painful thermal
44 stimuli can similarly influence motor preparation in the human brain. Pain-specific effects on
45 motor preparation in the human brain remain to be demonstrated.

46

47 KEYWORDS

48 Pain; motor preparation; electroencephalography, readiness potential; event-related
49 desynchronization

50

51 NEW & NOTEWORTHY

52 Pain is inherently linked to motor processes but interactions between pain and motor
53 processes in the human brain are not yet fully understood. Using electroencephalography,
54 we show that pain reduces movement preparatory brain activity. Further results indicate that
55 this effect is not pain-specific but independent of the modality of stimulation.

56

57 INTRODUCTION

58 Pain is inherently linked to motor processes. The preparation and execution of motor
59 responses are essential for the protective function of pain (Melzack and Casey 1968).
60 Moreover, physical exercise (Naugle et al. 2012) and the stimulation of motor areas in the
61 brain (Mylius et al. 2012; Nguyen et al. 2011) can alleviate pain. Vice versa, pain critically
62 influences motor behavior (Bank et al. 2013; Hodges and Tucker 2011), which likely
63 contributes to the pathology of chronic pain (Hodges and Smeets 2015). Consequently, the
64 relationship between pain and motor processes increasingly attracts attention (Morrison et al.
65 2013; Piedimonte et al., 2017; Sullivan 2008; Tabor et al. 2017; Vogt and Sikes 2009; Wiech
66 and Tracey 2013).

67 The mechanisms underlying interactions between pain and motor processes in the
68 brain are not yet fully understood. Anatomical studies have shown direct nociceptive
69 projections to cingulate motor areas (Dum et al. 2009). Moreover, pain (Apkarian et al. 2005)
70 and movement preparation and execution (Geyer et al. 2012) activate extended networks of
71 brain areas which overlap and interact in cingulate and frontal premotor areas (Misra and
72 Coombes 2015; Perini et al. 2013). Interactions between pain and motor processes can be
73 further disentangled by using electroencephalography (EEG) which records a typical
74 sequence of movement-related responses. During movement preparation, a slow negative
75 wave termed the readiness potential is observed (Brunia et al. 2012; Colebatch 2007;
76 Shibasaki and Hallett 2006). It starts as early as 2000 ms before movement onset and is
77 most consistently observed during the last 500 ms over contralateral sensorimotor areas
78 (Brunia et al. 2012; Colebatch 2007; Shibasaki and Hallett 2006). In addition, movement
79 preparation is associated with decreases of neuronal oscillations at alpha (8-13 Hz) and beta
80 (14-30 Hz) frequencies termed event-related desynchronization (Cheyne 2013; Pfurtscheller
81 and Lopes da Silva 1999; van Wijk et al. 2012). These decreases also begin about 2000 ms
82 before movement onset and are strongest during the last 500 ms over contralateral
83 sensorimotor regions (Cheyne 2013; Pfurtscheller and Lopes da Silva 1999; van Wijk et al.

84 2012). However, whether and how pain influences these movement preparatory phenomena
85 has remained largely unknown yet.

86 In the present study, we used EEG to investigate one specific aspect of the two-way
87 interaction between pain and motor processes, i.e. whether and how pain affects motor
88 preparation in the human brain. Specifically, we hypothesized that pain is inherently linked to
89 motor preparation in the human brain which might manifest as a pain-induced change of the
90 preparatory readiness potential and/or preparatory event-related desynchronization. The
91 results of an ecologically valid motor task in which movements stopped painful stimuli reveal
92 that the amplitude of the preparatory readiness potential was reduced as compared to a
93 motor task without concomitant pain. However, comparable results were found when
94 movements ended non-painful stimuli suggesting a modality-unspecific effect of pain on
95 motor preparation in the human brain.

96

97 MATERIALS AND METHODS

98 Participants

99 21 healthy human participants (9 male; age 27 ± 6 ys, mean \pm SD) participated in the main
100 experiment and 24 participants (9 male; age 26 ± 4 ys) took part in a control experiment.
101 Data from one participant and four participants of the main and control experiment,
102 respectively, were excluded due to technical problems during recording and/or poor data
103 quality. Thus, the final analysis included 20 participants (9 male; age 27.3 ± 6.3 ys) for the
104 main experiment and 20 participants (8 male; age 25.8 ± 4.7 ys) for the control experiment.
105 All participants were right-handed as assessed by the Edinburgh Handedness Inventory
106 (Oldfield, 1971). All participants gave written informed consent before participation. The
107 study was approved by the local ethics committee and conducted in conformity with the
108 Declaration of Helsinki.

109

110 Paradigm

111 The study included a main and a control experiment (Fig. 1). During both experiments,
112 participants sat comfortably in a dimly lit room. An infrared thermometer was used to ensure
113 that the skin temperature at the beginning of the experiment (main experiment: 31 ± 2.2 °C;
114 control experiment: 32 ± 1.8 °C) was in the suggested range for thermal sensory testing
115 (Hagander et al. 2000). During the recording, participants were exposed to white noise
116 through headphones to cancel out ambient noise.

117

118 *Main experiment*

119 The main experiment (Fig. 1A) comprised three conditions: the *pain & buttonpress* condition,
120 the *buttonpress* condition and the *pain* condition. In the *pain & buttonpress* condition, painful
121 heat stimuli were applied with increasing intensity and participants were asked to stop the
122 stimulation by pressing a button when it became intolerable. In the *buttonpress* condition,
123 participants performed button presses without concomitant painful stimulation. In the *pain*
124 condition, painful heat stimuli identical to the *pain & buttonpress* condition were applied but

125 only passively perceived, i.e. participants did not perform button presses to stop the
126 stimulation. The *pain* condition was not further analyzed here as it does not add to the central
127 question of the present study, i.e. the influence of pain on motor preparation. As the
128 durations of the stimuli in the *pain* condition were taken from the *pain & buttonpress*
129 condition, the latter condition was always performed first, followed by the *buttonpress* and
130 *pain* conditions. Painful heat stimuli were applied to the dorsum of the left hand using a
131 thermode (TSA-II, Medoc, Israel) and button presses were performed with the index finger of
132 the right hand. After the *pain & buttonpress* condition, the thermode was slightly displaced in
133 lateral-medial direction to avoid skin damage. Each condition included 60 trials. Stimulation
134 was controlled using MATLAB (Mathworks, Natick, MA, USA) and the Psychophysics
135 Toolbox (<http://psychtoolbox.org/>).

136 In the *pain & buttonpress* condition (Fig. 1a, top), a heat stimulus with increasing
137 intensity was applied and participants were instructed to stop the stimulation at the maximum
138 pain intensity they were willing to tolerate by pressing the button. Thus, by definition, the
139 participants stopped the stimulation at pain tolerance level assuring that they experienced
140 pain before the button press. A black fixation cross was displayed at the center of a computer
141 monitor. Each trial started when the black fixation cross turned green for 1 s. After a
142 randomly varied interval between 1.5 and 3.5 s, the stimulation temperature increased from a
143 baseline of 40 °C with a changing rate of 0.8 °C/s until the participants stopped the stimulus
144 increase by pressing the button. Participants on average stopped the stimulation at a mean
145 maximum temperature of 47.1 ± 0.9 °C and 10.0 ± 1.2 s after the start of the temperature
146 increase. After the button press, the temperature decreased back to the baseline with a
147 cooling rate of 8 °C/s. The next trial started 4 s after the button press. The mean latency
148 between button presses, i.e. the mean trial duration, was 17.4 ± 1.6 s. A comparison of the
149 peak temperatures of the first and second halves of the condition did not indicate habituation
150 or sensitization effects (47.1 °C for both halves, $p = 0.8$, paired t-test).

151 In the *buttonpress* condition (Fig. 1A, bottom), participants were instructed to press
152 the button at an interval resembling the interval between two button presses in the *pain &*

153 *buttonpress* condition. Again, each trial started when the black fixation cross turned green for
154 1 s and ended 4 s after the button press. Pilot experiments indicated that participants tended
155 to decrease the interval between button presses over the course of the experiment.
156 Therefore, when the interval between button presses was shorter than 7 s for more than two
157 consecutive trials, a red cross was presented for 1 s after the button press to instruct the
158 participants to increase the interval between button presses. Moreover, in these cases, up to
159 15 additional trials were performed aiming at a total number of 60 trials with a duration
160 greater than 7 s for each participant. The mean latency between button presses for this
161 condition was 19.0 ± 10.2 s.

162 As in the *pain & buttonpress* and the *buttonpress* condition no speeded responses to
163 sensory stimuli were performed, reaction times were not assessed. Moreover, in the *pain &*
164 *buttonpress* condition, no single trial pain ratings were obtained so that the relationship
165 between pain intensity and motor preparatory brain activity was not quantitatively assessed.

166

167 *Control experiment*

168 To test for the pain-specificity of the results, a control experiment with a non-painful warmth
169 stimulus was performed (Fig. 1B). Apart from the non-painful warmth stimulus, the control
170 experiment was identical to the main experiment. The control experiment, thus, included a
171 *warmth & buttonpress* condition, a *buttonpress* condition and a *warmth* condition. The
172 *warmth* condition was not further analyzed as it does not add to the central question of the
173 present study, i.e. the influence of pain/warmth on motor preparation.

174 In the *warmth & buttonpress* condition (Fig. 1B, top), participants were instructed to
175 stop a thermal stimulus with increasing intensity by pressing the button as soon as it was
176 perceived as clearly warm. The temperature increased from a baseline of 32 °C. The
177 changing rate was adjusted for each participant during a preliminary training session in order
178 to assure a trial duration comparable to the main experiment, i.e. longer than 7 s (changing
179 rate 0.4 ± 0.1 °C/s). If trial durations were shorter than 7 s, additional trials were again
180 presented to obtain at least 60 trials for each participant with a duration comparable to the

181 main experiment. Cooling rate was 8 °C/s. During this condition, mean maximum
182 temperature was 37.2 ± 2.7 °C/s, mean duration of temperature increase was 15.1 ± 5.9 s
183 and the mean latency between button presses was 22.4 ± 7.5 s. The *buttonpress* condition
184 (Fig. 1B, bottom) exactly matched the *buttonpress* condition of the main experiment. The
185 mean latency between button presses in the *buttonpress* condition was 22.9 ± 11.8 s. A
186 comparison of the peak temperatures of the first and second halves of the condition did not
187 indicate habituation or sensitization effects (37.6 °C vs. 37.5 °C, $p = 0.11$, paired t-test).

188 As in the *warmth & buttonpress* and the *buttonpress* condition no speeded responses
189 to sensory stimuli were performed, reaction times were not assessed.

190

191 **Electroencephalography**

192 *Recordings and preprocessing*

193 During both experiments, EEG data were recorded using an electrode cap (Easycap,
194 Herrsching, Germany), BrainAmp MR plus amplifiers (Brain Products, Munich, Germany) and
195 the BrainVision Recorder software (Brain Products, Munich, Germany). The electrode
196 montage included 64 electrodes consisting of all 10-20 system electrodes and the additional
197 electrodes Fpz, FCz, CPz, POz, Oz, Iz, AF3/4, F5/6, FC1/2/3/4/5/6, FT7/8/9/10, C1/2/5/6,
198 CP1/2/3/4/5/6, TP7/8/9/10, P5/6, PO1/2/9/10. Two additional electrodes were placed below
199 the outer canthus of each eye. The EEG was referenced to the FCz electrode, grounded at
200 AFz, sampled at 1000 Hz, and high-pass filtered at 0.015 Hz. The impedance was kept
201 below 20 k Ω . The raw EEG data were preprocessed using the BrainVision Analyzer software
202 (Brain Products, Munich, Germany). Offline analysis included downsampling to 512 Hz,
203 digital highpass filtering at 0.5 Hz, correction for eye movements and muscle artifacts using
204 independent component analysis (Jung et al. 2000) and re-referencing to the average
205 reference. Data from all conditions were segmented into trials of -7 to 5 s with respect to the
206 button press. Trials with artifacts exceeding ± 100 μ V in any channel were automatically
207 rejected, and an additional visual rejection was performed to exclude remaining artifact-
208 contaminated trials. In the main experiment, the average number of remaining trials was $51 \pm$

209 9 for the *pain & buttonpress* and 54 ± 3 for the *buttonpress* condition. In the control
210 experiment, the average number of remaining trials was 51 ± 6 for the *warmth & buttonpress*
211 and 53 ± 5 for the *buttonpress* condition.

212

213 *Analysis*

214 EEG data were analyzed using FieldTrip, an open-source toolbox for Matlab (Oostenveld et
215 al. 2011). Data were analyzed in the time and time-frequency domain. Analyses were
216 focused on the movement preparation period before the button presses. Neural activity after
217 the button presses was not analyzed since button presses coincided with the termination of
218 the painful stimuli in the *pain & buttonpresses* condition, which prevents an unequivocal
219 interpretation of post-button press activity.

220 All statistical analyses were performed using nonparametric cluster-based
221 permutation tests comparing the *pain/warmth & buttonpress* and *buttonpress* conditions
222 (Maris and Oostenveld 2007). First, point-by-point t-tests were calculated comparing signal
223 amplitudes between conditions at each electrode and/or time point (see below for more
224 details). Second, clusters of neighboring electrodes and/or time points, whose t-statistic
225 exceeded a critical threshold ($p = 0.05$), were selected and t-values within each cluster were
226 summed up, resulting in cluster-level test statistics. To evaluate statistical significance, the
227 maximum cluster-level test statistic was then compared to a reference distribution of
228 maximum cluster t-value sums obtained by randomly interchanging data across the two
229 conditions and recalculating the cluster-level test statistic 1000 times. This cluster-based
230 procedure deals with the multiple comparison problem, takes physiological plausibility into
231 account and is not affected by partial dependence in the data (Maris and Oostenveld 2007;
232 van Ede and Maris, 2016).

233

234 *Time domain analysis*

235 A low-pass filter of 30 Hz was applied to the segmented data. For each condition, trials were
236 averaged time-locked to the button press. The statistical analysis was focused on a 2 s-time

237 window preceding the button press as this period has been shown to include most movement
238 preparatory activity in previous time domain analyses (Brunia et al. 2012; Colebatch 2007;
239 Shibasaki and Hallett 2006). Using the statistical approach outlined above, we tested the
240 effect of pain on movement preparatory brain activity by comparing the amplitude of the
241 potentials between the *pain & buttonpress* and *buttonpress* conditions. In a first step, we
242 performed multi-electrode analysis by clustering across time and electrodes. Subsequently,
243 we restricted the statistical analysis to the electrode Cz, which has been shown to most
244 strongly reflect the readiness potential (Brunia et al. 2012; Colebatch 2007; Shibasaki and
245 Hallett 2006). Here, clustering was performed across time only.

246 Corresponding analyses were performed for the control experiment, comparing the
247 *warmth & buttonpress* with the *buttonpress* condition. Additionally, we assessed whether the
248 effect of pain on motor preparation significantly differed from the effect of warmth. We
249 computed the difference of the readiness potential between the *pain & buttonpress* and the
250 *buttonpress* conditions and contrasted it against the difference between the *warmth &*
251 *buttonpress* and the *buttonpress* conditions, both for all electrodes and at electrode Cz only.

252

253 *Time-frequency domain analysis*

254 We performed time-frequency analysis on the segmented single trials by using a Hanning-
255 tapered sliding window Fast Fourier Transform for frequencies from 1 to 100 Hz. Window
256 length was 0.25 s and step size was 30 ms. To obtain frequency band-specific time courses
257 of EEG signals, we averaged power across theta (4-7 Hz), alpha (8-13 Hz), beta (14-30 Hz)
258 and gamma (40-100 Hz) frequencies. We compared the power time courses of each
259 frequency band in the *pain & buttonpress* and *buttonpress* conditions in a 2 s-time window
260 (Cheyne 2013; Pfurtscheller and Lopes da Silva 1999; van Wijk et al. 2012) before the button
261 press, again using the same statistical approach described above. As a first step, we
262 implemented a multi-electrode analysis testing for differences between the two conditions
263 while clustering across time and electrodes. As previous studies showed that movement-
264 related power changes are most prominent over the sensorimotor area contralateral to the

265 movement (Cheyne 2013; Pfurtscheller and Lopes da Silva 1999; van Wijk et al. 2012), we
266 restricted our analysis to an average across central electrodes contralateral to the hand
267 performing the movement in a second step (i.e. Cz, CPz, C1, C3, CP1, CP3).

268 RESULTS

269 Time domain results

270 Figure 2 shows movement-related potentials for the two experimental conditions averaged
271 across participants. The left panel shows the typical sequence of movement-related
272 potentials at electrode Cz, where such potentials are strongest (Brunia et al. 2012; Colebatch
273 2007; Shibasaki and Hallett 2006). During the last 500 ms before the button press, the
274 *readiness potential* was observed as an increasing negativity related to movement
275 preparation. This was followed by the motor potential and the post-movement potential
276 (Colebatch 2007) which were not analyzed here. The comparison of the readiness potential
277 across conditions revealed that its amplitude was lower in the *pain & buttonpress* condition
278 than in the *buttonpress* condition. Cluster-based permutation statistics confirmed a significant
279 difference ($p < 0.025$) between -0.35 s and -0.26 s before the button press (Fig. 2, left, see
280 gray shading). The topography on the right shows the location of the electrode shown on the
281 left (red dot) and the location of electrodes where significant differences between *pain &*
282 *buttonpress* and *buttonpress* conditions were observed (bold black dots, $p < 0.025$) when
283 clustering was performed across both electrodes and time. The cluster mainly covered
284 central and frontal electrodes and was slightly lateralized to the left hemisphere, i.e.
285 contralateral to the button press. Thus, less brain activity related to motor preparation was
286 recorded when the button press was performed during painful stimulation than when it was
287 performed without concurrent pain.

288

289 Time-frequency domain results

290 Figure 3 displays movement-related activity for the two conditions at theta (4-7 Hz), alpha (8-
291 13 Hz), beta (14-30 Hz) and gamma (40-100 Hz) frequencies averaged across participants.
292 The left panel shows the time courses of frequency-specific brain activity at a selection of
293 electrodes where strongest movement preparatory activity is observed (Cheyne 2013;
294 Pfurtscheller and Lopes da Silva 1999; van Wijk et al. 2012), i.e. electrodes covering the
295 sensorimotor area contralateral to the movement (Cz, CPz, C1, C3, CP1, CP3). The figure

296 shows a decrease of power during the last 2 s before the button press, which was particularly
297 pronounced at alpha and beta frequencies. Additional changes of neural activity were
298 observed during and after the button press but were not further analyzed here. The
299 topography on the bottom shows the location of the electrodes (red dots) shown in the upper
300 two rows. Statistical comparisons performed in the last 2 s of motor preparation did not show
301 significant differences of movement preparatory activity between conditions in any frequency
302 band, neither when using the contralateral electrode selection (left panel) and clustering
303 across time nor when clustering across both time and electrodes ($p > 0.025$).

304

305 **Control experiment**

306 To test for the specificity of the observed difference of the readiness potential between the
307 *pain & buttonpress* and the *buttonpress* conditions, we performed the same analyses for the
308 control experiment in which non-painful warmth stimuli were applied. Comparable to the main
309 experiment, the amplitude of the readiness potential in the *warmth & buttonpress* condition
310 was lower than in the *buttonpress* condition at electrode Cz (Fig. 4A, left, see gray shading;
311 significant cluster from -0.26 s to -0.19, $p < 0.025$). The right panel shows that this difference
312 was mainly spread over central and posterior electrodes (Fig. 4A, right; $p < 0.025$).

313 We finally directly compared the difference of the readiness potential between the
314 *pain & buttonpress* and *buttonpress* conditions in the main experiment with the difference of
315 the readiness potential between the *warmth & buttonpress* and *buttonpress* conditions in the
316 control experiment. The left panel of figure 4B shows the grand averages of the difference
317 waves at electrode Cz, the right panel shows the topography of the comparison. No
318 significant differences were observed, i.e. the amplitudes of the potentials differed in a similar
319 way from the *buttonpress* condition both when a painful and a warmth stimulation was
320 applied. Thus, movement preparatory brain activity was reduced when a button press was
321 performed during painful as well as during non-painful thermal stimulation indicating a non-
322 pain-specific effect.

323

324 DISCUSSION

325 In the present study, we investigated whether and how pain influences motor preparation in
326 the human brain. The results show that a movement, which stops an increasingly painful
327 thermal stimulus, is associated with a smaller readiness potential than a similar movement
328 without a concomitant painful stimulus. However, a control experiment indicates that a similar
329 reduction of the readiness potentials occurs when the movement stops an ongoing non-
330 painful thermal stimulus. The pain-associated reduction of the readiness potential is, thus,
331 not pain-specific but likely represents a modality-spanning effect.

332

333 Pain and motor processes in the human brain

334 Despite the crucial relevance of motor responses for the protective function of pain,
335 interactions between pain and motor processes in the brain have rarely been investigated.
336 Anatomical studies revealed that nociceptive pathways project directly and substantially to
337 cortical motor areas (Dum et al. 2009). Functional imaging studies showed overlaps and
338 interactions between pain-related and motor-related activations (Misra and Coombes 2015;
339 Perini et al. 2013). However, due to the limited temporal resolution of functional magnetic
340 resonance imaging, these studies could not analyze processes related to the preparation,
341 execution and aftereffects of movements separately. Neurophysiological recordings using
342 EEG, MEG or intracranial recordings can disentangle these processes by showing their
343 temporal sequence. A few EEG studies addressed interactions between pain and motor
344 processes so far. Some studies investigated the neural correlates of the anticipation of a
345 painful stimulus which serves as a go-cue for a motor response (Babiloni et al. 2006; Babiloni
346 et al. 2008; Babiloni et al. 2010). The results showed that the anticipation of pain yielded an
347 increase of movement-preparatory alpha desynchronization. However, in these studies the
348 painful stimulus served as the go-cue for the movement, so that it was not possible to
349 unequivocally disentangle pain anticipation and movement preparation. Moreover, in these
350 studies the motor response did not have an effect on the pain stimulus and thus no biological
351 function. In contrast, in the present study, we did not simply investigate pain anticipation and

352 motor preparation but the effects of pain on the preparation of a biologically meaningful
353 motor response. Another study investigated EEG activity during the anticipation of painful
354 stimuli which could be stopped by a motor response (Piedimonte et al., 2017). The results
355 showed that EEG responses related to movement preparation did not consistently differ
356 between different expectations of pain. However, this study assessed the influence of
357 different expectations of pain on motor preparatory brain activity whereas the present study
358 assessed the influence of pain on motor preparation. Hence, a direct comparison of both
359 studies appears not appropriate. Another recent EEG study compared arm movements
360 during ongoing pain, ongoing warm stimulation or without concurrent stimuli (Misra et al.
361 2017). Concomitant pain led to increases of movement-preparatory beta desynchronizations
362 and a shortening of reaction times compared to warm stimulation or no stimulation,
363 suggesting a facilitating effect of pain on the motor system. In contrast, the present study
364 does not show an effect of pain on movement-preparatory desynchronizations at beta
365 frequencies. However, the previous study used an externally cued paradigm in which the
366 movement was always performed 2500 ms after onset of the painful stimulus whereas, in the
367 present study, participants were free to press the button at any time. Moreover, in the
368 previous study, the painful stimulus had no functional relationship to the movement whereas
369 participants performed biologically relevant movements which stopped the painful stimuli in
370 the present study. These differences between paradigms could explain the lack of effects on
371 event-related desynchronizations in the current study as compared to previous studies.

372

373 **Externally-paced vs. self-paced movements**

374 We observed a significant decrease in the amplitude of the preparatory readiness potential
375 when movements were performed to stop a painful or non-painful thermal stimulus as
376 compared to movements without these stimuli. In principle, this finding can be explained by
377 three different factors. First, the simple presence of a thermal stimulus or any sensory
378 stimulus might attenuate the readiness potential by directing attention from movement
379 preparation towards the sensory stimulus which is known to influence the readiness potential

380 (Birbaumer et al. 1990). Second, not the simple presence of the stimulus but the pacing of
381 the movement by the stimulus might yield the decrease of the readiness potential. Based on
382 previous findings, this factor could well explain the present observations. Although each
383 individual could freely determine when to stop the stimulation, the *pain & button press* and
384 *warmth & button press* conditions included responding to an external stimulus whereas
385 movements in the *button press* condition were performed at an internally paced rate. A few
386 studies investigating the difference in preparatory activity between internally generated and
387 externally driven movements indeed reported that the amplitude of the readiness potential
388 was significantly smaller for externally paced than for self-paced movements (Jahanshahi et
389 al. 1995; Jankelowitz and Colebatch 2002) which would be well compatible with the present
390 findings. Third, neither the simple presence of the stimulus nor responding to the stimulus but
391 rather the option to stop the stimulus, i.e. the sense of agency, might cause the decrease of
392 the readiness potential. However, the influence of the sense of agency on the readiness
393 potential has not yet been investigated and its contribution to the present findings therefore
394 remains unknown. Further studies might investigate which of the three factors or which
395 combination of factors explains the effect observed here. In particular, studies comparing the
396 effects of pain with the effects of other sensory modalities might help to more precisely
397 interpret the observed effects.

398

399 **Limitations**

400 Several limitations apply to the present study. First, we performed the different conditions in
401 a fixed order. This was done to adjust the timing of the stimulations and movements of the
402 *pain* and *buttonpress* conditions to that of the *pain & buttonpress* condition. However, the
403 fixed order implies the risk of an order effect. However, in line with repetition effects in
404 sensory (Grill-Spector et al. 2006) and motor (Hamilton and Grafton 2009) systems repeated
405 finger movements would be expected to be associated with a decrease of related brain
406 activity. In contrast, the present findings could only be explained by an increase of movement
407 preparatory over time with repeated performance. Second, we did not directly assess muscle

408 activity and/or movement kinematics. Thus, we cannot determine whether the observed
409 difference between movement preparatory brain activity with and without concomitant
410 stimulation is associated with a difference in preparatory muscle activity and/or a difference
411 in movement characteristics. Third, the lack of a pain-specific effect of pain on motor
412 preparation in our study does not rule out the existence of such effects. They may manifest in
413 other EEG features such as connectivity and/or at other locations such as subcortical regions
414 which are not well captured by EEG.

415

416 **Conclusions**

417 The present study shows that pain reduces movement preparatory activity in the brain in a
418 paradigm with a high ecological validity. This effect is, however, not pain-specific but seems
419 to represent a modality-spanning phenomenon which might reflect the basic difference
420 between stimulus-related and self-paced movements. Pain-specific interactions between
421 pain and motor preparation thus remain to be demonstrated. A better understanding of these
422 interactions promises novel insights into how the protective function of pain is implemented in
423 the brain and how these processes might deviate in chronic pain.

424

425

426

427 **GRANTS**

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430

431 **DISCLOSURES**

432 No conflicts of interest, financial or otherwise, are declared by the authors.

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- 535

536 **FIGURE LEGENDS**

537 **Figure 1.** *Paradigm. A:* Main experiment. In the *pain & buttonpress* condition, 60 heat stimuli
538 of increasing intensity were applied to the dorsum of the left hand. Participants were
539 instructed to press a button with the right index finger to stop the stimulation at the maximum
540 pain intensity they were willing to tolerate. In the *buttonpress* condition, participants were
541 instructed to perform button presses at about the same interval as in the *pain & buttonpress*
542 condition but without concurrent painful stimulation. *B:* Control experiment. In the *warmth &*
543 *buttonpress* condition, participants were instructed to interrupt the increasing thermal
544 stimulation when it was perceived as clearly warm. The *buttonpress* condition matched that
545 of the main experiment.

546

547 **Figure 2.** *Time domain results of the main experiment.* The left panel shows grand averages
548 of movement-related potentials at electrode Cz. Statistical comparison between *pain &*
549 *buttonpress* and *buttonpress* conditions were performed during the last 2 s of motor
550 preparation, and the grey shaded time window highlights significantly different time periods.
551 In the right panel, electrodes where significant differences were observed are marked by bold
552 black dots. Statistical analyses were performed using cluster-based permutation statistics.

553

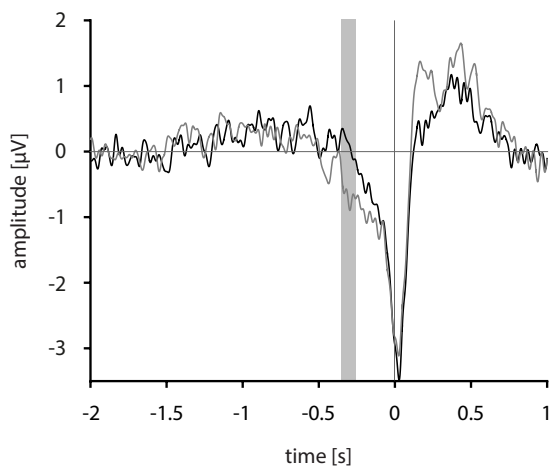
554 **Figure 3.** *Time-frequency domain results of the main experiment.* Upper rows, grand
555 average time courses of frequency band specific brain activity for selected electrodes
556 covering the sensorimotor areas contralateral to movement preparation. Using cluster-based
557 permutation statistics in a time window covering the last 2 s of motor preparation, no
558 significant difference in movement preparatory brain activity was observed between
559 conditions at any frequency band. The topography on the bottom shows the location of
560 electrodes selected for analysis.

561

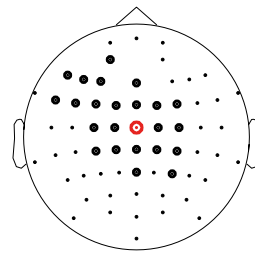
562 **Figure 4.** *Time domain results of the control and the main experiment. A:* The left panel
563 displays grand average movement-related potentials at electrode Cz. The gray shaded time

564 window indicates a significant difference between the experimental conditions of the control
565 experiment in the last 2 s before the onset of the movement. The topography on the right
566 shows electrodes where significant differences between the *warmth & buttonpress* and
567 *buttonpress* conditions were observed. *B*: The difference of the readiness potentials between
568 the experimental conditions was calculated for the main and the control experiment and
569 contrasted against each other at Cz only (left) and across all electrodes (right). No significant
570 differences were detected, indicating that pain and warmth affect motor preparation in a
571 comparable way. All statistical analyses were performed using cluster-based permutation
572 statistics during the last 2 s of motor preparation.

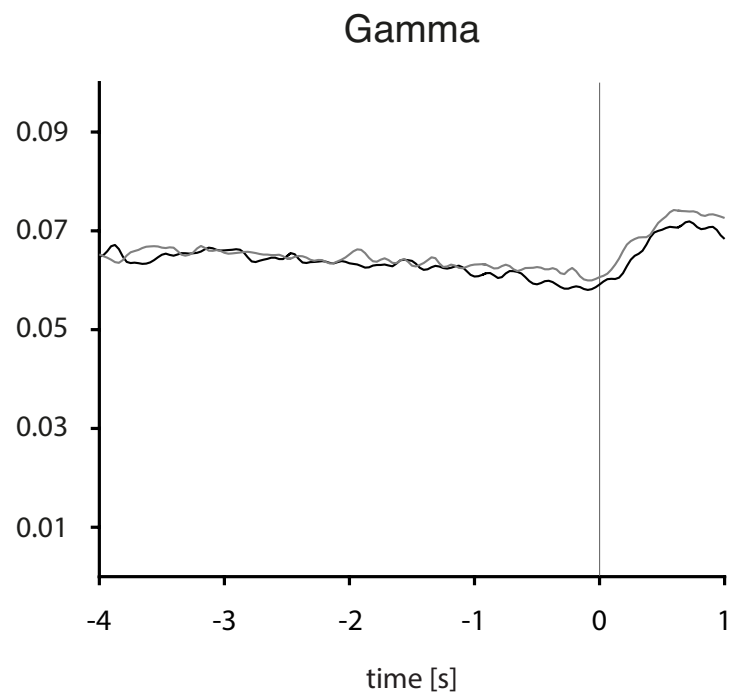
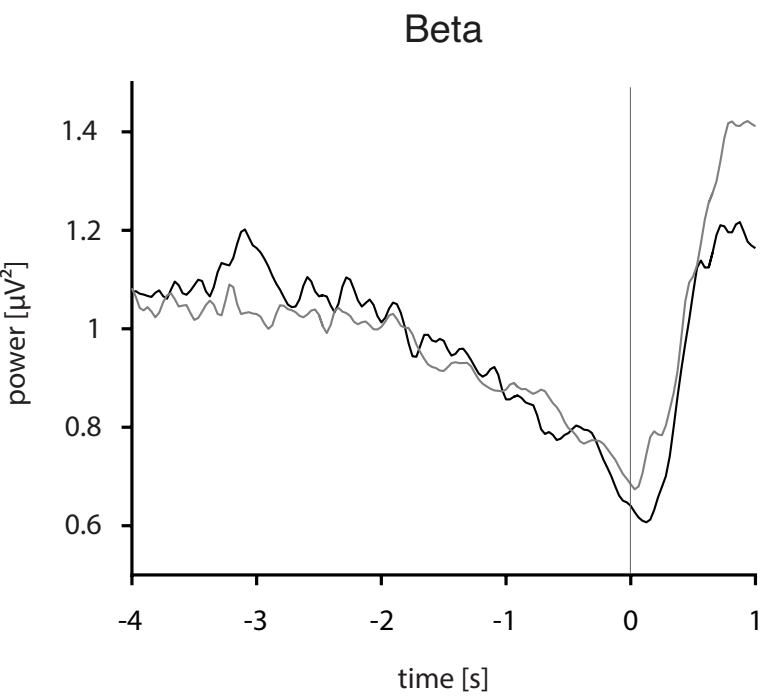
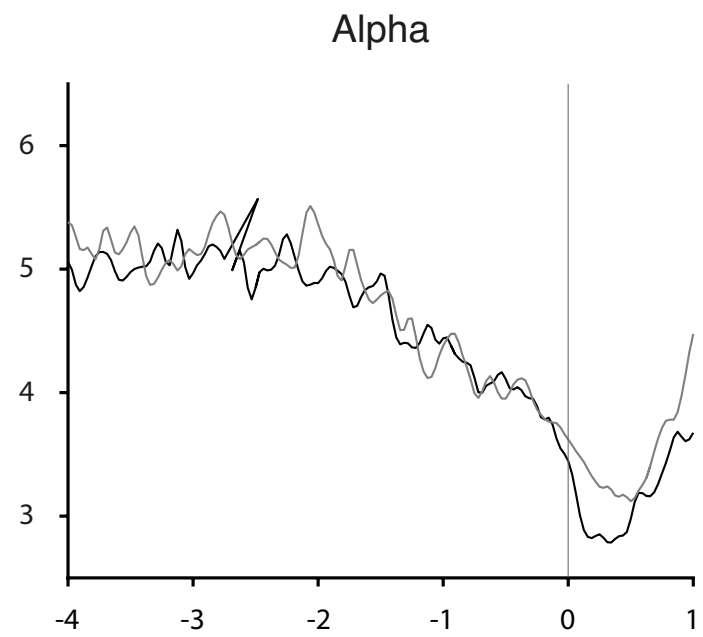
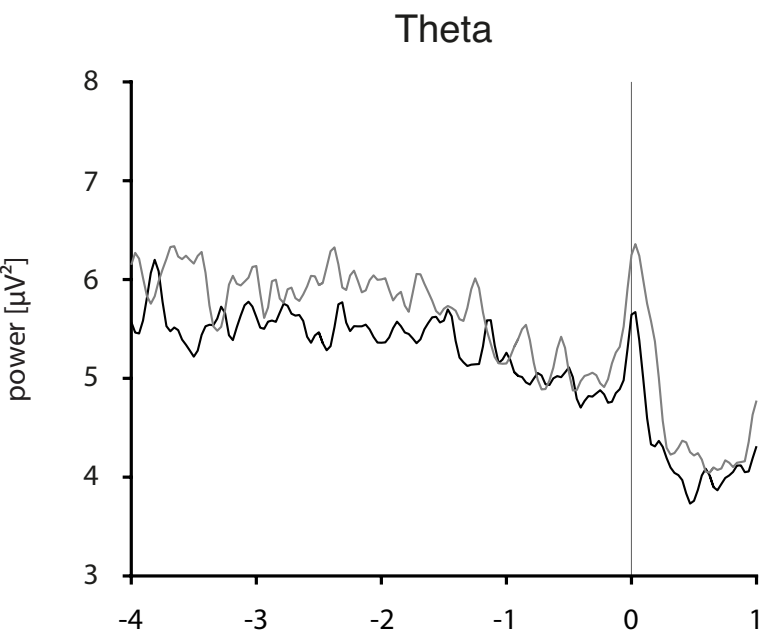
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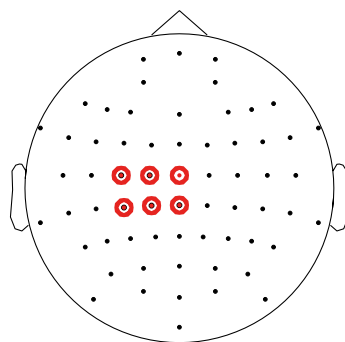
— Pain & Buttonpress
 — Buttonpress
 ■ $p < 0.025$



- Electrodes with significant effect ($p < 0.025$)
- Electrode shown on the left (Cz)

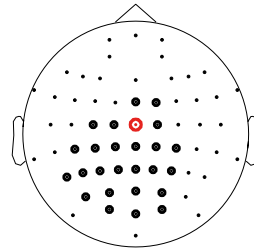
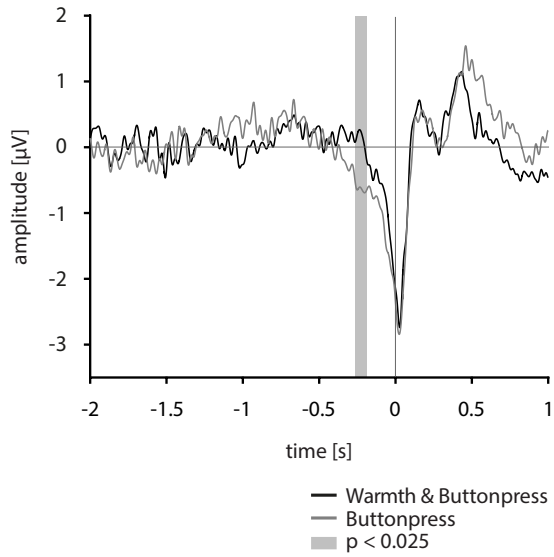


— Pain & Buttonpress
 — Buttonpress



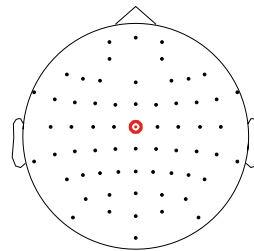
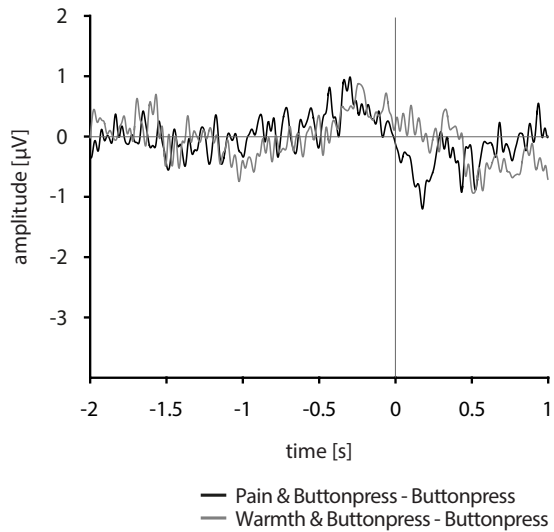
● Electrodes selected for plotting:
 mean (Cz,CPz,C1,C3,CP1,CP3)

A Control experiment



- Electrodes with significant effect ($p < 0.025$)
- Electrode shown on the left (Cz)

B Main experiment vs. control experiment



- Electrode shown on the left (Cz)