Visual space curves before eye movements

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ABSTRACT

In most experiments within the field of cognitive and systems neuroscience, fixation is often required prior to the onset of an experimental trial. However, the term "fixation" is rather misleading since our eyes are constantly moving. One type of transient miniature movements ubiquitously observed during fixation is commonly referred to as fixational eye movements or microsaccades. Peri-microsaccadic compression of visual space — the ability of retinotopic cells to transiently exhibit predictive spatio-temporal retinotopic compressive shifts towards the target of an impending microsaccade — is known to dramatically alter visual perception. However, whether peri-microsaccadic compressive shifts can become spatially asymmetric, that is, continuously directed towards a specific foveal region over another (e.g., an upper over a lower region in the fovea) and for what purpose, remains poorly understood. Assuming that these transient shifts are indeed asymmetric under certain conditions, the perceptual and oculomotor consequences such asymmetricity might accompany across visual space is poorly understood. Equally unaccounted for is a mechanistic account of the neural computation and architecture that could support these transient asymmetric shifts while the visual system actively maintains retinotopic organization. Here, we systematically measured visual sensitivity in human subjects to faint probes presented during fixation, and around the time of a saccadic eye movement, at geometrically symmetric retinotopic locations in the foveal, parafoveal, and peripheral regions of visual space. Remarkably, we observed transient local asymmetric visual sensitivity differences between these symmetric retinotopic locations where none should be observed. Equally surprising, we observed the trajectories of saccadic eye movements, which are expected to travel along a linear path, routinely deviate along a curved path towards orthogonal eccentric locations. To provide a mechanistic account of the neural computation and architecture that may explain our results, we proposed a novel

neurobiologically inspired phenomenological force field model in which underlying attentional
and oculomotor signals are modulated by transient eccentric error signals that manifest as
temporally overlapping predictive forces and impinge on the retinotopic visual cortex. These
forces, which transiently bias putative population sensitivity towards an orthogonal retinotopic
foveal region, and, around the time of a saccadic eye movement, along an axis orthogonal to
the saccade direction towards a mislocalized peripheral region, succinctly capture the essence
of our empirical observations.
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43 **INTRODUCTION**
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The central 2° of the visual space is extensively represented in the retina, the superior colliculus
(SC), and the primary visual cortex (V1), and is thus well suited for tasks that necessitate a
detailed exploration of everyday visual objects (e.g., fruits). In the event that a visual object of
interest lands on the peripheral retina, a large and rapid eye movement, known as a saccade, is
recruited by the visual system in order to bring that object into the central 2° of visual space
(i.e., to foveate). To explore the fine visual details that might convey the state of the foveated
object (e.g., its ripeness or aposematic extent), microsaccades, also referred to as small
fixational eye movements, are continuously being executed by the visual system while the fine
visual features of the object are brought in and out the foveola, the most central 1° of visual
space where visual resolution is the highest (*1, 2, 3*).

Prior to the onset of a fixational eye movement, marked by a local transient shift in
gaze, retinotopic cells in the superior colliculus predictively shift their neural resources towards
the target of the impending fixational eye movement (*4*). This phenomenon is known as peri-
microsaccadic compression of visual space. On the perceptual domain, peri-microsaccadic
compression, which enhances foveal representation, causes human subjects to erroneously
mislocalize eccentric faint stimuli as more foveal (*5,6*). Remarkably, peri-microsaccadic
compression is mechanistically consistent with peri-saccadic compression of visual space – the
ability of retinotopic cells to transiently exhibit spatio-temporal retinotopic compressive shifts
towards the target of the saccade (*7*). On the perceptual domain, these transient retinotopic
convergent shifts cause human subjects to also mislocalized flashed faint probes, however in
this case, towards the target of the saccade (*8*). Previous studies have shown that peri-saccadic
retinotopic compressive shifts are not always symmetric (*9, 10*). On the perceptual domain,
this leads to frequent orthogonal mislocalization of a flashed faint stimuli away from the
saccade target (*11, 12*). However, in the case of peri-microsaccadic compression it is unknown

whether these compressive shifts can also demonstrate asymmetric biases (e.g., a persistent and

sustained compressive retinotopic shifts towards a selected foveal region over another region,

which constitutes the destination of successive fixational eye movements). If peri-

microsaccadic compression can become asymmetric, on the perceptual domain, this should

result in transient increases in visual sensitivity at retinotopic foveal locations that either

overlap with or are proximal to the foveal region that constitutes the target of these asymmetric

peri-microsaccadic compressive shifts (*13*). Further, assuming this perceptual bias predicts

what we might expect in the fovea, performance in the parafoveal, and peripheral regions of

visual space is harder to predict and unsurprising, remains unexplored. In addition to this, no

study to date has been able to provide a mechanistic account of the neural computation and

architecture the visual system uses to mediate asymmetric peri-microsaccadic compression of

visual space, while controlling for any over-compression towards the fovea (i.e., maintaining

retinotopic organization).

Equally unaccounted for are two issues pertaining to the perceptual and motor

influences peri-microsaccadic compression in general wield around the time of a saccade. On

the perceptual domain, peri-microsaccadic shifts precede peri-saccadic compressive shifts. Yet,

it is poorly understood the extent these two forms of compression temporally overlap or take

place within distinct temporal windows, along with the perceptual effect such temporal

dynamics accompany around the time of the saccade. On the motoric domain, studies have

shown that saccades that are expected to travel along a linear path, can deviate along a curved

trajectory (*14*). While peri-microsaccadic compression causes subjects to mislocalize faint

visual stimuli, which temporally overlap with the planning and preparation of a saccade, it is

also unknown whether the spatial extent of these compressive shifts can also cause subjects to

mislocalize the saccade target, which, if it is the case, should fundamentally influence the

planning and the trajectory of the saccade (*15*).

To provide an account for (i) the spatio-temporal perceptual consequences across visual

space that are driven by transient asymmetric peri-microsaccadic compressive shifts, (ii) how

the planning and the trajectory of a saccade is influenced by this asymmetricity, and (iii)

whether this asymmetricity influences peri-saccadic compressive shifts and the perceptual

signatures they accompany, we first assessed saccade landing positions after subjects executed

a saccade. This informed us as to where subjects perceived the fixed saccade target to be located

during fixation. Following this, we assessed the transient consequences of visual sensitivity to

visual probes that were presented around the path of a saccade in the foveal, parafoveal, and

peripheral retinotopic regions of visual space during fixation and around the time of a saccade.

In addition to this, saccade trajectories were investigated in order to assess whether the planning

of a saccade and its eventual execution along with observed transient changes in visual

sensitivity share an underlying cause. Next, we investigated the rhythmicity that actively

supported these transient changes in visual sensitivity in order to assess whether they resemble

known rhythmic attentional signatures that mediate neural activity within retinotopic brain

areas. Finally, we proposed a novel neurobiologically inspired phenomenological force field

model that succinctly recapitulated transient changes in visual sensitivity at less (foveal) and

more eccentric (parafoveal) retinotopic regions of visual space.

In a dimly lit room, during fixation, flashed low-contrast probes (at a contrast level

which the subject could detect with 50% accuracy) were randomly flashed for 20ms at 2.5

degrees of visual angle from the fixation dot (*Experiment 1*), from the midpoint (at an

eccentricity of 5°) between the fixation dot and the fixed saccade target (*Experiment 2*), or from

the fixed saccade target (*Experiment 3*), at tangential retinotopic locations (i.e., retinotopic

locations around the presumed path of a saccade, Fig. 1A), geometrically symmetric to one

another with respect to the radial axis (i.e., the presumed path along which subjects should plan

their impending saccade). Temporally, low contrast probes were flashed either during fixation

or after the extinguishment of the fixation dot, which served as the central motor cue for

subjects to make a planned saccade towards the retinotopic location along which they perceived

the fixed saccade target to be positioned (See Methods, Fig. 1B). With respect to target onset,

flashed probes fell within the time window of 0 to 1285ms after target onset. The task of each

subject was to report with a button-press whether they were able to detect a flashed probe while

making a saccade towards the fixed saccade target. Note, unlike previous psychophysical

studies which only measured a single tangential axis, aside from the fixed saccade (or eccentric)

target, we did not present any secondary salient spatial cue along a pre-selected tangential axis

(*16, 17*). This ensured that if any differences between these tangential axes was to be observed,

they could not be attributed to an experimental artifact. In addition, to control for any strategic

restriction of attentional and oculomotor resources along a single tangential axis, probes were

also isotropically flashed along the radial axis. Finally, to then control for any false responses,

in 25% of all experimental trials no probes were flashed, which yielded a false alarm rate of

1.2% along the tangential axes. Indeed, because of the aim of our study highlighted above,

perceptual and oculomotor responses obtained in both control and radial conditions were

discarded and are therefore not included in the main analyses reported below.

RESULTS

Local transient shifts in gaze and saccade landing positions

Across experiments, after the onset of the fixed eccentric target, we observed local transient shifts in gaze (1). However, specifically from 0 to 209ms, these local transient shifts in gaze were unexpectedly averted away from the retinotopic location of the fixed eccentric target and was uniquely biased towards a foveal region that is more proximal to the foveal tangential clockwise fov_{cw} location (Fig. 2A). This observation aligns with previous studies which report that some attentional resources, but not all, is allocated away from the pre-selected eccentric spatial cue shortly after it appears on the peripheral retina ($18, 19$). From 210ms to 820ms after the onset of the fixed eccentric target (Fig. 2B), we observed that these transient shifts in gaze continued to remain eccentric but were now being compressed in a persistent and sustained manner towards a foveal region more proximal to the foveal tangential counterclockwise fov_{ccw} location. These persistent and sustained compressive shifts in gaze is in agreement with a seminal study which reported enhanced visual processing at the attended foveal site (20), thereby causing visual receptive fields to compress around this region in the fovea. The spatial distribution between these local transient shifts in gaze along the radial and tangential axes was statistically significant (rad_{shift}, p = 4.0058e-36; tan_{shift}, p = 0.0149).

Across experiments, we observed that saccade landing positions, from 0 to 50ms after saccade offset (i.e., the moment the eye lands in the periphery) was dramatically mislocalized towards the peripheral tangential clockwise $peri_{cw}$ location (Fig. 2C). Because the visual system, as it plans an impending saccade, must estimate the spatial extent of the eccentric saccade target that is concurrently being sampled on the peripheral retina during fixation ($15, 21, 22$), it is highly likely that subjects erroneously perceived the fixed eccentric saccade target in the direction of the $peri_{cw}$ location just before saccade onset ($11, 12$). As we had expected, a larger variance was observed for the initial locus of gaze (6.84 deg²) when compared to the variance associated with later compressed shifts in gaze (2.12 deg²). As for the variance associated with the saccade landing positions, a larger variance (10 deg²) was observed when compared to the variance obtained for the initial and latter shifts in gaze (Fig. 2D).

Asymmetric foveal compression

As our eyes incessantly move during fixation, visuo-motor signals arrive faster at the target of an impending fixational eye movement in the direction of the more eccentric retinotopic regions. Consequently, retinotopic foveal locations that are more proximal to the target of an impending fixational eye movement will inherently benefit from earlier and more enhanced

visual processing (20, *23, 24*). Conversely, at the more eccentric regions of visual space, visual

processing is significantly delayed which results in an erroneous representation at more

eccentric locations (*9, 10, 11, 12, 25*). With this in mind, an account emerges that may explain

why subjects frequently mislocalized the fixed eccentric target towards the tangential

clockwise axis (Fig. 2C). Specifically, we posit that just after the onset of an eccentric target,

which is accompanied by initial inward radial-tangential shifts in gaze (Fig 2A), some amount

of visual resources at the more eccentric retinotopic region of visual space is allocated towards

the target of a fixational eye movement (*18, 19, 20, 23, 24*). Consistent with the prediction of

peri-microsaccadic compression of visual space, an eccentric flashed stimulus within this pre-

saccadic window (>100ms to saccade onset) would most likely appear more foveal (Fig.3A,

5). Further, we posit that accompanying these transient inward radial-tangential shifts, are

transient asymmetric compressive components which is accompanied here by persistent and

sustained compressive shifts in gaze towards the tangential counterclockwise axis (Fig. 2B).

These sustained transient compressive shifts require resources already present in the fovea (at

the fov_{cw} location) and additional resources from the more eccentric regions of visual space

(*20*). Because of this demand, the more eccentric regions of visual space, keeping only residual

resources centripetally distributed around a mislocalized pre-selected eccentric target (*9, 11*),

are uniquely devoid of the visual resources they need to calibrate their representations initially

distorted by transient inward radial-tangential compressive shifts. Consequently, within a pre-

saccadic window, this results in an erroneous (i.e., curved) representation of visual space,

marked by an orthogonally biased gaze that is radially connected to an orthogonally

mislocalized target (Fig 3B, *26, 9, 10*).

Functional predictions and pre-saccadic visual sensitivity results

From here on out, we will refer to peri-microsaccadic compression of visual space which we

posit is actively modulated by persistent and sustained asymmetric compressive components

as simply "curved visual space". Curved visual space accompanies very specific and precise

pre-saccadic visual sensitivity predictions at foveal and at the more eccentric regions of visual

space. Specifically, in the fovea, transient but marked increases in pre-saccadic visual

sensitivity at retinotopic foveal locations that either overlap with or are more proximal to the

foveal region that constitutes the target of these persistent and sustained asymmetric

compressive shifts (fov_{ccw} location) should be observed. Further, probes flashed at retinotopic

foveal locations (fov_{cw}) that are more distal to the targeted region of these asymmetric

compressive shifts should experience marked declines in presaccadic visual sensitivity

(Fig.3C). Conversely at the more eccentric regions of visual space, we should observe transient

but marked increases at eccentric locations that are more proximal to the centripetal spreading

of resources which remain around the mislocalized pre-selected target ($para_{cw}$ and $peri_{cw}$,

9, 11), while eccentric locations ($para_{ccw}$ and $peri_{ccw}$) that are more distal should experience

marked declines in presaccadic visual sensitivity (Fig.3D-E).

To directly assess these predictions from a functional perspective, we calculated visual

sensitivity functions by binning percent correct responses across subjects for the foveal,

parafoveal, and peripheral experiments, using a 15ms sliding window that was moved in 45ms

increments. Next, we obtained each subject's raw visual sensitivity, using a 20-fold jackknife

procedure by estimating sensitivity from 95% of the data. This was repeated 20 times, each

time leaving out 5% of the data. To then control for any eccentricity dependent effects across

visual space, these traces were normalized by the average raw sensitivity over the initial 100ms

in the data. At the foveal retinotopic region, during a persistent and sustained compression

towards the fov_{ccw} retinotopic location, we observed transient but marked increases in pre-

saccadic visual sensitivity at the fov_{ccw} retinotopic location. At the fov_{cw} retinotopic location,

we observed transient but marked declines in visual sensitivity (Fig. 4A). Indeed, as we had

expected, these foveal results are predicted by curved visual space. In the parafoveal region,

we observed transient but marked increases in pre-saccadic visual sensitivity at the $para_{cw}$

retinotopic location, while at the $para_{ccw}$ retinotopic location we observed marked declines in

visual sensitivity (Fig. 4B). Finally, in the peripheral region, , we observed transient but marked

increases in visual sensitivity at the $peri_{cw}$ retinotopic location, while at the $peri_{ccw}$

retinotopic location, we observed transient but marked declines in visual sensitivity (Fig. 4C).

Like in the foveal region, these results are also predicted by curved visual space.

Peri-saccadic sensitivity hand-offs in the more eccentric regions

Remarkably around a peri-saccadic window (~100ms before saccade onset), we also observed

peri-saccadic visual sensitivity "hand-offs" between clockwise and counterclockwise locations

at the more eccentric regions of visual space. Specifically, 1014ms after the onset of the fixed

eccentric target (i.e., 70ms before saccade onset), which is around the time human subjects

orthogonally mislocalize flashed faint stimuli away from the actual location of the saccade

target (*11,12*), the $para_{ccw}$ retinotopic location that once experienced transient declines in peri-

saccadic visual sensitivity begun to experience rapid increases in peri-saccadic visual

sensitivity. Conversely the $para_{cw}$ retinotopic location that once experienced transient

increases in peri-saccadic visual sensitivity began to experience rapid declines in peri-saccadic

visual sensitivity (Fig. 4B). Along the same lines, in the peripheral region, we observed earlier peri-saccadic hand-offs between $peri_{ccw}$ and $peri_{cw}$ retinotopic locations. Specifically, 920ms after the onset of the fixed saccade target (i.e., 164ms to saccade onset), the $peri_{ccw}$ retinotopic location that once experienced transient declines in peri-saccadic visual sensitivity begun to experience rapid increases in peri-saccadic visual sensitivity, while the $peri_{cw}$ retinotopic location that once experienced transient increases in peri-saccadic visual sensitivity began to experience rapid declines in peri-saccadic visual sensitivity (Fig. 4C). As expected, in the foveal retinotopic region, from 820ms onwards after the onset of the fixed eccentric target, we observed for the most part global declines in peri-saccadic visual sensitivity at both foveal retinotopic locations (positioned away from the future center of gaze, Fig. 4A). Overall, these results suggest that just before the eye is set to move resource that were asymmetric compressed in the fovea were slowly being reallocated back to more eccentric locations which allowed these regions to calibrate their representations back towards counterclockwise locations. As we might expect, this calibration (or hand-off) appears to benefit the $para_{ccw}$ and $peri_{ccw}$ locations.

Curved saccade trajectories

Having provided the functional correlates of curved visual space, a natural question one might ask is whether the planning of a saccade, its eventual execution, and the transient changes in visual sensitivity we just highlighted share an underlying cause. To investigate this question, we calculated trajectory estimates associated with the saccades subjects made towards the periphery. We predicted that saccades on average will deviate along a curved path towards the $peri_{cw}$ retinotopic location – the retinotopic location towards which subjects on average mislocalized the fixed saccade target (Fig. 2C). Keeping in mind that the peri-saccadic handoffs occurred to some extent temporally overlapped with when subjects began to plan and prepare for an impending saccade (i.e., ~150 to 200ms before saccade onset) (*21 22),* we further predicted that a smaller number of saccades should also deviate back towards the $peri_{ccw}$ retinotopic location.

Aligned with both of our predictions, we observed that trajectories towards the periphery systemically deviated along a curvilinear path across experiments, at a rate of 73% towards the $peri_{cw}$ retinotopic location. In 27% of all trials, saccades were curved towards the $peri_{ccw}$ retinotopic location. These observations align with previous studies which report that the spatial extent human subjects predict the saccade target is located actively influences the planned saccade trajectory (*14)*. It also aligns with the finding that when a planned saccade is

directed towards the incorrect location of the target (e.g., an orthogonal position in space)
human subjects are indeed able to calibrate the trajectory of the saccade towards the correct
location of the target (*27*). Specifically, when the eccentric target was presented at a fixed
azimuth angle of 0°, the trajectories were curved towards the $peri_{ccw}$ retinotopic location at a
rate of 91% with an average curvature of 0.22 in area/amp. Conversely, for the remaining trials
(saccades curved towards the $peri_{ccw}$ retinotopic location), an average curvature of -0.80 in
area/amp was observed. When the saccade target was presented at a fixed azimuth angle of
45°, the trajectories were curved towards the $peri_{cw}$ retinotopic location at a rate of 65% with
an average curvature of 0.56 in area/amp, while for the remaining trials (saccades curved
towards the $peri_{ccw}$ retinotopic location), an average curvature of -0.74 in area/amp was
observed. Finally, when the saccade target was presented at a fixed azimuth angle of 315°,
trajectories were curved towards the retinotopic $peri_{cw}$ retinotopic location at a rate of 60%
with an average curvature of 1.12 in area/amp, while for the remaining trials (saccades curved
towards the retinotopic location $peri_{ccw}$ location), an average curvature of -1.17 in area/amp
was observed.

Rhythmicity supporting local transient shifts in gaze
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We next investigated whether visual sensitivity changes in the foveal region compared to the
more eccentric regions of visual space were uniquely being supported by rhythmicity (~3.3 Hz)
which actively mediate neural signals within attention modulating retinotopic brain areas that
predict fixational eye movements (*28*).To do this, we applied the same exact technique used in
a seminal study where perceptual data within a 300–1100ms window was used to explore the
relationship between attentional phenomena and global oscillating effects (*29*). However,
because we decided to compute our visual sensitivity functions within a 15ms window shifted
by 45ms increments as opposed to 15ms increments used in the foremost study mentioned, we
compensated for this difference by using our entire data set which included pre-saccadic and
peri-saccadic sensitivity signatures (0-1285ms). Consequently, this increased the reliability of
our spectral results. Additionally, to ensure that our spectral results revealed the true periodic
nature of our data, we detrended our non-normalized time-series data (Supplementary. Fig.1).
Finally, we applied a Hanning window to control for any spectral leakage and then transformed
our detrended data into the frequency domain using a fast Fourier transform (FFT).

At the fov_{ccw} retinotopic location, we observed that these transient changes in visual
sensitivity were actively mediated by rhythmicity in the delta frequency band at ~2 Hz. This
rhythmicity is known to suspend neural resources during cognitively demanding tasks

(Fig. 5A, 30). At the fov_{cw} retinotopic location, we observed that these transient changes in

visual sensitivity were actively being mediated by rhythmicity at ~3 Hz which previous studies

have shown within attention modulating retinotopic brain areas predicts the occurrence of

fixational eye movements (*29*). Additionally, this rhythmic range is also known to mediate the

allocation of attentional signals that support visual sensitivity at suprathreshold levels (31-*33*).

Furthermore, the spectral signature that mediated the fov_{ccw} retinotopic location was not

location-specific when compared to shuffled data sets (Fig. 5B, p=0.2280). Conversely, the

spectral signature that supported the fov_{cw} retinotopic location was specific to that retinotopic

location (p=0.0230). The $para_{cw}$, $para_{cw}$, $peri_{ccw}$, and $peri_{ccw}$ retinotopic locations also

exhibited rhythmicity in the ~2 Hz delta frequency band (Fig. 5C & 5E). The spectral signature

observed at these eccentric clockwise and counterclockwise retinotopic locations were not

location-specific (p=0.0915, p=0.9725, p=0.3179, p=0.9725) (Fig. 5D & 5F).

While the link between attentional signals originating from attention modulating

retinotopic brain areas (e.g., the superior colliculus, frontal, parietal, visual cortices), and global

oscillating effects in general is debated, empirical evidence is starting to emerge in support of

this relationship (28, *30,34,35,36*). Here, our spectral results from a functional perspective

further support this emerging idea (*29*). Specifically, our results suggest that while visual

resources that would otherwise facilitate active visual processing at the more eccentric

retinotopic regions of visual space appear inhibited, marked by delta oscillations (Fig.5, *30,*

37), visual resources remained present in the fovea specifically around the fov_{cw} retinotopic

location. It is important to note that this retinotopic location was not only proximal to the site

initial transient shifts in gaze were directed towards (*18, 19*) but also constitutes the retinotopic

location tasked with transferring its resources towards a foveal region that will become more

proximal but not directly aligned to the fov_{ccw} retinotopic location (Fig. 2B). Despite these

results, it is difficult to directly assess the extent these global oscillating effects reflect the

neural dynamics across attention modulating retinotopic brain areas. To this end, we proposed

a phenomenological force field model in order to investigate whether our model could

recapitulate visual sensitivity changes observed at the less eccentric (foveal) and more eccentric

(parafoveal) regions of visual space.

A novel phenomenological force field model

Our model includes two main layers – a "retinotopic field" and a "force field", both of which

are neurobiologically inspired. Our retinotopic field is composed of an eccentric configured

overlapping retinotopic population receptive fields (pRFs) that tile foveal, parafoveal and

peripheral retinotopic regions of visual space, analogous to the small receptive fields that support foveal representation in the primate visual cortex and increase in size with stimulus eccentricity (Fig. 6A). Additionally, pRFs in our model were assigned population elastic fields (pEFs), which like our pRFs were also proportional to their eccentricity. Considering that pRFs across retinotopic brain areas can predictively shift beyond the spatial extent of their classical receptive fields (*38, 39, 40*), pEFs allows our modelled pRFs the ability to undergo transient perturbation beyond their classical surround structures. At the same time, it ensures that pRFs do not go beyond this movement extent, thus allowing the visual system to maintain retinotopic organization.

The second and final layer of our model is a "force field". Our force field is founded on three key assumptions, two of which have been well established. The first assumption is that attention mediating retinotopic brain areas during fixation make available their neural resources, which is used by the visual system to facilitate visual processing at an attended foveal retinotopic site. Further, as the eye is set to move, the same resources these areas provide is reallocated towards more eccentric regions in visual space (*7, 23, 24, 41-48*). The second assumption is that around the time of a saccade, oculomotor signals, which also accompany their own set of resources, originating from premotor brain areas become available. These resources are used by the visual system to enhance the future fields of retinotopic cells (*49-51*).

The third assumption is that attentional-oculomotor signals described above are actively being modulated by "transient eccentric error signals". These signals likely originate within attention modulating retinotopic brain areas that specifically regulate the allocation of resources away and toward the more eccentric regions of visual space (e.g., visual cortices and parietal cortices, *9, 20, 26, 38, 52, 53, 54*). We propose that these signals directly support persistent and sustained asymmetric retinotopic compressive shifts. Together, the summation of attentional-oculomotor signals and transient eccentric error signals give rise to temporally overlapping predictive input and output forces that are exerted by corresponding time varying masses – M. These forces perturb pRFs akin to a mechanical lever or what we refer to as a "retinotopic lever", thereby distorting visual representation along retinotopic displacements that include an angular bearing. Further, keeping in mind how frequently we saccade ($\sim$ 3-5 times per second) which is energetically expensive (*15*), the final assumption of our force field is that the neural computation that balances energy costs and the distribution of resources within different regions of visual space acts within an inverse force field (*55*). Specifically, this ensured that pRFs were appropriately sensitized towards task-relevant retinotopic locations while minimizing the energy cost associated with spatial perturbations.

Force field model can explain asymmetric differences in visual sensitivity

Simulations under an inverse force field (ε=-0.55), sampled at discrete increments of 1ms,
produced spatiotemporal retinotopic displacements of pRFs (Supplementary. Fig.2-3), with
each pRF modeled as a bivariate gaussian kernel function (See Methods). With this, we
calculated time-varying modulation density read-outs (or putative population sensitivity),
equivalent to the visual sensitivity signatures in our psychophysical experiments.

As far as the foveal simulations, modelled pRFs were initially perturbed by the
introduction of a radial-tangential translational force (i.e., an output force) exerted by a virtual
mass at infinity positioned in the direction of an initial shift in gaze towards a foveal clockwise
region (Gα). Under the influence of this output force, in order to maintain retinotopic
organization, pRFs that tile the more eccentric retinotopic regions of visual space were
restricted from over-translating towards the fovea. Because of this, the more eccentric pRFs,
for the time being, remained slightly displaced (or orthogonally mislocalized) towards a radial-
tangential retinotopic site at the more eccentric regions of visual space. Shortly after, we
introduced a predictive asymmetric compressive force (i.e., an input force) exerted by a mass
positioned in the fovea (Rβ). In addition to radial-tangential translational retinotopic shifts, this
caused pRFs to start undergoing transient asymmetric retinotopic compressive shifts towards a
foveal counterclockwise region. Under the influence of these temporally overlapping input and
output forces, we observed putative population sensitivity signatures that recapitulated changes
in visual sensitivity obtained from our psychophysical experiment in the fovea (Fig.6C, Fig.
4A). Assuming that pRFs were not being mediated by transient eccentric error signals (i.e.,
simulations that did not include an input or output force) and were simply perturbed by
oculomotor signals originating from pre-motor brain areas (i.e., a purely predictive
translational force), we observed as one might have expected, no difference in putative
population sensitivity between modelled fov_{cw} and fov_{ccw} retinotopic locations (Fig. 6C,
dotted marker, *38*). Similarly, retinotopic shifts that only included a non-mislocalized output
force (Fig. 6C, thin markers, *7*) was also unable to explain observed changes in visual
sensitivity in the fovea.

As far as the simulations for the more eccentric parafoveal region (Fig. 6D), with the
onset of additional predictive asymmetric compressive force (i.e., an input force) exerted by a
mass positioned directly at the center of a foveal counterclockwise region (Gβ). The onset of
this input force ensured that pRFs, in a very persistent and sustained manner, remained under
the influence of the fovea. Next, we introduced a predictive mislocalized convergent force (i.e.,

an output force) exerted by a mass positioned around a clockwise region in the periphery (Rμ).
Keeping in mind that these forces obey an inverse distance rule, which requires that pRFs
further from a given mass give less of its resources then pRFs closer to the same mass, the
introduction of this output force ensured that while resources remained sustained in the fovea,
some were also centripetally distributed around an eccentric orthogonal site. Overlapping with
the onset of this output force was a predictive translational force (analogous to when subjects
began to plan for a saccade). This translational force was exerted by a mass positioned in the
direction of the impending curvilinear saccade that is slowly deviating back toward a
counterclockwise region in the periphery (Fig 4C). Note that we modelled the offset of this
curvilinear translational force as the onset of a saccade, which in the context of our
psychophysical experiments is when subject stopped planning for the impending saccade and
eventually executed a rapid eye movement towards a mislocalized eccentric region. Under the
influence of these temporally overlapping forces, we observed pre-saccadic signatures that
quite clearly recapitulated changes in visual sensitivity obtained from our psychophysical
experiment in the parafoveal region of visual space (Fig. 6F; Fig. 4B). In addition to this, we
observed a peri-saccadic hand-off just before saccade onset. In all, as expected, simulations
that did not include the combination of an input and an output force, or those that only included
a correctly localized output force could not explain visual sensitivity changed we observed in
our psychophysical experiments.
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435   **DICUSSION**
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Peri-microsaccadic compression of visual space — the ability of retinotopic cells to transiently
exhibit predictive spatio-temporal retinotopic compressive shifts towards the target of the
impending fixational eye movement — is known to dramatically alter visual perception.
However, it was unknown whether peri-microsaccadic compressive shifts, under certain
conditions can become spatially asymmetric, that is, demonstrate a persistent and sustained
bias towards one foveal locus over another. If this type of transient top-down modulating
occurs, what perceptual and oculomotor effects does it enable?
To provide an account from a functional perspective, we systematically measured the
consequences of transient shifts in gaze on visual sensitivity at geometrically symmetric
retinotopic locations in the foveal, parafoveal, and peripheral regions of visual space within
pre-saccadic temporal windows. We also assessed how these transient shifts in gaze mediate
the planning and execution of a saccade trajectory. We show for the first time that these
transient shifts in gaze give rise to local asymmetric differences in visual sensitivity at

geometrically symmetric retinotopic locations within a pre-saccadic window, while saccade
trajectories deviate along a curvilinear path towards an orthogonal mislocalized peripheral site
(Fig. 4). We later constructed a phenomenological force field model in which we proposed that
transient shifts in gaze are underlined by attentional and oculomotor signals that are actively
modulated by transient eccentric error signals. The summation of these signals manifests as
temporally overlapping predictive input and output forces which act on cells across retinotopic
brain areas and thereby modulate their population sensitivity equivalent to changes in visual
sensitivity in our psychophysical experiments. Putative population sensitivity signatures
recapitulated local asymmetric differences in visual sensitivity we observed at geometrically
symmetric retinotopic locations in less and more eccentric retinotopic regions of visual space
(Fig. 6).

Apart from uncovering the effects of transient local shifts in gaze on pre-saccadic visual
sensitivity and saccade trajectory, our behavioral and simulation results provide two
fundamental insights into how asymmetric peri-microsaccadic compressive shifts actively
modulates peri-saccadic compressive representation of visual space. First, peri-saccadic
representation reflects the influence of attentional-oculomotor signals that are actively
modulated by transient eccentric error signals and is not solely the result of purely translational
or symmetrically convergent signals, as suggested by previous studies (*7, 38*). Indeed, the
presence of or the gating off of these eccentric error signals (modelled as the onset and offset
of curvilinear translational signals) seems to determine (i) whether flashed stimuli will be
orthogonally mislocalized away from or towards a fixed saccade target (*8, 11, 12*), (ii.) and
whether retinotopic cells will align with or shift along an axis that is orthogonal to the radial
axis (*9,10*). Finally, the neural computations that support this retinotopic representation well
before and around the time of a saccade obey an inverse-distance rule, while the neural
architecture that mediates spatiotemporal retinotopic shifts pRFs undergo – which give rise to
this representation – includes pEFs. Indeed, these critical insights should inform future neural
investigations that explore the relationship between pre-saccadic and peri-saccadic
representations of visual space.

To conclude, the observed transient local shifts in gaze during fixation remain a curious
point, since they are directed away from the fixed eccentric target. However, considering that
humans were once preys, it is possible that these miniature shifts away from the visual target
of interest reflect an evolutionarily conserved visual oculomotor avoidance or escape strategy
the mammalian visual system used to track a distal target (e.g., conspecific, predator) from a

safe distance (e.g., corner of the eye), later followed by a calculated movement (e.g., saccade)

towards the retinotopic location previously avoided (*56-58*).

METHODS

Human subjects

The protocol for this study, the collection and storage of the data was approved by the Yale

Ethic Review board and was in accordance with the Declaration of Helsinki. Subjects all above

18 years of age, gave both verbal and written consent. Specifically, the six consenting human

subjects (5 females and 1 male; 21-26 years old) with corrected-to-normal visual acuity

participated in the three experiments reported as it is standard within the field of research. Three

of the six subjects participated in the foveal and parafoveal experiments. The remaining three

subjects participated in the peripheral experiment. The Yale Ethics Review board approved the

protocol of these experiments and the storage of the data that was collected

Visual stimuli and experimental protocol

Fig. 1 summarizes the protocol used across experiments. In a dimly lit room, stimuli were

presented on a gamma corrected display with a spatial resolution of 1400 x 1050 pixels and a

mean luminance of $38cd/m^2$. Eye movements were recorded using an infrared video-based

eye-tracker sampled at 1kHz (I-Scan Inc., Woburn, MA). While tightly head fixed using a head

rest and a customized bite bar, subjects at the onset of each trial acquired fixation for 300ms.

Fixation within this temporal window was spatially aligned with the fixation point (0.5 dva in

diameter) using a custom-developed 9-point eye-calibration procedure in Picto. Next,

depending on the subject, a saccade target was presented at an eccentricity of 10° and at

azimuth angles of 0° (for s_1), 45° (for s_2) and 315° (for s_3) (Fig. 1A). Following target onset,

fixation was maintained for another 300-600ms within ~2dva fixation tolerance window, at the

end of which the fixation spot was extinguished, which served as the central motor cue for

subjects to make an eye movement towards the saccade target. For another 500ms after the

central motor cue, the saccade target remained visible. Finally, a low contrast probe (at a

contrast level which the subject could detect with 50% accuracy) were isotropically flashed,

depending on the experiment, for 20ms randomly either along the radial or tangential axis at a

random time during the 300-600ms window between the target onset and the central motor cue

(25% of trials) or at a random time between 0-340ms after the central motor cue (50% of the

trials). On the remaining 25% (which yielded a false alarm rate of 1.2%), no probes were
presented. All three conditions were randomly interleaved across trials. With respect to target
onset, the presentation of flashed probes fell within a time window of 0-1285ms after target
onset (Fig. 1B). Subject was asked to report, using a push button, whether they were able to
detect the flashed probe. While the responses along the radial axis were not analyzed, the
presentation of these probes was crucial in controlling for any response biases that may have
emerged along the tangential axes. To ensure that attentional and oculomotor resources was
not being driven by an asymmetric stimuli configuration as it is the case in previous studies,
no secondary salient spatial cue was presented. Across experiments, subjects, and axes, we
collected a total of $\sim$ 18,000 trials, while along the tangential axes, a total of ~6010 trials were
collected.

Statistical analyses

To investigate gaze dynamics, probability density maps and variance estimates were calculated
using median filtered edge preserving fixational data, which was rotated to an angle of 0° across
target locations. Next, we calculated a gaze probability density map for the foveal and
periphery regions using a bivariate Gaussian kernel (*59*). The estimated locus of gaze across
subjects was defined as the peak of each probability density map (i.e., the yellow contour lines).
To compare the distribution of gaze in the fovea during the 0 to 209ms window after target
onset versus 210 to 820ms window after target onset, a Mann-Whitney U statistic was
calculated at p value less than 0.05. Further, variance in gaze was calculated using a bivariate
Contour Ellipse Area (BCEA) approach which included 68% of fixational data around the
mean (*63*). Accompanying error bars were obtained which denote the standard error of the
mean variance across subjects. To investigate the extent saccade trajectories were curved across
experiments at each saccade location. Horizontal and vertical eye positions, with the time
window starting point constituting the moment fixation was maintained to the moment the eye
landed in the periphery, was isolated. Next to obtain a measurement of curvature, the curved
area that emerged from the eye position during this time window was calculated. To then obtain
a ratio measure of curvature per unit amplitude, this area was divided by the amplitude of the
saccade (*60*). Accompanying calculated error bars denote the standard error of the mean at each
target location across experiments. To investigate normalized changes in visual sensitivity
across subjects, I first binned each subject's percent correct responses for the foveal (Exp. 1),
parafoveal (Exp. 2), and peripheral (Exp. 3) experiments, using a 15ms sliding window that

was moved in 45ms increments. Next, we obtained each subject's raw visual sensitivity, using

a 20-fold jackknife procedure by estimating sensitivity from 95% of the data. This was repeated

20 times, each time leaving out 5% of the data. This produced a mean and an error estimate of

visual sensitivity at each tangential location for each experiment across subjects (*61*). To

control for any eccentric-dependent effect on raw visual sensitivity, these traces were

normalized by the average sensitivity over the initial 100ms in the data. To investigate

frequency domain and cross-location phase coherence dynamics, a fast Fourier transform

(FFT) was applied to the detrended raw visual sensitivity data. Next, we computed the mean

of the spectral signatures and corresponding standard error of the mean across subjects. To than

assess whether the observed periodicities were location specific, we randomly shuffled

(n=1000) the probe location identities across trials and calculated the sensitivity function and

periodicity of the shuffled data using the same procedures noted above. A two tailed paired-

sample t-test at p-values of 0.05 was calculated to assess the significance between shuffled and

non-shuffled data. Finally, for the cross-location phase coherence analysis, we applied an

approach to the shuffled and non-shuffled detrended data that is commonly used in assessing

the underlying coherence in neural data (*62*). I then projected the difference between phase

angles of each subject between counterclockwise (ccw) and clockwise (cw) locations and then

calculated the resultant vector across subjects.

Novel computational framework - Retinotopic mechanics

The underlying architecture of this simple yet powerful mechanical model is composed of a

retinotopic field (ϕ_r) and a neurobiological inspired force field (ϕ_f). The retinotopic field is a

two-dimensional overlapping hexagonal grid of eccentricity-dependent receptive fields - RF_i -

that tiled the foveal, parafoveal and peripheral regions in visual space (Supplementary Fig. 2-

3). Each RF_i was defined by three parameters: (a) p_i, the spatial extent of the RF center (x_i,

y_i) at t_0 (when there is no resultant predictive force acting on the ϕ_r). p_i determines the

eccentricity - e_i of RF_i, (b) s_i, the radius of RF_i is *prop*ortional to e_i, and (c) the movement

extent (M_{max}) of RF_i is its EF_i which is also $\propto e_i$. ϕ_f emerged from attentional and oculomotor

signals actively modulated by transient eccentric error signals that act as predictive input and

output forces, and some cases a translational force, which transiently perturb a constellation of

population receptive fields from equilibrium and thereby modulate their putative population

sensitivity (density readouts) as a function of space and time. For simulations at the less

eccentric ("foveal"), the resultant force ($\overrightarrow{F_{R1}}$) included an input and output force ($\overrightarrow{F_I}$, and $\overrightarrow{F_O}$)

and an internal force ($\overrightarrow{F_E}$) which RF_i at t_{0+n} experiences:

$$\overrightarrow{F_O} = \overrightarrow{U_{M_{G\alpha}}} \cdot M_{G\alpha} \cdot |G\alpha|$$

$$\overrightarrow{F_I} = \overrightarrow{U_{M_F}} \cdot M_F \cdot R_\beta^\varepsilon$$

$$\overrightarrow{F_{R1}} = \overrightarrow{F_I} \cdot k_I + \overrightarrow{F_O} + \overrightarrow{F_E}$$

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where $M_{G\alpha}$ and M_F are the virtual mass at infinity in the upward direction which approximates

an initial shift in gaze and a foveal mass located at a lower tangential foveal retinotopic site

which approximates a compressed shift in gaze respectively. $\overrightarrow{U_{M_{G\alpha}}}$ and $\overrightarrow{U_{M_F}}$ are the unit

vectors in the direction of the virtual mass and the foveal mass respectively. $|G\alpha|$ is the

magnitude in gaze away from the upper tangential foveal retinotopic site, while R_β is the

spatial difference between RF_i and M_F raised to an epsilon scalar – ε. The value of ε, depending

on the retinotopic mechanics that best explains the phenomenon in question, can either be

consistent with a proportional- distance rule (i.e., >0) or an inverse-distance rule (i.e., <0).

Further, k_I was obtained by calculating the average of $R_{\beta 0}^\varepsilon$ across RF_i's and then taking its

reciprocal $\frac{1}{\left(R_{\beta 0}^\varepsilon\right)}$, while $\overrightarrow{F_E}$ is $\propto$ the movement of RF_i. For the more eccentric ("parafoveal")

simulations, the resultant force ($\overrightarrow{F_{R2}}$) included an input, output, an additional orthogonally

biased translational force ($\overrightarrow{F_I}$, $\overrightarrow{F_O}$ and $\overrightarrow{F_T}$) and an internal force ($\overrightarrow{F_E}$) which RF_i at t_{0+n}

experiences:

$$\overrightarrow{F_I} = \overrightarrow{U_{M_\beta}} \cdot M_{G\beta} \cdot |G\beta|$$

$$\overrightarrow{F_O} = \overrightarrow{U_{M_M}} \cdot M_M \cdot R_\mu^\varepsilon$$

$$\overrightarrow{F_T} = \overrightarrow{U_{M_S}} \cdot M_S \cdot |S|$$

$$\overrightarrow{F_{R2}} = \overrightarrow{F_O} \cdot k_O + \overrightarrow{F_I} + \overrightarrow{F_T} + \overrightarrow{F_E}$$

where $M_{G\beta}$ and M_M are the virtual mass at infinity in at the lower foveal tangential retinotopic

site which approximates a complete compression of gaze and the mislocalized mass located at

a peripheral retinotopic site that approximates a mislocalized saccade target respectively.

$\overrightarrow{U_{M_{G\beta}}}$ and $\overrightarrow{U_{M_M}}$ are the unit vectors in the direction of the virtual mass and the mislocalized

peripheral mass respectively. $|G\beta|$ is the magnitude of a fully compressed gaze which is roughly

∝ the magnitude of a mislocalized target. R_μ is the spatial difference between RF_i and M_M

raised to ε, while $|S|$ approximates the magnitude of an impending curvilinear saccade towards

the counterclockwise location in the periphery. The same calculation used to obtain k_I was

used to obtain k_O, however in this case, the average of $R_{\mu 0}^\varepsilon$ across RF_i's was used. Depending

on the stimulation, a time varying resultant force ($\overrightarrow{F_{R1}}$ or $\overrightarrow{F_{R2}}$) perturbed each RF_i, which

produced spatiotemporal retinotopic displacements (Supplementary Fig. 2-3). The population

movements of the constellations of RF_i's manifested in time-varying modulation of raw

density, modeling each RF_i as a bivariate gaussian kernel function *G (64)*. A probability density

estimate (or putative population sensitivity readouts), $\hat{f}$, was obtained using the following

equation:

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$$G\ (u) = \frac{1}{\sqrt{2\pi}} e^{-\frac{1}{2}u^\mathsf{T}u}$$

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$$\hat{f}\ (x, \mathbf{B}) = \frac{1}{k} \sum_{i=1}^{k} G_{\mathbf{B}}\ (|x - x_i|)$$

631 Finally, population sensitivity readouts were later normalized using the same approach used to

632 normalize the raw visual sensitivity traces.

AUTHOR CONTRUBITIONS

EL conceptualized the project. EL collected the data. EL preprocessed the behavioral data with

the assistance of XZ. EL analyzed the behavioral data. EL developed the computational model.

EL implemented the model. EL performed the model simulations. EL wrote the manuscript.

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COMPETING INTEREST

Authors has no competing financial interest.

DATA AVAILABILITY

The data that supports this study is available upon reasonable request.

CODE AVAILABILITY

The custom Matlab code that supports the figures reported in this study is available upon

reasonable request.

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Fig. 1. Spatiotemporal profile of experiments. (A) Markers in the illustration of visual space show all retinotopic locations at which a probe was flashed before and after the deployment of attention, saccade planning, and, finally, the execution of a saccade. Probes of interest, presented along the tangential axes, are conspicuously highlighted in open circle markers. **(B)** Temporal sequence of a valid trial across experiments with respect to target onset.

Fig. 2. Gaze dynamics, saccade landing position, variance estimates. (A-D) Probability density map of local shifts in central gaze and saccade landing position was calculated using a bivariate gaussian kernel along with their bivariate contour ellipse area estimates for each probability density map. Error estimates are standard error of means across observers.

Inward radial-tangential shift   asymmetric foveal compressive shifts

Fig. 3. Asymmetric foveal compression. (A-B) simple schematic showing the combination of an inward radial-tangential shift towards the fovea and sustained asymmetric foveal compressive shifts. **(C-E)** Visual sensitivity predictions at geometrically symmetric tangential retinotopic locations in the foveal, parafoveal, and peripheral regions of visual space.

Fig 4. visual sensitivity, and trajectory deviation estimates. (A-C) Changes in visual sensitivity along tangential axes with respect to target onset; error estimates were calculated using a 20-fold jackknife procedure. **(D)** Mean saccade trajectory deviation for horizontal and oblique saccades across experiments. Positive values on the ordinate denote trajectory deviation towards a clockwise location (cw), while negative values denote trajectory deviation towards a counterclockwise location (ccw).

Fig 5. Frequency domain estimates (A-F) Frequency domain representation of raw detrended peri-saccadic sensitivity at less and more eccentric locations in visual space. Shuffled (n=1000, dashed line) versus unshuffled (solid line) data set were used to compute location-specific spectral signatures at a p<0.05.

Fig 6. Phenomenological model of curved visual space. (A) For illustration purposes, a single eccentricity dependent population receptive field (pRF) within a retinotopic field is highlighted in pink. A pRF is defined by its center, size, and an eccentric dependent population elastic field (pEF). **(B)** $M_{G\alpha}$ denotes gaze transitional signals modelled as a virtual mass at infinity located in a direction approximating the initial shift in gaze. M_F denotes compressive signals modelled as a varying mass directed towards a counterclockwise tangential region in the fovea. **(C)** Simulation results under three main conditions **(D)** A pRF bounded by pEF is highlighted in pink for parafoveal simulations. **(E)** $M_{G\beta}$ denotes gaze translational signals modelled as a virtual mass at infinity located in a direction approximating compressed shift in gaze, M_M denotes a varying mass at a mislocalized peripheral region, and M_S denotes the curved transitional signals modelled as a virtual mass at infinity located in the direction of a curvilinear saccade. **(F)** simulation results under three main conditions.