

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

No temporal contrast enhancement of simple decreases in noxious heat

Brianna Beck^{1a}, Sahana Gnanasampanthan², Gian Domenico Iannetti^{3,4}, Patrick Haggard¹

¹Institute of Cognitive Neuroscience, University College London

²Medical School, University College London

³Department of Neuroscience, Physiology and Pharmacology, University College London

⁴Neuroscience and Behaviour Laboratory, Istituto Italiano di Tecnologia

^aNow at the School of Psychology, University of Kent

Corresponding author:

Brianna Beck

School of Psychology

Keynes College

University of Kent

Canterbury, Kent

United Kingdom

CT2 7NP

Tel.: +44 (0)1227 816662

E-mail: B.C.Beck@kent.ac.uk

Total number of pages: 27

Total number of figures: 5

29 **Abstract**

30 Offset analgesia (OA) studies have found that small decreases in the intensity of a tonic
31 noxious heat stimulus yield a disproportionately large amount of pain relief. In the classic OA
32 paradigm, the decrease in stimulus intensity is preceded by an increase of equal size from
33 an initial noxious level. While the majority of researchers believe this temporal sequence of
34 two changes is important for eliciting OA, it has also been suggested that the temporal
35 contrast mechanism underlying OA may enhance detection of simple, *isolated* decreases in
36 noxious heat. To test whether decreases in noxious heat intensity, by themselves, are
37 perceived better than increases of comparable sizes, we used an adaptive two-interval
38 alternative forced choice task to find perceptual thresholds for increases and decreases in
39 radiant and contact heat. Decreases in noxious heat were more difficult to perceive than
40 increases of comparable sizes from the same initial temperature of 45°C. In contrast,
41 decreases and increases were perceived equally well within a common range of noxious
42 temperatures (i.e., when increases started from 45°C and decreases started from 47°C). In
43 another task, participants rated the pain intensity of heat stimuli that randomly and
44 unpredictably increased, decreased or remained constant. Ratings of unpredictable stimulus
45 decreases also showed no evidence of perceptual enhancement. Our results demonstrate
46 that there is no temporal contrast enhancement of simple, isolated decreases in noxious
47 heat intensity. Combined with previous OA findings, they suggest that long-lasting noxious
48 stimuli that follow an increase-decrease pattern may be important for eliciting the OA effect.

49

50 Keywords: nociception, offset analgesia, pain, psychophysics, signal detection

51

52

53

54

55

56

57 New & Noteworthy

58 Previous research suggested that a small decrease in noxious heat intensity feels
59 surprisingly large because of sensory enhancement of noxious stimulus offsets (a simplified
60 form of “offset analgesia”). Using a two-alternative forced choice task where participants
61 detected simple increases or decreases in noxious heat, we showed that decreases in
62 noxious heat, by themselves, are no better perceived than increases of comparable sizes.
63 This suggests that a decrease alone is not sufficient to elicit offset analgesia.

64 **1. Introduction**

65 Offset analgesia (OA) is a phenomenon whereby a small decrease in the intensity of
66 tonic noxious heat stimulation causes a disproportionately large reduction in perceived pain
67 level. The first study to systematically investigate OA showed that a 1°C drop in the intensity
68 of a contact heat stimulus yielded the same amount of pain relief as a 15°C drop (Grill and
69 Coghill 2002). Since then, several studies have investigated the possible mechanisms of OA
70 (Derbyshire and Osborn 2008, 2009; Honigman et al. 2013; Martucci et al. 2012a, 2012b;
71 Mørch et al. 2015; Nahman-Averbuch et al. 2014; Naugle et al. 2013; Niesters et al. 2011a,
72 2011b; Nilsson et al. 2014; Oudejans et al. 2015; Petre et al. 2017; Yelle et al. 2008, 2009).
73 Some of those studies explained OA as the product of a temporal filtering mechanism that
74 enhances detection of noxious stimulus offsets (Grill and Coghill 2002; Mørch et al. 2015;
75 Yelle et al. 2008, 2009).

76 Importantly, most studies investigating OA used tonic noxious heat stimuli with a
77 particular stimulation profile: the stimulus started at an initial level of noxious heat, was
78 increased to an even higher level, and then decreased either back to the initial noxious level,
79 or to a temperature well below the initial one and outside the noxious range (Derbyshire and
80 Osborn 2008, 2009; Grill and Coghill 2002; Honigman et al. 2013; Martucci et al. 2012a,
81 2012b; Nahman-Averbuch et al. 2014; Naugle et al. 2013; Niesters et al. 2011a, 2011b;
82 Nilsson et al. 2014; Oudejans et al. 2015; Petre et al. 2017; Yelle et al. 2008, 2009). While
83 most researchers within the field believe that this dynamic increase-decrease sequence is
84 key to eliciting OA, a minority have suggested that temporal contrast enhancement might be
85 a general process affecting perception of simple decrements in noxious heat stimulation,
86 rather than just long-lasting stimuli following a particular dynamic sequence. Indeed, a few
87 studies found evidence for enhanced perception of simple, *isolated* decreases in noxious
88 heat intensity that were not preceded by increases from an initial noxious heat level, nor by
89 prolonged noxious stimulation at a constant temperature (Mørch et al. 2015; Yelle et al.
90 2008). It thus remained unclear whether an increase in temperature from an initial noxious
91 level was important for eliciting temporal contrast enhancement of the subsequent decrease.

92 Moreover, all these previous studies used pain ratings to measure perceived changes in
93 noxious heat intensity. Such ratings could potentially be influenced by non-sensory
94 processes such as biases in using the rating scale, and would therefore be unsatisfactory for
95 testing whether there is enhanced sensory processing of simple decreases in noxious heat.

96 To provide a more rigorous test of whether decreases in noxious heat intensity, by
97 themselves, are perceptually enhanced relative to increases of comparable sizes, we used a
98 two-interval alternative forced choice task (2IFC) coupled with a staircase procedure to find
99 the smallest detectable increase and decrease in noxious heat (i.e., increase and decrease
100 detection thresholds; Experiments 1-3). We used a similar procedure to find the smallest
101 discriminable difference between two increases or decreases of different magnitudes (i.e.,
102 increase and decrease discrimination thresholds; Experiment 1). Such a procedure
103 assesses perception of changes in noxious heat intensity while minimizing bias. However, to
104 better compare our results with previous findings, we also presented single noxious heat
105 stimuli that either decreased from 47°C to 46°C, increased from 46°C to 47°C, or remained
106 constant at either 46°C or 47°C. Participants rated the intensity of the pain they felt at the
107 end of each stimulus, after it had reached its final temperature (Experiment 2). Based on a
108 previous study that found temporal contrast enhancement of decreases in noxious heat,
109 compared to increases, when the two were presented separately (Mørch et al. 2015), we
110 expected to find smaller detection thresholds for decreases than for increases, because
111 sharper temporal filtering of decreases should make them easier to detect. Conversely, we
112 predicted *larger* discrimination thresholds for decreases of different sizes than for increases
113 of different sizes, because of previous evidence that even a 1°C drop in noxious heat feels
114 as large as a 15°C drop (Grill and Coghill 2002). Additionally, we expected lower pain
115 intensity ratings of a 46°C temperature that followed a drop from 47°C, compared to a
116 stimulus that stayed at a constant 46°C temperature.

117
118
119

120 **2. Methods**

121 **2.1. Participants**

122 Sixteen healthy volunteers were recruited for each experiment through the participant
123 database of the Institute of Cognitive Neuroscience at University College London (UCL). The
124 sample size was determined using G*Power 3.1.9.2 (Faul et al. 2007), and was based on
125 the number of participants needed per experiment to achieve a power of 0.80 with an
126 estimated temporal contrast enhancement effect size (Cohen's d_z) of 0.76 (Grill and Coghill
127 2002). Four males and twelve females participated in Experiment 1 (mean age = 23 years;
128 range = 19-29 years). A separate group of six males and ten females participated in
129 Experiment 2 (mean age = 25 years; range = 18-34 years). Another separate group of eight
130 males and eight females (mean age = 28 years, range = 20-38 years) participated in
131 Experiment 3. Eligibility criteria included being 18-40 years of age, not having sensitive skin
132 or a dermatological condition, and not having taken any analgesic medications within 24
133 hours prior to the experiment. All volunteers gave their written informed consent to
134 participate in the experiments, and were free to withdraw from the study at any point in time.
135 Four participants in Experiment 2 and one in Experiment 3 opted to withdraw because they
136 felt the stimuli were too painful. This possibility had been explicitly included in the protocol,
137 and was not considered an adverse event. Data from those participants were excluded from
138 all statistical analyses, and we recruited additional participants to replace them. All
139 procedures were approved by the UCL Research Ethics Committee and carried out in
140 accordance with the Declaration of Helsinki. Participants were compensated for their time
141 with a payment of £7.50 per hour.

142

143 **2.2. Apparatus and materials**

144 All experimental sessions were carried out in a testing room at the UCL Institute of
145 Cognitive Neuroscience. A laptop computer running LabVIEW 2012 (National Instruments,
146 Austin, TX, USA) was used to run all tasks and record participant responses. Noxious stimuli

147 consisted of either radiant or contact heat, and were delivered to the dorsum of the
148 participant's left hand.

149 Radiant heat stimuli were generated by a skin temperature feedback-controlled
150 infrared CO₂ laser (wavelength = 10.6 μm; SIFEC, Ferrières, Belgium), which allows
151 selective activation of epidermal free nerve endings belonging to Aδ and C nociceptive
152 afferents (Baumgärtner et al. 2005). The laser device continuously samples the skin
153 temperature at the stimulation site so that it can adjust its output energy to reach and
154 maintain the target temperature. Importantly, this device can deliver stimuli lasting several
155 seconds, and is thus optimal for exploring the perceptual correlates of relatively slow
156 increases and decreases in nociceptive input (Mancini et al. 2016). The laser beam was
157 transmitted through an optic fiber, and its diameter was set to 6 mm (28 mm²) by focusing
158 lenses.

159 Contact heat stimuli were generated by a Peltier thermode (Physitemp, Clifton, NJ,
160 USA). The thermode probe had a round contact area (diameter of 13 mm). It was attached
161 to a wood bar controlled by a high power servo motor that brought the probe into contact
162 with the left hand dorsum at the beginning of each stimulus, and then retracted it at the end
163 of the stimulus. The probe was pre-heated to the starting temperature of the stimulus before
164 being applied to the hand.

165

166 **2.3. Experiment 1**

167 Experiment 1 consisted of two sessions on separate days. Radiant heat stimuli were
168 delivered in one session, and contact heat stimuli were delivered in the other session. Both
169 sessions occurred at the same time of day to minimize the impact of diurnal variations in
170 pain perception (Glynn and Lloyd 1976; Strian et al. 1989). Session order was
171 counterbalanced across participants.

172 Each session comprised 4 tasks: decrease detection, decrease discrimination,
173 increase detection and increase discrimination. Each task, consisting of 30 trials, was carried

174 out in a separate block. We determined the smallest change in temperature that could be
175 detected (detection thresholds), as well as how precisely changes in temperature could be
176 perceived (discrimination thresholds), using a 2IFC paradigm and an adaptive 3-down/1-up
177 staircase procedure, which converges on a 79.4% accuracy threshold (Levitt 1971).
178 Detection and discrimination thresholds were calculated by averaging the size of the
179 increase or decrease in stimulus intensity across the last 20 trials of each block. The first 10
180 trials of each block, during which the staircase was still converging, were not included in the
181 threshold determination.

182 Task order, with respect to increase and decrease thresholds, was counterbalanced
183 across participants. The detection task was always done before the corresponding
184 discrimination task, so that the detection threshold could be used as the reference stimulus
185 in the discrimination task. Breaks of approximately 5 minutes were given between blocks.

186 On every trial, two noxious heat stimuli were delivered to the left hand dorsum. Each
187 stimulus lasted 6 s. At the beginning of the trial, participants pressed a key to initiate the first
188 stimulus. Then, 3 s after the end of the first stimulus, participants pressed a key again to
189 initiate the second stimulus. Key presses to initiate the stimuli were included as a safety
190 precaution. The location of noxious heat stimulation was shifted by approximately 2 cm
191 between stimuli to avoid peripheral effects such as receptor adaptation, vascular responses
192 and persistent changes in skin temperature. Throughout each trial, participants fixated a
193 cross presented on the computer screen approximately 60 cm in front of them.

194 Stimuli are illustrated in Figure 1. In the *decrease detection* block, one stimulus
195 remained at a constant temperature of 45°C for 6 s. The temperature of the other stimulus
196 changed: it started at 45°C for 1 s, then decreased to 42.5°C at a rate of 2°C/s, and
197 remained at 42.5°C for the rest of the 6-s stimulus duration. The temperature decrease was
198 equally likely to appear in the first or the second stimulus of each trial. After the second
199 stimulus, the computer screen displayed the question, "Which stimulus contained the
200 decrease?" Participants pressed one key if they thought the decrease occurred in the first
201 stimulus, or another key if they thought it occurred in the second stimulus. Following a 3-

202 down/1-up staircase procedure, the size of the temperature decrease on the following trial
203 increased by 0.5°C (i.e., a larger temperature difference) after an incorrect answer, and
204 decreased by 0.5°C (i.e., a smaller temperature difference) after three successive correct
205 answers. After answering the first question, participants were also asked “How confident are
206 you about your answer?” They pressed one key for “confident” or another key for “just
207 guessing”. The program then proceeded to the next trial (Fig. 1A).

208 The *increase detection* block followed the same procedure as the decrease detection
209 block, except that the temperature of one stimulus in each trial increased at a rate of 2°C/s
210 (from 45 C to 47.5°C on the first trial, and then adjusting on subsequent trials following the
211 same rules described above). As in the decrease detection block, the temperature of the
212 other stimulus remained constant at 45°C for the entire 6-s duration. Participants had to
213 report which of the two stimuli contained the temperature increase, and gave confidence
214 judgments (Fig. 1B).

215 In the *decrease discrimination* block, participants had to detect which of the two stimuli
216 contained a larger temperature decrease. Both stimuli started at an initial temperature of
217 45°C. The temperature of one stimulus decreased from 45°C to the participant’s previously
218 determined decrease detection threshold, at a rate of 2°C/s. The temperature of the other
219 stimulus decreased to 2.5°C below the participant’s decrease detection threshold. The larger
220 decrease was equally likely to appear in the first or the second stimulus of each trial. After
221 the second stimulus, the screen displayed the question, “Which stimulus contained the larger
222 decrease?” Participants pressed one key if they thought the larger decrease occurred in the
223 first stimulus, or another key if they thought it occurred in the second stimulus. The size of
224 the larger temperature decrease on the following trial increased by 0.5°C after an incorrect
225 answer, and decreased by 0.5°C after three successive correct answers. The larger
226 decrease was always greater than the decrease detection threshold, but never reached a
227 temperature below 35°C. The size of the smaller temperature decrease was the same on
228 every trial (i.e., it was equal to the decrease detection threshold). Participants also gave
229 confidence judgments, as described above (Fig. 1C).

230 The *increase discrimination* block followed a similar procedure, except for the direction
231 of stimulus temperature changes. The smaller temperature increase was always equal to the
232 participant's previously determined increase detection threshold. The larger temperature
233 increase was initially 2.5°C higher than the increase detection threshold, and adjusted on
234 subsequent trials following the same rules described above. The larger increase was always
235 greater than the increase detection threshold, but it never increased beyond 50°C, for safety
236 reasons. Participants reported which stimulus contained the larger temperature increase,
237 and gave confidence judgments (Fig. 1D). We could not estimate increase discrimination
238 thresholds for 5 participants, because it would have required increasing stimulus
239 temperature above 50°C. Data from these 5 participants were excluded from the analysis of
240 discrimination thresholds.

241

242 **2.4. Experiment 2**

243 In Experiment 2, we tested whether the findings of Experiment 1—smaller detection
244 thresholds for increases in noxious heat, compared to decreases—could be replicated.
245 Procedures for finding perceptual thresholds were similar to Experiment 1, with the following
246 differences: 1) we used only radiant heat stimuli, so the experiment was conducted in a
247 single session; 2) we measured detection thresholds, but not discrimination thresholds; 3)
248 the rate of temperature change was increased to 4°C/s, so that we could test how well our
249 findings generalize to different rates of temperature change; 4) stimuli that included an
250 increase or decrease remained at the initial temperature of 45°C for 3 s (not for 1 s as in
251 Experiment 1) before any temperature change, so that the initial and final plateau stages of
252 the stimulus profile were more similar in duration. Block order (increase detection vs.
253 decrease detection) was again counterbalanced across participants.

254 Experiment 2 also included a separate task in which participants rated perceived pain
255 intensity during noxious heat stimulation, using an electronic visual analog scale (eVAS). On
256 each trial, a single radiant heat stimulus was presented. There were four different stimulus
257 types:

- 258 1) 46-46°C, where the stimulus temperature remained constant at 46°C for 6 s
- 259 2) 47-47°C, where the stimulus temperature remained constant at 47°C for 6 s
- 260 3) 46-47°C, where the stimulus temperature started at 46°C for 3 s, increased to 47°C
- 261 at 4°C/s and remained at 47°C for 2.75 s
- 262 4) 47-46°C, where the stimulus temperature started at 47°C for 3 s, decreased to 46°C
- 263 at 4°C/s and remained at 46°C for 2.75 s.

264 On each trial, participants pressed a key to initiate the stimulus. A transient auditory

265 stimulus occurred 1 s before the end of the stimulus, after it had reached its final

266 temperature. At the end of the stimulus, an eVAS appeared on the screen, ranging from 0

267 (no pain) to 10 (worst pain imaginable). Participants were asked to rate the intensity of the

268 pain they felt at the time of the auditory stimulus (Fig. 2). Each type of stimulus was

269 presented 14 times in a randomized order, for a total of 56 trials, divided into two blocks of

270 28 trials each. Participants were not given any instructions about the time-courses of the

271 stimuli (i.e., whether their temperature would increase, decrease or stay the same). Task

272 order (detection thresholds first or rating task first) was counterbalanced across participants.

273 Breaks of approximately 5 minutes were given between blocks.

274

275 **2.5. Experiment 3**

276 In Experiments 1 and 2, detection thresholds were measured by increasing or

277 decreasing temperature from a common initial level. Thus, the staircases used for measuring

278 increase detection necessarily involved higher temperatures than the staircases used for

279 measuring decrease detection. This difference in the temperature ranges used could

280 potentially explain the difference between increase and decrease detection thresholds, if

281 there was a positively accelerating relation between stimulus temperature and perceived

282 intensity. Indeed, previous studies have found such a stimulus-response function for noxious

283 contact heat stimulation greater than 42°C (Baliki et al. 2009; Coghill et al. 1993; Defrin and

284 Urca 1996; Kenshalo et al. 1979; Nielsen et al. 2005; Price et al. 1978, 1983, 1994;
285 Svensson et al. 1997).

286 Accordingly, Experiment 3 tested detection of decreases using noxious radiant heat
287 stimuli that started from a higher initial temperature than that used to test detection of
288 increases. This procedure aimed to find perceptual thresholds for increases and decreases
289 in noxious heat using overlapping temperature ranges for increase detection and decrease
290 detection. Procedures for finding detection thresholds were similar to Experiment 2, with the
291 following differences: 1) decreasing stimuli started from a higher initial temperature of 47°C,
292 whereas increasing stimuli still started from 45°C; 2) stimulus duration was lengthened to 10
293 s; 3) stimuli that included an increase or decrease remained at the initial temperature for 5 s
294 before the temperature change; 4) confidence ratings were collected using a 4-point scale
295 with 1 as the minimum and 4 as the maximum, to allow participants to report finer
296 differences in their confidence level. Block order (increase detection vs. decrease detection)
297 was again counterbalanced across participants. As in Experiment 2, the rate of temperature
298 change was 4°C/s.

299

300 **3. Results**

301 **3.1. Experiment 1**

302 **3.1.1. Detection thresholds**

303 A 2 x 2 repeated measures ANOVA with the factors direction (two levels: increase or
304 decrease in stimulus intensity) and stimulus type (two levels: radiant or contact heat) was
305 run on detection thresholds. There was a main effect of direction, $F(1, 15) = 16.43$, $p = .001$,
306 $\eta^2_p = 0.52$, with larger detection thresholds for decreases in noxious heat intensity ($M =$
307 3.01°C , $SE = \pm 0.43^\circ\text{C}$) than for increases ($M = 1.64^\circ\text{C}$, $SE = \pm 0.21^\circ\text{C}$). There was no main
308 effect of stimulus type, $F(1, 15) = 0.38$, $p = .549$, $\eta^2_p = 0.02$, and no interaction, $F(1, 15) =$
309 0.14 , $p = .709$, $\eta^2_p = 0.01$ (Fig. 3A).

310

311

3.1.2. Discrimination thresholds

Another 2 x 2 repeated measures ANOVA with the factors direction (increase or decrease in stimulus intensity) and stimulus type (radiant or contact heat) was run on discrimination thresholds. Again, there was a main effect of direction, $F(1,10) = 19.02$, $p = .001$, $\eta^2_p = 0.66$, with larger thresholds for discriminating between two decreases in noxious heat intensity ($M = 4.16^\circ\text{C}$, $SE = \pm 0.39^\circ\text{C}$) than for discriminating between two increases ($M = 2.00^\circ\text{C}$, $SE = \pm 0.24^\circ\text{C}$). There was no main effect of stimulus type, $F(1,10) = 1.14$, $p = .310$, $\eta^2_p = 0.10$, and no interaction, $F(1,10) = 3.08$, $p = .110$, $\eta^2_p = 0.24$ (Fig. 3B).

3.1.3. Confidence judgments

We were interested in whether confidence judgments would differ between increases and decreases in noxious heat intensity, after accounting for any effects of accuracy and task difficulty on confidence. To this end, we ran a mixed logit model (Jaeger 2008) for binomially distributed outcomes (1 = confident, 0 = just guessing) with random intercepts by participant, using the generalized linear mixed effects model function in R package “lme4” (Bates et al. 2015). The categorical fixed effects were task (1 = detection, 0 = discrimination), stimulus type (1 = radiant heat, 0 = contact heat), direction (1 = increase, 0 = decrease) and trial-by-trial accuracy (1 = correct, 0 = incorrect). There was one continuous fixed effect: the size of the temperature change, or, in discrimination blocks, the size of the difference between the two temperature changes (rescaled so that 1 = maximum change/difference across participants, 0 = no change/difference). We report the marginal significance of each fixed effect with the other fixed effects in the model.

Unsurprisingly, accuracy predicted higher confidence judgments, $\beta = 1.12$, $SE = \pm 0.09$, $p = 2 \times 10^{-16}$, as did the size of the temperature change (or the difference between the two temperature changes), $\beta = 1.01$, $SE = \pm 0.29$, $p = .0004$. Task was also a significant predictor of confidence judgments, with higher confidence in detection judgments than discrimination judgments, $\beta = 0.19$, $SE = \pm 0.08$, $p = .020$. Finally, increases predicted higher confidence judgments than decreases, even after accounting for trial-by-trial variability in accuracy and

340 difficulty, $\beta = 0.67$, $SE = \pm 0.09$, $p = 5 \times 10^{-13}$. Stimulus type (radiant or contact heat) was not a
341 significant predictor of confidence, $\beta = 0.07$, $SE = \pm 0.08$, $p = .374$.

342

343 **3.2. Experiment 2**

344 **3.2.1. Detection thresholds**

345 A paired samples *t*-test showed that detection thresholds were larger for decreases in
346 noxious heat intensity ($M = 3.55^\circ\text{C}$, $SE = \pm 0.52^\circ\text{C}$) than for increases ($M = 1.63^\circ\text{C}$, $SE =$
347 $\pm 0.15^\circ\text{C}$), $t(15) = 3.82$, $p = .002$, Cohen's $d_z = 0.95$, replicating the result from Experiment 1
348 (Fig. 3C).

349

350 **3.2.2. Confidence judgments**

351 We used a mixed logit model with random intercepts by participant to analyze
352 confidence judgments, as in Experiment 1 (see section 3.1.3). Again, accuracy predicted
353 higher confidence judgments, $\beta = 1.04$, $SE = \pm 0.17$, $p = 1 \times 10^{-9}$. However, neither the size of
354 the temperature change, $\beta = 0.87$, $SE = \pm 0.61$, $p = .157$, nor its direction, $\beta = 0.25$, $SE =$
355 ± 0.17 , $p = .156$, was a significant predictor of confidence.

356

357 **3.2.3. Pain intensity ratings**

358 A 2 x 2 repeated measures ANOVA with the factors stimulus profile (constant or
359 variable) and final stimulus temperature (46°C or 47°C) was run on pain intensity ratings.
360 There was a main effect of final stimulus temperature, $F(1,15) = 72.66$, $p = .0000004$, $\eta_p^2 =$
361 0.83 , with higher pain intensity ratings of stimuli ending at 47°C ($M = 5.50$, $SE = \pm 0.49$) than
362 stimuli ending at 46°C ($M = 4.29$, $SE = \pm 0.45$). There was no main effect of stimulus profile,
363 $F(1,15) = 1.49$, $p = .241$, $\eta_p^2 = 0.09$, and no interaction, $F(1,15) = 0.12$, $p = .737$, $\eta_p^2 = 0.01$
364 (Fig. 4).

365

366

367 3.3. Experiment 3

368 3.3.1. Detection thresholds

369 The mean threshold for detecting a decrease in noxious heat was 1.72°C (i.e., a drop
370 from 47°C to 45.28°C; SE = ±0.38°C), and the mean threshold for detecting an increase was
371 1.26°C (i.e., a rise from 45°C to 46.26°C; SE = ±0.10°C). These threshold values indicate
372 that our design successfully produced overlapping temperature ranges for testing increase
373 and decrease detection thresholds. In contrast to Experiments 1 and 2 (Figs. 3A and 3C), a
374 paired samples *t*-test showed no effect of temperature change direction on detection
375 thresholds in Experiment 3, $t(15) = 1.28$, $p = .219$, Cohen's $d_z = 0.32$ (Fig. 3D).

376

377 3.3.2. Confidence ratings

378 To analyze confidence ratings on a 4-point scale, we ran a mixed ordered logit model
379 with random intercepts by participant, using the cumulative link mixed model function in R
380 package "ordinal" (Christensen 2015). As in Experiments 1 and 2, accuracy predicted higher
381 confidence judgments, $\beta = 1.55$, SE = ±0.16, $p = 2 \times 10^{-16}$. Larger temperature changes also
382 predicted higher confidence, $\beta = 2.07$, SE = ±0.49, $p = .00002$. The direction of the
383 temperature change was not a significant predictor of confidence, $\beta = 0.22$, SE = ±0.13, p
384 = .084.

385

386 4. Discussion

387 In this set of experiments, we investigated whether a temporal filtering mechanism
388 enhances perception of simple and isolated decreases in noxious heat intensity, relative to
389 isolated increases of a comparable size. We measured perception using a 2IFC task, or pain
390 ratings of stimuli with unpredictable intensity changes. This allowed us to test for a *sensory*
391 enhancement mechanism while controlling for any effects of expectation or response biases.
392 Contrary to our prediction, in Experiment 1, we found larger detection thresholds for
393 decreases from 45°C than for increases from 45°C, and we replicated this finding in a

394 different set of participants in Experiment 2. Thus, decreases in noxious heat intensity were
395 more difficult to perceive than increases from the same initial temperature. Our results did
396 not depend on whether the noxious stimulus was delivered using radiant or contact heat.
397 This indicates that detection thresholds were not affected by differences in the biophysical
398 mechanisms of radiant and contact heat stimulation (Iannetti et al. 2006), nor by the
399 unavoidable co-activation of mechanoreceptors with contact heat stimulation. Moreover, they
400 were not affected by the rate of temperature change (2°C/s in Experiment 1, and 4°C/s in
401 Experiments 2 and 3).

402 We also found larger thresholds for discriminating the size of two decreases in noxious
403 heat, compared to two increases in noxious heat. However, this difference in discrimination
404 thresholds should be interpreted with caution. We had to exclude 5 participants from the
405 discrimination threshold analysis because determining their increase discrimination
406 thresholds would have required increasing the stimulus beyond the maximum safe limit of
407 50°C . Presumably, this meant that we excluded participants with relatively high increase
408 discrimination thresholds, and this may have biased our result. Note, however, that the
409 detection threshold result was unaffected by this issue.

410 In Experiments 1 and 2, both increases and decreases in stimulus temperature always
411 began at 45°C , so the temperatures used to find perceptual thresholds for decreases were
412 always lower than those used to find perceptual thresholds for increases. In Experiment 3,
413 we repeated the detection threshold procedures using decreases that started from a higher
414 initial temperature (47°C) than the increases did (45°C), so that the temperature ranges
415 used in the two tasks overlapped. We found that decrease detection thresholds from 47°C
416 were numerically larger than, but not significantly different from, increase detection
417 thresholds from 45°C . This suggests that, within a common range of noxious temperatures,
418 increases and decreases in noxious heat are perceived equally well. Further, we found that
419 pain ratings of a 46°C stimulus preceded by a decrease from 47°C were no different than
420 pain ratings of a stimulus that remained constant at 46°C for the same amount of time. Thus,

421 the prior decrease in stimulus temperature did not affect perceived pain intensity (nor did a
422 prior increase from 46°C affect the perceived intensity of a 47°C stimulus).

423 Our findings are consistent with studies that have found positively accelerating
424 psychophysical (Baliki et al. 2009; Coghill et al. 1993; Defrin and Urca 1996; Mørch et al.
425 2015; Nielsen et al. 2005; Price et al. 1983, 1994; Svensson et al. 1997; Yelle et al. 2008)
426 and neural (Kenshalo et al. 1979; Price et al. 1978) stimulus-response functions for heat
427 stimulation in the noxious range (> 42°C).¹ In addition, psychophysical studies of change
428 detection in contact heat intensity found that both monkeys and humans could detect smaller
429 temperature increments as the stimulus baseline increased from an innocuous level of 36-
430 39°C to noxious levels of 46-47°C (Bushnell et al. 1983; Handwerker et al. 1982; Robinson
431 et al. 1983). Figure 5 shows an example of how a positively accelerating stimulus-response
432 function could have yielded our perceptual threshold results. In this function, from a starting
433 temperature of 45°C, a much larger change in stimulus temperature would be required to
434 reduce perceived intensity than to increase perceived intensity by an equal amount. On the
435 other hand, increases in temperature from 45°C and decreases in temperature from 47°C
436 would be perceived similarly, because they cross overlapping points on the stimulus-
437 response function. However, our results should not be overinterpreted in this regard,
438 because we did not directly measure psychophysical stimulus-response functions for our
439 contact or radiant heat stimuli.

440 Our results provide clear evidence that there is no temporal contrast enhancement of
441 simple and isolated decreases in noxious heat intensity, relative to increases of comparable
442 sizes. We used a 2IFC design to specifically examine *sensory* processing of changes in
443 noxious heat intensity, while minimizing any effects of response biases or expectations on
444 perceptual reports. Each noxious heat stimulus followed one of three stimulation profiles: 1)
445 a decrease from an initial level of noxious heat to a lower level, 2) an increase from an initial
446 level of noxious heat to a higher level, or 3) a constant level of noxious heat with no change.
447 Thus, increases and decreases in noxious heat were always presented separately. This is

448 different from the classic OA stimulation paradigm (Derbyshire and Osborn 2008, 2009; Grill
449 and Coghill 2002; Honigman et al. 2013; Martucci et al. 2012a, 2012b; Nahman-Averbuch et
450 al. 2014; Naugle et al. 2013; Niesters et al. 2011a, 2011b; Nilsson et al. 2014; Oudejans et
451 al. 2015; Yelle et al. 2008, 2009), in which a slight decrease in noxious heat intensity is felt
452 as disproportionately large when it is preceded by a slight increase in stimulus intensity from
453 an initial noxious level. It has been proposed that OA results from a temporal filtering
454 mechanism that enhances detection of noxious stimulus offsets (Grill and Coghill 2002; Yelle
455 et al. 2008, 2009). Expanding upon that proposal, some have further claimed that a temporal
456 contrast mechanism might also enhance perception of simple and isolated decreases in
457 noxious heat intensity that are not preceded by prolonged noxious stimulation or by
458 increases from an initial level of noxious heat (Mørch et al. 2015; Yelle et al. 2008). Contrary
459 to that particular claim, we found no evidence for enhanced perception of isolated decreases
460 in noxious heat, relative to increases of the same size. Our result replicated across three
461 experiments in separate groups of participants, and did not depend on the kind of stimulus
462 (contact or radiant heat), the rate of temperature change (2°C/s or 4°C/s), or the type of
463 measurement (2IFC or pain ratings).

464 We did not directly compare our simple stimuli, consisting of individual increases or
465 decreases in noxious heat, with the standard increase-decrease stimulation profile used to
466 elicit OA. However, based on our findings and the differences between our stimuli and the
467 standard OA protocol, we speculate that the initial increase in noxious heat may be key to
468 the enhanced perception of the subsequent decrease. Alternatively, it may not be the
469 increase per se, but the duration of noxious heat stimulation prior to the decrease that is
470 important. The classic OA stimulation profile delivers at least 10 s of noxious heat stimulation
471 prior to the temperature decrement, and a recent study found that a full 30 s of prior
472 stimulation (15 s at the initial noxious level, and 15 s at the higher level) was optimal for
473 eliciting OA when the stimulus returned to its initial noxious temperature (Petre et al. 2017).
474 This is consistent with other studies showing that the perceived intensity of a tonic noxious
475 heat stimulus peaks around 10-15 s after stimulus onset before plateauing or reducing

476 (Hardy et al. 1968; Koyama et al. 2004; Tran et al. 2010), and this plateau may involve
477 thalamocortical modulation (Tran et al. 2010). Our stimuli, on the other hand, only delivered
478 1-5 s of noxious stimulation before the temperature change. We cannot rule out the
479 possibility that longer durations of noxious heat stimulation might produce changes in central
480 nociceptive processing that alter the temporal filtering of stimulus decreases, but we do
481 show that such decreases, by themselves, are not perceptually enhanced.

482 In addition to measuring perception of changes in noxious heat intensity, we asked
483 participants to judge how confident they were about each of their answers in the 2IFC tasks.
484 We were interested in whether participants would report more (or less) confidence in their
485 judgments about decreases in noxious heat, compared to their judgments about increases.
486 People tend to be more confident in easy decisions than difficult ones (e.g., Baranski and
487 Petrusic 1994; Gigerenzer et al. 1991; Griffin and Tversky 1992), and our perceptual
488 threshold results showed that judgments about decreases were *actually* more difficult than
489 judgments about increases. Thus, a simple comparison between confidence judgments in
490 increase and decrease threshold blocks would be confounded by task difficulty. To
491 determine whether confidence might differ for judgments about increases and decreases in
492 noxious heat, beyond any differences driven by task difficulty, we ran mixed models of
493 confidence judgments. In Experiment 1, participants were less confident in their judgments
494 about decreases compared to increases, even after accounting for both accuracy and task
495 difficulty. In Experiments 2 and 3, however, confidence was predicted by accuracy, but not
496 by the direction of the temperature change. Although our confidence results are mixed, they
497 suggest that participants are less confident in their judgments about decreases in noxious
498 heat than in their judgments about increases. Importantly, this effect may not be fully
499 accounted for by differences in the difficulty of these judgments.

500 Altogether, our findings demonstrate that people are better at detecting changes in
501 noxious heat intensity within higher temperature ranges, compared to lower ones. Within a
502 common range of noxious temperatures, we found no advantage for detecting isolated
503 decreases in stimulus intensity, relative to isolated intensity increases. Moreover, pain

504 ratings of a level of noxious heat at a particular moment did not depend on whether it was
505 preceded by an unpredictable decrease from a higher temperature or by constant stimulation
506 at the same temperature. These observations demonstrate that simple decreases in noxious
507 heat stimulation are not subject to temporal contrast enhancement. Future studies may
508 directly compare individual increases or decreases in noxious heat with the typical OA
509 increase-decrease sequence, and with prolonged prior noxious stimulation without an
510 increase from an initial noxious level, to determine the key stimulation parameters for
511 eliciting perceptual enhancement of noxious stimulus offsets.

512

513 **Author Contributions**

514 B.B., P.H., and G.D.I. developed the study concept and design. B.B. and S.G.
515 collected and analyzed the data. All authors contributed to data interpretation. B.B. and S.G.
516 drafted the manuscript and figures, and P.H. and G.D.I. provided critical revisions. All
517 authors approved the final version of the manuscript for submission.

518

519 **Acknowledgments**

520 This work was supported by a research grant from the Medical Research Council (UK)
521 to P.H. and G.D.I. (project MR/M013901/1). P.H. and G.D.I. hold a residency at the Paris
522 Institute of Advanced Studies. P.H. was additionally supported by ERC Advanced Grant
523 HUMVOL, and G.D.I. by ERC Consolidator Grant PAINSTRAT and the Wellcome Trust
524 Strategic Award COLL JLARAXR. The authors have no conflicts of interest to declare. S.G.'s
525 contribution formed part of her undergraduate research project. The authors are grateful to
526 Vania Apkarian, Christian Büchel and Jordi Serra for preliminary discussion of the results.

527

528 **Footnotes**

529 ¹Although it should be noted that most studies of *radiant* heat stimulation tend to show a
530 near-linear stimulus-response function (Adair et al. 1968; Hardy et al. 1952; Iannetti et al.
531 2008; Price and Browne 1973; Svensson et al. 1997).

532 **References**

- 533 Adair ER, Stevens JC, Marks LE. Thermally induced pain, the Dol scale, and the
534 psychophysical power law. *Am J Psychol* 81(2): 147-164, 1968. doi:10.2307/1421259
- 535 Baliki MN, Geha PY, Apkarian AV. Parsing pain perception between nociceptive
536 representation and magnitude estimation. *J Neurophysiol* 101(2): 875-887, 2009.
537 doi:10.1152/jn.91100.2008
- 538 Baranski JV, Petrusic WM. The calibration and resolution of confidence in perceptual
539 judgments. *Percept Psychophys* 55(4): 412-428, 1994. doi:10.3758/BF03205299
- 540 Bates D, Mächler M, Bolker BM, Walker SC. Fitting linear mixed-effects models using lme4.
541 *J Stat Softw* 67(1): 1-48, 2015. doi:10.18637/jss.v067.i01
- 542 Baumgärtner U, Cruccu G, Iannetti GD, Treede RD. Laser guns and hot plates. *Pain* 116(1):
543 1-3, 2005. doi:10.1016/j.pain.2005.04.021
- 544 Bushnell MC, Taylor MB, Duncan GH, Dubner R. Discrimination of innocuous and noxious
545 thermal stimuli applied to the face in human and monkey. *Somatosens Res* 1(2):
546 119-129, 1983. doi:10.3109/07367228309144544
- 547 Christensen RHB. ordinal - Regression models for ordinal data. R package version 2015.6-
548 28, 2015. <https://CRAN.R-project.org/package=ordinal>
- 549 Coghill RC, Mayer DJ, Price DD. Wide dynamic range but not nociceptive-specific neurons
550 encode multidimensional features of prolonged repetitive heat pain. *J Neurophysiol*
551 69(3): 703-716, 1993. doi:10.1152/jn.1993.69.3.703
- 552 Defrin R, Urca G. Spatial summation of heat pain: a reassessment. *Pain* 66(1): 23-29, 1996.
553 doi:10.1016/0304-3959(96)02991-0
- 554 Derbyshire SWG, Osborn J. Enhancement of offset analgesia during sequential testing. *Eur*
555 *J Pain* 12(8): 980-989, 2008. doi:10.1016/j.ejpain.2008.01.008
- 556 Derbyshire SWG, Osborn J. Offset analgesia is mediated by activation in the region of the
557 periaqueductal grey and rostral ventromedial medulla. *NeuroImage* 47(3): 1002-
558 1006, 2009. doi:10.1016/j.neuroimage.2009.04.032

- 559 Faul F, Erdfelder E, Lang AG, Buchner A. G*Power 3: A flexible statistical power analysis
560 program for the social, behavioral, and biomedical sciences. *Behav Res Methods*
561 39(2): 175-191, 2007.
- 562 Gigerenzer G, Hoffrage U, Kleinbölting H. Probabilistic mental models: A Brunswikian theory
563 of confidence. *Psychol Rev* 98(4): 506-528, 1991. doi:10.1037/0033-295X.98.4.506
- 564 Glynn CJ, Lloyd JW. The diurnal variation in perception of pain. *Proc R Soc Med* 69(5):369-
565 372, 1976.
- 566 Griffin D, Tversky A. The weighing of evidence and the determinants of confidence. *Cogn*
567 *Psychol* 24(3): 411-435, 1992. doi:10.1016/0010-0285(92)90013-R
- 568 Grill JD, Coghill RC. Transient analgesia evoked by noxious stimulus offset. *J Neurophysiol*
569 87(4): 2205-2208, 2002. doi:10.1152/jn.00730.2001
- 570 Handwerker HO, Keck FS, Neermann G. Detection of temperature increases in the
571 operating range of warm receptors and of nociceptors. *Pain* 14(1): 11-20, 1982.
572 doi:10.1016/0304-3959(82)90076-8
- 573 Hardy JD, Stolwijk JAJ, Hoffman DS. Pain following step increase in temperature. In: *The*
574 *Skin Senses*, edited by Kenshalo DR Sr. Springfield, IL: CC Thomas, 1968, pp. 444-
575 454.
- 576 Hardy JD, Wolff HG, Goodell H. Pain sensations and reactions. Oxford, England: Williams &
577 Wilkins, 1952.
- 578 Honigman L, Yarnitsky D, Sprecher E, Weissman-Fogel I. Psychophysical testing of spatial
579 and temporal dimensions of endogenous analgesia: conditioned pain modulation and
580 offset analgesia. *Exp Brain Res* 228(4): 493-501, 2013. doi:10.1007/s00221-013-
581 3580-7
- 582 Iannetti GD, Hughes NP, Lee MC, Mouraux A. Determinants of laser-evoked EEG
583 responses: Pain perception or stimulus saliency? *J Neurophysiol* 100(2): 815-828,
584 2008. doi:10.1152/jn.00097.2008

- 585 Iannetti GD, Zambreanu L, Tracey I. Similar nociceptive afferents mediate psychophysical
586 and electrophysiological responses to heat stimulation of glabrous and hairy skin in
587 humans. *J Physiol* 577(1): 235-248, 2006. doi:10.1113/jphysiol.2006.115675
- 588 Jaeger TF. Categorical data analysis: Away from ANOVAs (transformation or not) and
589 towards logit mixed models. *J Mem Lang* 59(4): 434-446, 2008.
590 doi:10.1016/j.jml.2007.11.007
- 591 Kenshalo DR Jr, Leonard RB, Chung JM, Willis WD. Responses of primate spinothalamic
592 neurons to graded and to repeated noxious heat stimuli. *J Neurophysiol* 42(5): 1370-
593 1389, 1979. doi:10.1152/jn.1979.42.5.1370
- 594 Koyama Y, Koyama T, Kroncke AP, Coghill RC. Effects of stimulus duration on heat induced
595 pain: the relationship between real-time and post-stimulus pain ratings. *Pain* 107(3):
596 256-266, 2004. doi:10.1016/j.pain.2003.11.007
- 597 Levitt H. Transformed up-down methods in psychoacoustics. *J Acoust Soc Am* 49(2B): 467-
598 477, 1971. doi:10.1121/1.1912375
- 599 Mancini F, Dolgilevica K, Steckelmacher J, Haggard P, Friston K, Iannetti GD. Perceptual
600 learning to discriminate the intensity and spatial location of nociceptive stimuli. *Sci*
601 *Rep* 6: 39104, 2016. doi:10.1038/srep39104
- 602 Martucci KT, Eisenach JC, Tong C, Coghill RC. Opioid-independent mechanisms supporting
603 offset analgesia and temporal sharpening of nociceptive information. *Pain* 153(6):
604 1232-1243, 2012a. doi:10.1016/j.pain.2012.02.035
- 605 Martucci KT, Yelle MD, Coghill RC. Differential effects of experimental central sensitization
606 on the time-course and magnitude of offset analgesia. *Pain* 153(2): 463-472, 2012b.
607 doi:10.1016/j.pain.2011.11.010
- 608 Mørch CD, Frahm KS, Coghill RC, Arendt-Nielsen L, Andersen OK. Distinct temporal filtering
609 mechanisms are engaged during dynamic increases and decreases of noxious
610 stimulus intensity. *Pain* 156(10): 1906-1912, 2015.
611 doi:10.1097/j.pain.000000000000250

- 612 Nahman-Averbuch H, Martucci KT, Granovsky Y, Weissman-Fogel I, Yarnitsky D, Coghill
613 RC. Distinct brain mechanisms support spatial vs temporal filtering of nociceptive
614 information. *Pain* 155(12): 2491-2501, 2014. doi:10.1016/j.pain.2014.07.008
- 615 Naugle KM, Cruz-Almeida Y, Fillingim RB, Riley JL III. Offset analgesia is reduced in older
616 adults. *Pain* 154(11): 2381-2387, 2013. doi:10.1016/j.pain.2013.07.015
- 617 Nielsen CS, Price DD, Vassend O, Stubhaug A, Harris JR. Characterizing individual
618 differences in heat-pain sensitivity. *Pain* 119(1-3): 65-74, 2005.
619 doi:10.1016/j.pain.2005.09.018
- 620 Niesters M, Dahan A, Swartjes M, Noppers I, Fillingim RB, Aarts L, Sarton EY. Effect of
621 ketamine on endogenous pain modulation in healthy volunteers. *Pain* 152(3): 656-
622 663, 2011a. doi:10.1016/j.pain.2010.12.015
- 623 Niesters M, Hoitsma E, Sarton E, Aarts L, Dahan A. Offset analgesia in neuropathic pain
624 patients and effect of treatment with morphine and ketamine. *Anesthesiology* 115(5):
625 1063-1071, 2011b. doi:10.1097/ALN.0b013e31822fd03a
- 626 Nilsson M, Piasco A, Nissen TD, Graversen C, Gazerani P, Lucas MF, Dahan A, Drewes
627 AM, Brock C. Reproducibility of psychophysics and electroencephalography during
628 offset analgesia. *Eur J Pain* 18(6): 824-834, 2014. doi:10.1002/j.1532-
629 2149.2013.00424.x
- 630 Oudejans LCJ, Smit JM, van Velzen M, Dahan A, Niesters M. The influence of offset
631 analgesia on the onset and offset of pain in patients with fibromyalgia. *Pain* 156(12):
632 2521-2527, 2015. doi:10.1097/j.pain.0000000000000321
- 633 Petre B, Tetreault P, Mathur VA, Schurgin MW, Chiao JY, Huang L, Apkarian AV. A central
634 mechanism enhances pain perception of noxious thermal stimulus changes. *Sci Rep*
635 7: 3894, 2017. doi:0.1038/s41598-017-04009-9
- 636 Price DD, Browe AC. Responses of spinal cord neurons to graded noxious and non-noxious
637 stimuli. *Brain Res* 64: 425-429, 1973. doi:10.1016/0006-8993(73)90199-6

- 638 Price DD, Bush FM, Long S, Harkins SW. A comparison of pain measurement
639 characteristics of mechanical visual analogue and simple numerical rating scales.
640 *Pain* 56(2): 217-226, 1994. doi:10.1016/0304-3959(94)90097-3
- 641 Price DD, Hayes RL, Ruda M, Dubner R. Spatial and temporal transformations of input to
642 spinothalamic tract neurons and their relation to somatic sensations. *J Neurophysiol*
643 41(4): 933-947, 1978. doi:10.1152/jn.1978.41.4.933
- 644 Price DD, McGrath PA, Rafii A, Buckingham B. The validation of visual analogue scales as
645 ratio scale measures for chronic and experimental pain. *Pain* 17(1): 45-56, 1983.
646 doi:10.1016/0304-3959(83)90126-4
- 647 Robinson CJ, Torebjörk HE, LaMotte RH. Psychophysical detection and pain ratings of
648 incremental thermal stimuli: A comparison with nociceptor responses in humans.
649 *Brain Res* 274(1): 87-106, 1983. doi:10.1016/0006-8993(83)90523-1
- 650 Strian F, Lautenbacher S, Galfe G, Hölzl R. Diurnal variations in pain perception and thermal
651 sensitivity. *Pain* 36(1): 125-131, 1989. doi:10.1016/0304-3959(89)90120-6
- 652 Svensson P, Rosenberg B, Beydoun A, Morrow TJ, Casey KL. Comparative psychophysical
653 characteristics of cutaneous CO₂ laser and contact heat stimulation. *Somatosens*
654 *Mot Res* 14(2): 113-118, 1997. doi:10.1080/089902297711114
- 655 Tran TD, Wang H, Tandon A, Hernandez-Garcia L, Casey KL. Temporal summation of heat
656 pain in humans: Evidence supporting thalamocortical modulation. *Pain* 150(1): 92-
657 103, 2010. doi:10.1016/j.pain.2010.04.001
- 658 Yelle MD, Oshiro Y, Kraft RA, Coghill RC. Temporal filtering of nociceptive information by
659 dynamic activation of endogenous pain modulatory systems. *J Neurosci* 29(33):
660 10264-10271, 2009. doi:10.1523/JNEUROSCI.4648-08.2009
- 661 Yelle MD, Rogers JM, Coghill RC. Offset analgesia: A temporal contrast mechanism for
662 nociceptive information. *Pain* 134(1-2): 174-186, 2008.
663 doi:10.1016/j.pain.2007.04.014
- 664

665 Figure Captions

666 Figure 1. Example trials from each of the four two-interval alternative forced choice (2IFC)
667 tasks used in Experiment 1: A) Decrease detection blocks, B) Increase detection blocks, C)
668 Decrease discrimination blocks, and D) Increase discrimination blocks. Decrease and
669 increase detection blocks were also run in Experiments 2 and 3. Noxious heat stimuli lasted
670 6 s each in Experiments 1 and 2, and 10 s each in Experiment 3.

671

672 Figure 2. The four stimulus types delivered in the intensity rating task in Experiment 2.
673 Stimuli were delivered in a randomized order. Participants used an electronic visual analog
674 scale (eVAS; 0-10) to rate the intensity of pain they felt at the time of an auditory tone
675 presented 1 s before the end of the stimulus (arrows).

676

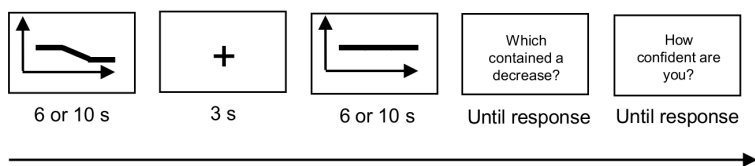
677 Figure 3. Perceptual thresholds for decreases and increases in radiant (laser) and contact
678 (thermode) noxious heat intensity from Experiments 1 and 2. Thresholds are represented as
679 unsigned magnitudes. Bars represent the mean thresholds, and lines represent single-
680 participant thresholds. A) Thresholds for detecting which of the two stimuli contained a
681 decrease or increase from 45°C in Experiment 1. B) Thresholds for discriminating which
682 stimulus contained the larger decrease or increase from 45°C in Experiment 1. C)
683 Thresholds for detecting which of the two stimuli contained a decrease or increase from
684 45°C in Experiment 2. D) Thresholds for detecting which of the two stimuli contained a
685 decrease from 47°C or an increase from 45°C in Experiment 3.

686

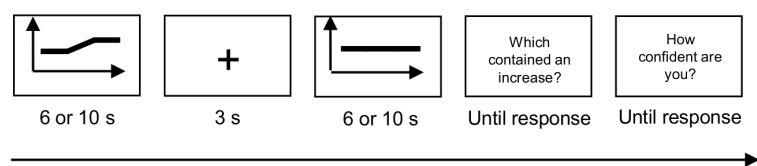
687 Figure 4. Pain intensity ratings on a 0-10 electronic visual analog scale (eVAS). Participants
688 were instructed to rate the intensity of pain they felt at the time of an auditory tone presented
689 1 s before the end of the stimulus, when all stimuli had reached their final temperatures.
690 Bars represent the mean ratings across participants, and lines represent the mean ratings of
691 each participant.

692 Figure 5. Hypothetical psychophysical stimulus-response function for heat stimulation going
693 into the noxious range. A positively accelerating stimulus-response function could account
694 for the finding (Experiments 1 and 2) of larger perceptual thresholds for decreases from
695 45°C than for increases from 45°C ($A=B$; $D>E$), as well as the finding (Experiment 3) of
696 similar thresholds for decreases from 47°C and increases from 45°C ($B=C$; $E\approx F$). A.U. =
697 arbitrary units

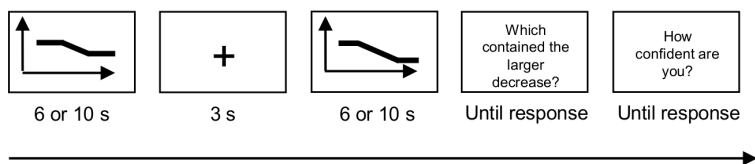
A) Decrease detection



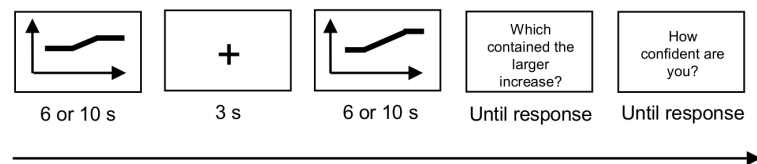
B) Increase detection



C) Decrease discrimination



D) Increase discrimination



Stimulus profile

Constant

Temperature change

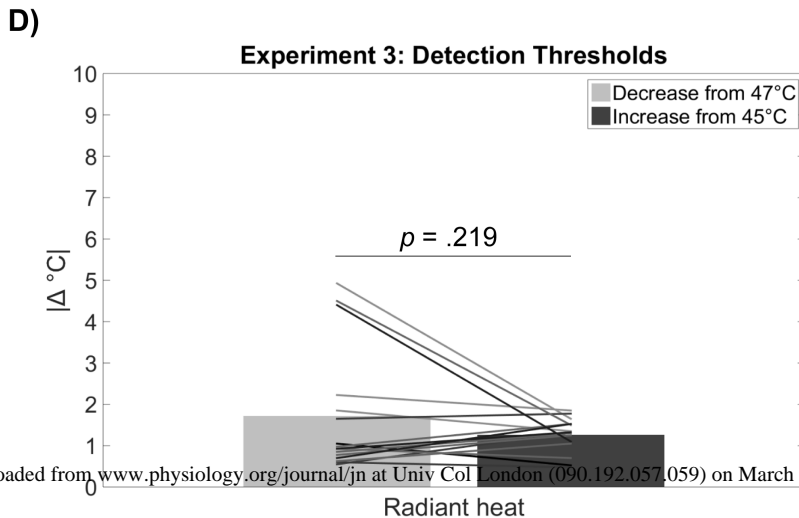
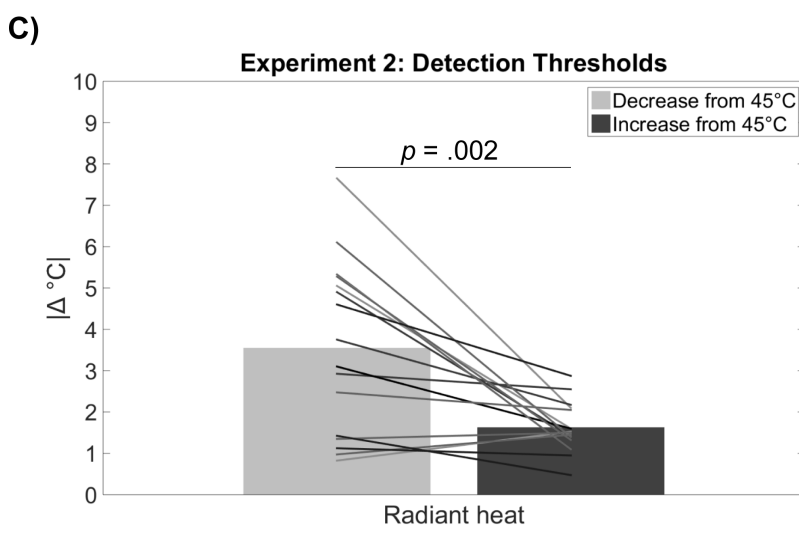
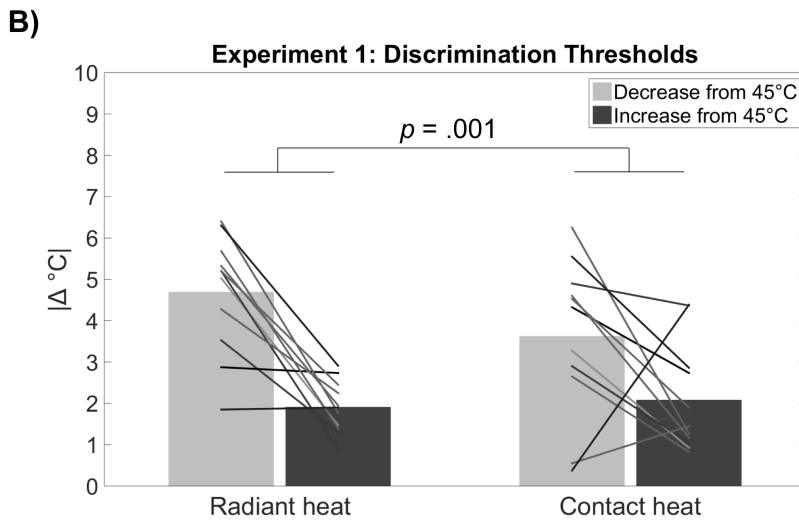
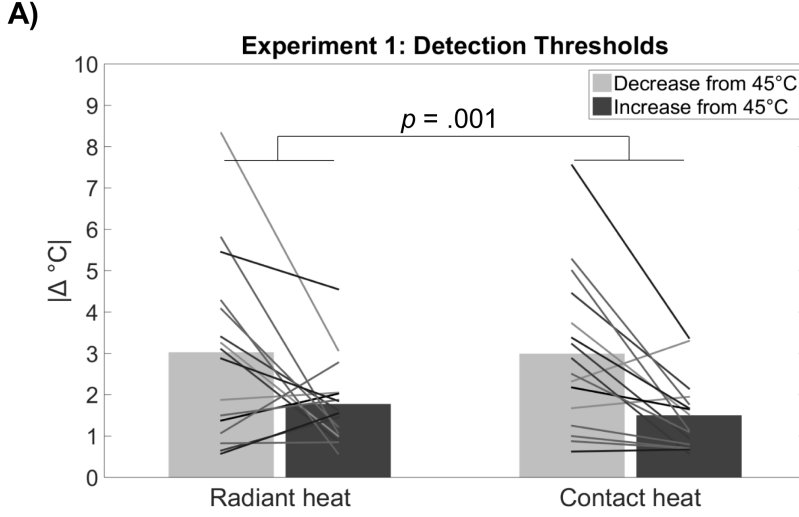
46°C



47°C



Final temperature



Experiment 2: Pain Intensity Ratings

