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LA COORDINATION VISUO-MANUELLE CHEZ LE BEBE DE 6 MOIS : L'EXPLORATION VISUELLE DIFFERE-T-ELLE EN FONCTION DE LA MAIN UTILISEE ?

VISUAL EXPLORATION OF REACHING SPACE DURING LEFT AND RIGHT ARM MOVEMENTS IN 6-MONTH-OLD INFANTS

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1 **RESUME**

2 La préférence manuelle et la coordination visuo-manuelle émergent progressivement au cours 3 de la première année de vie du bébé avec le développement des gestes de préhension. Le but 4 de cette recherche est de déterminer si l'exploration visuelle au cours des gestes manuels varie 5 en fonction de la main utilisée, et si oui, d'en décrire précisément ses caractéristiques à l'aide d'un système d'eye-tracking. Douze bébés âgés de 6 mois ont été observés dans une situation 6 7 de préhension (6 essais, 3 avec chaque main). La distribution du regard, la main utilisée, son 8 mouvement, son ouverture et sa position ont été codés à l'aide du logiciel The observer ®. Les résultats montrent que les bébés explorent leur espace de préhension différemment en 9 10 fonction de la main utilisée : ils regardent plus l'objet lorsqu'ils utilisent la main droite et plus 11 autour de l'objet lorsqu'ils utilisent leur main gauche témoignant d'une coordination visuo-12 manuelle asymétrique précoce.

13

Mots-Clefs : Latéralité manuelle, coordination visuo-manuelle, exploration visuelle, enfant,
système d'eye-tracking.

16

17 ABSTRACT

18 Infant's manual laterality and eye-hand coordination emerge during the second part of the first 19 year of life with the development of reaching. Nevertheless, little is known about the potential 20 asymmetric characteristics of this coordination. The aim of this study was to describe visuo-21 spatial exploration in 6-month-old infants during reaching, according to the hand used. More 22 specifically, we examined if the use of the left or the right hand was linked to a specific type 23 of visual exploration. Gaze direction during goal-directed reaching towards an object placed on the table was measured with a remote ASL 504 eye tracker (Bedford MA). Twelve babies 24 25 aged 6 months were observed during six reaching sessions, alterning three sessions with an object on the left side of the subject and three with an object on the right side. Gaze direction 26 27 and some hand variables (hand activity, hand opening and hand position from the body) were 28 coded with The Observer software. Results showed that babies visually explore their reaching 29 space differently according to the hand used: they look more at the object when they use their 30 right hand and more around the object when they use their left hand; they also look more 31 often at their left hand than at their right one. These results suggest that an asymmetric visuo-32 manual coordination exists as early as 6 months : vision seems to support (1) left hand during 33 reaching for evaluate distances from object to baby by means of visual feedbacks and (2) right 34 hand for identify what sort of object is. Results are discussed in light of manual specialization 35 and specific hemispheric skills at this age.

- Key-words: Manual laterality, visuo-manual coordination, visual exploration, infant, eye tracking
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40 **1. INTRODUCTION**

41 Object visuomotor exploration plays a central role in early cognitive development: infants 42 learn about their physical environment, acquire knowledge to plan future actions and develop sensorimotor coordination from these visuomotor experiences. The aim of this paper was to 43 describe how vision participates in reaching, around 6 months, when this hand activity is 44 well-established but not yet automated. More particularly, we analyzed visuo-spatial 45 46 exploration according to the hand used, in order to evaluate if specific visual strategies could be assigned to manual laterality. In order to specify how visuo-motor coordination is 47 organized, we also observed visuo-spatial exploration according to the movement of the hand, 48 49 its opening and its position to the object.

50 The development of eye-hand coordination like in reaching is a good neuroscientist tool, widely used to infer relationships between brain and behavior (Luna, Velanova, & Geier, 51 2008). According to the traditional view of infant reaching development, infants use vision, at 52 first, to guide the hand towards the target when they begin to reach, around the age of 4 53 months (Piaget, 1952; White, Castle, & Held, 1964), and then they use the visual error 54 55 between hand and target to correct their ongoing reaches (Bushnell, 1985), when the first successful reaches (grips) appear around 5 months. Between 5 and 7 months, major 56 57 developments occur in the timing of infant manual anticipation (such as opening of the hand during the movement), indicating that grasp control shifts from being manually guided to 58 59 being visually guided (Witherington, 2005). However, some results challenge this traditional point of view: one of the most notable is that sight of the hand is not necessary to make 60 successful grasps; Clifton, Muir, Ashmead, and Clarkson (1993) have found that infants from 61 1.5 to 5 months (6 to 25-weeks-of-age) touched objects as in the light as in the dark without 62 63 kinematic differences in reaching (Clifton, Rochat, Robin & Berthier, 1994). Moreover, 64 infants are capable of completing even relatively complex reaches, such as catching a moving

object, without visual feedback of the hand (Berthier, Clifton, Gullapalli, McCall, & Robin, 65 66 1996; McCarty et al., 2001). Kinematic changes in reaching in the dark have been reported only in infants aged 15 months (Carrico et al., 2008). However, the fact that infants can reach 67 68 in the dark does not mean that they don't use vision when it is available (in the light). We can suppose that improvement in reaching is probably the result of general improvements in the 69 70 use and the integration of different perceptual information in order to make finer a more 71 reliable movements: infants probably use first, proprioceptive information and then visual 72 information, which will become more and more indispensable to modulate reaching during 73 their early development (Thelen et al., 1993; von Hofsten, 1993). We need to have a better understanding of the role played by vision, especially during the onset of prehension, around 74 75 6 months, by differentiating the hand used, which regrettably was not mentioned by the 76 previous authors.

77 In adults, specific visuo-manual asymmetries are reported: when the subject reaches towards 78 an object with his/her left hand, his/her eve movements end up earlier on the object and peak 79 velocity (of eye movements) is reached earlier than when (s)he reaches with his/her right hand 80 (Lavrysen et al., 2008) and saccades reached the target earlier when accompanying left-81 compared to right-hand movements (Helsen et al., 1998a, 1998b; Carnahan et al., 1993). 82 Goal-directed one hand movements are predominantly controlled by the contralateral cerebral 83 hemisphere. Traditionally, functional hemispheric specialization is described as right 84 hemisphere advantage for movement planning and/or attentional aspects and left hemisphere advantage for processing information during ongoing movement (Hodges et al., 1997; 85 86 Carson, 1989). Asymmetries of eye-hand coordination could be explained by the fact that the right hand/left hemisphere system may have higher efficiency in utilizing response-produced 87 88 feedback (Elliott & Chua, 1996). This hemispheric specialization also impacts lateral hand 89 use: The right hand is involved in the temporal organization of perceptual and/or motor

90 information, during ongoing movements (Flowers, 1975; Bradshaw, Bradshaw, & Nettleton, 91 1990; Haaland, Elsinger, Mayer, Durgerian, & Rao, 2004), and in the planning of sequential acts that require response selection, preparation and/or retrieval (Verstynen, Diedrichsen, 92 93 Albert, Aparicio, & Ivry, 2005). The left hand is involved in the spatial planning of a task and in the allocation of attention in space (Carson, 1989; Hodges, Lyons, Cokell, Reed, & Elliott, 94 95 1997; Sainburg, 2002). In this perspective, a manual specialization can be defined 96 independently of handedness: the preferred hand is not always the most relevant according to 97 task specificies : right-handers perform more rapid and accurate reaches with their left hand in a pointing task whereas left-handers are more efficient with their right hand in a fine building 98 99 task (Gonzalez & Goodale, 2009; Lavrysen et al., 2003).

100 If the development of handedness is widely studied, infants' early manual specialization is 101 less documented and eye-hand coordination asymmetries have as far as we know never been 102 studied. Some infant studies (von Hofsten, 1979, 1991; Morange-Majoux, Pezé, & Bloch, 103 2000: Hopkins & Ronnqvist, 2002: Ronnqvist & Domellof, 2006) have shown differences in the kinematics of right- and left-hand movements: right-hand trajectories are smoother, with 104 105 fewer corrections and fewer movement units -identified kinematically as multiple segments of 106 acceleration and deceleration- than left-hand trajectories. Differences also appear in the 107 quality of movements: pre-reaching movements are more often performed by the left hand, 108 whereas reaching and grip movements are more often performed by the right hand (Morange-109 Majoux, Pezé, & bloch, 2000; Morange-Majoux & Dellatolas, 2010). Finally, infants with a congenital muscular torticollis develops a hand preference on the opposite side to head-tilt. 110 Authors concluded that an increased visual control of the hand during early childhood seems 111 112 to modulate handedness (Ocklenburg et al., 2010). Such observations are compatible with the 113 position that the right hemisphere controls close-loop movements dependent on sensory

feedback, and the left hemisphere open-loop movements based on well-established motorprograms (Haaland & Harrington, 1989).

116 The Dual Visuomotor Channel theory proposes that visually guided reaching consists of two 117 temporally integrated movements, the Reach and the Grasp, each mediated by separate 118 visuomotor pathways, from occipital to parietofrontal neocortex (Arbib, 1981; Jeannerod, 1981, 1999; Rizzolatti et al., 1998; Tanné-Gariépyetal., 2002; Culham & Valyear, 2006; 119 120 Cavina-Pratesi et al., 2010; Filimon, 2010; Karl & Whishaw, 2013). Thus, the initial phase of a reach, mediated by a dorsomedial pathway, serves to transport the hand to the general 121 122 vicinity of a target and is in relation with the target's extrinsic properties, i.e. localization and 123 orientation (*where* pathway). The later phase (grasp), mediated by a dorsolateral pathway, is 124 devoted to close the hand, in relation with the target's intrinsic properties, with controlled 125 visual guidance of the hand on the target object, i.e. size and shape (what pathway) (Arbib, 126 Iberall, & Lyons, 1985; Jeannerod, 1981). We have hypothesized that pre-reaching 127 movements could play a localization role, i.e., provide information concerning the distance of the object from the body, and that the grip movement could be implied in accuracy. The 128 behavioral differences between the two hands, observed in babies, could confirm an 129 130 asymmetry in information processing between left and right hands: the left hand would be more involved in the "where" pathway and the right one in the "what" pathway. 131

As stated above, eye-hand coordination shows early hemispheric asymmetries (Lavrysen *et al.*, 2008) even though at these ages, the use of the right-or the left-hand is task-dependent and could be in relation with hemispheric specialization (Arbib, 1981; Morange-Majoux & Dellatolas, 2010). If seeing his/her hand seems to be not necessary for an infant to grasp an object at 6 months (Clifton *et al.*, 1993, Berthier & Carrico, 2010) this does not mean that vision does not take a part when it is available. In this perspective, vision could not only participate in reaching but also select differentiate useful information according to the hand

used. We hypothesized that vision could provide more specifically (1) spatial object 139 information when the infant uses his left hand and (2) intrinsic object information when the 140 infant uses his right hand. If vision participates to the onset of manual specialization, looks 141 142 will be more centered on the object when the right hand is used and looks will be more widely distributed around the object when the left hand is used. In order to test these hypotheses, we 143 144 described spatial distribution of looks (on or around the object) during all the reaching 145 (including movement and no movement moments) according to the hand used, hand 146 anticipation and hand localization.

147

148 2. **METHOD**

149 2.1.Participants: Twelve healthy 6-month-old (mean age 6 months, 3 days, ranging from 5 150 months, 20 days to 6 months, 23 days) full-term infants participated in this study (6 males, 6 females). Ten additional infants were tested, but their data were not included in the final 151 sample, six infants due to technical eye-tracking impairments, two infants because they did 152 not try to reach the object, and two infants due to fussiness. They were all recruited from 153 154 birth lists in the 13th and 14th districts of Paris. All mothers signed an informed consent form, guaranteeing general anonymous treatment of information. Parents' handedness was 155 controlled (Edinburgh handedness inventory) : 22 were right-handers and 2 were left-156 157 handers

158 2.2.Eye-tracking system: An eye-tracker was used to study very accurately visual exploration 159 of the baby when he/she had to reach an object. Eye-tracking techniques, in the context of 160 action, allow to measure how infants explore their physical word, and in particular where 161 and what they look at, how they observe the scene spatially (object, around the object) and 162 how many time they look at these parts of the scene, in order to define what strategies they 163 develop when they want to reach an object. Eye-tracking can provide key insights into real-time dynamics of perception and action, for infants interact with the environment by the second or the minute. Such rich and detailed information can directly inform about coordination between cognitive, motor and perceptual processes, and more generally enrich theories on the development of asymmetries (Corbetta, Guan, & Williams, 2012).

For this study, we used a remote eye tracker developed by ASL (model R6) that provided 168 169 eye position coordinates. Head position was recorded with a magnetic tracker, Flock of 170 Birds (Ascension, Burlington, VT) that provides head position coordinates. The ASL 171 system can track eye movements directed at scenes defined in 3-dimensional space and spatially fixed (3D objects located within reaching distance as described in Corbetta et al., 172 173 2012). Furthermore, the system was configured to record gaze position on a horizontal plan (scene plan), i.e. the table in the present study. Using both head position data and gaze 174 vector position data, the system determines where on the surface the subject is looking 175 176 (Eye-Trac 6 Control Unit and User Interface Software Reference Manual, pp 68). The only 177 constraint was baby's head had to remain stable.

2.3.Apparatus: The experimental apparatus was composed of an eye-tracking system, a scene
camera above the baby, a minibird eye-tracker, a front webcam, two computers and three
control screens. All components of the experimental apparatus were synchronized and
linked (Figure 1).

- Insert Figure 1 about here

Eye-tracking system included a remote optics eye camera that allowed the infant approximately one square foot of head movement and eliminated the need for head restraint. This eye-tracker was placed in front of the infant, on the table, at a distance of 50 cm. The infant's line of gaze was measured by computing the pupil-corneal reflection at a sampling rate of 50 Hz (Figure 1C). The accuracy level was about 0.5° of visual angle, and the resolution was about 0.25° of visual angle. Performance of both eyes was
measured.

190 A scene camera (ceiling camera), placed above the table, captured the table during the 191 experiment and gave us a still shot of the scene. Live recording of the table was 192 synchronized on line with the remote optics eye camera by computer which calculated the 193 superimposition of specific gaze position (symbolized by two crossing lines) and a still 194 shot of the table (Figure 1A). ASL system was conceived to create a plane projection of 195 gaze direction vectors and to compute the correlation between calibration points and gaze 196 direction vectors simultaneously measured. Spatial coordinates were then translated into eye-tracking coordinates during the calibration phase and calibration points were linked to 197 198 the still shot of the scene (see Calibration phase section below).

The scene camera also captured the infant's hands activity. The recording was used for coding hands activity (Figure 1A and 2) with The Observer © software (see Coding section). Moreover, the superimposition of the still shot with the gazes gave an indication of when infants looked at their hands.

203

- Insert figure 2 about here –

Head position was recorded with a magnetic tracker, Flock of Birds (Ascension, Burlington, VT). This device has a Mini Bird head tracker that provides head position coordinates, so that the ASL pan/tilt camera can reconnect to the eye, in case of rapid head movements (see Gredebäck *et al.*, 2002 and Aslin & Murray, 2004). (see figure .1B)

Lastly, a front webcam was added and synchronized to the two other cameras to record infants' behavior, facial expressions and head orientation (Figure 1B). This additional camera provided information about the baby's behaviors and allowed to appreciate the consistency with information of remote eye-tracking detection. The three videos were all captured with the same computer to obtain a synchronized video recording throughout the experiment (Figure 1).

2.4. Material: the object to reach was a 2.5 x 2 cm² little yellow Kinder[©] chick graspable by 6-214 215 months-old infants. This toy was placed in front of the infant, on the table, at a distance of 25 cm, just at a reachable distance, inside the tracking window of the ASL system. The 216 ASL system detects accurately gaze positions on the plan (2D) but the use of a 3D object 217 218 generates a decrease in accuracy, due to the object's height (3D). Indeed, the space behind the object could not be seen from the infant's perspective, and was called the occlusion 219 220 area (see figure 1). Thus any gazes at that space detected by the ASL system was in fact a gaze at the object. This occlusion area was deducible (1.5 cm behind) on the basis of 221 222 object's height and the level of the infant's eyes. In order to determine the impact of this 223 occlusion area on our data, an analysis of the distribution of gazes around the object 224 revealed that a majority was in front of the object (88%) or on its left- or right-side (11%). 225 Gazes behind the object were thus very rare (< 1%) and kept out of the study.

2.5.Procedure: The experiment took place in a quiet room of the Psychology Department at
Paris Descartes University. Infants were seated on their parent's lap, facing a table with
their hands free to move and the body maintained against the adult to limit head
movements of the baby.

The parents remained quiet during the entire experiment (approximatively 15 min).Experiment procedure always contained a calibration and a test phases.

Calibration phase: Nine calibration target points were used to calibrate the scene plan (see
 Figure 3). These nine points were identifiable by landmarks drawn on the table. A
 transparent flashing ball (2 cm diameter) was used during calibration phase. This ball was
 successively positioned on the nine markers on the table in order to create a bijection of
 any point of the scene plan onto the window defined by these nine gaze direction vectors.

237		For each calibration point, the experimenter A (standing behind the remote optic eye
238		camera) placed the ball on the marker; when a gaze on the ball was detected by the eye-
239		tracker, experimenter B approved manually on the computer the calibration point
240		measured. This procedure was repeated for each calibration points. At the end, each of the
241		calibration point coordinates were translated into visual vectors coordinates and linked to
242		a scene plan image (scene camera recorded continuously the same scene). In practice, a
243		cross appeared on the scene plan video recording each time an infant looked on the table
244		(Figure 1)
245		
246		- Insert Figure 3 about here –
247		-
248	•	Test phase: The little yellow chick was placed on the table, on the right or on the left side
249		of the baby, inside the scene plan, out of sight of the baby by using a cardboard. An
250		experimenter stood behind the remote optic eye camera in order to present the test object
251		to the infants. Six trials were performed, alternatively on the left and the right sides of the
252		infant in order to induce ipsilateral movements (Fagard, Spelke, & Von Hofsten, 2009;
253		Morange & Bloch, 1996; Morange-Majoux et al., 2012). First side of presentation was
254		counterbalanced across infants. At the beginning of each trial an experimenter positioned
255		a large piece of cardboard (40x60 cm) in front of the baby and a second experimenter
256		placed the object behind the cardboard, on the table, in the left or right position (the
257		cardboard was large enough to hide both possible positions of the object). At this stage,
258		the object and its position were hidden by the cardboard. Then the first experimenter
259		removed the cardboard, thus uncovering the object. The trial began with the first look at
260		the object (as identified by the eye tracker), and ended at the <i>first</i> contact between the
261		hand tested and the object (not after reaching or grip because it would have been

262 impossible to determine if the subject looked at the object or his hand). Both eye and hand263 activities were recorded during the trial.

2.6. Coding: Both hand and eye activity data collected by ASL system were coded with the 264 265 Observer XT10[©] software on the video given in Figure 1A, which combined scene video recording and eve tracking point's projection. We chose to recode eve activity initially 266 267 coded by ASL system with the Observer XT10[©] software in order to (i) check data and (ii) 268 avoid erroneous data. (i) for example, when the subject looked at the experimenter, ASL 269 system lost looks. Nevertheless, with the video given in figure 1A, we reconsidered these 270 lost data and coded them as looks at the experimenter with Observer XT10© software. (ii) 271 for example, when ASL system identified looks at baby's hand, we systematically checked 272 with the video given in figure 1A if the hand was posed on the table or aloft. Because of 273 the position of the scene camera above the hands of the baby, when the hand was aloft, 274 ASL system identified a look on the hand whereas the look was under the hand on the 275 table. In this case (very few situations), the look at the hand was reconsidered and coded as a look at the table with Observer XT10[©] software. Time-position data were sampled at 25 276 277 Hz (25 images per second). Looks and both hands were coded independently, by two 278 independent observers, blind to the condition and hypotheses. The inter-rater reliability of 279 the two coders, based on all trials, was 99% for eye coding and 96% for movement coding. 280 Contentious trials were re-examined by both experimenters and re-coded together until a 281 100% inter-rater agreement was eventually reached.

Look durations were coded during all the trial according to five areas: (1) on the object (with a radius of 0.5 cm around the object), (2) around the object (radius ranging from 0.5 cm to 5 cm), (3) on the table (i.e. elsewhere outside the 5 cm radius), (4) on the right hand and (5) on the left hand. A look was detected when a

cross (intersection between a horizontal line and a vertical line) appeared on the
video: this intersection being a staring (looking) point (see Figure 1A).

> Right- and left-hand durations were coded during all the trial according to three 288 289 hand characteristics: (1) hand activity (during the trial baby could move or not his/her arm towards the object); (2) hand opening (widely opened or not) and (3) 290 291 localization of the hand with respect to the baby's body (the hand of the baby could 292 be near him or near the object; we defined two modalities allocentered and 293 egocentered: the boundary between the two modalities was defined by the median distance between the body and the object). The word "hand" used in the results 294 295 section always refers to the ipsilateral hand according to the object's position. Analyzes performed on the contralateral hand were systematically specified. 296

All these codings allowed to analyze visuo-spatial distribution according to specific handparameters in order to qualify and potentially precise eye-hand coordination.

299 2.7. Statistics: Given that trials (72; 36 performed with the left hand, 36 performed with the 300 right hand) did not have the same durations, they were analyzed according to the total 301 duration of the trial in terms of percentages (proportions of time), by mean of a two way 302 repeated measures ANOVA with hands (right / left) and object position (right / left) as 303 within subject factors, and with partial eta squared values (η^2_p) as an index of effect size. 304 For each measure we computed a Shapiro-Wilk test to determine whether the hypothesis 305 of normality could be rejected. Chi square test was used to analyze cross-tabulated data, 306 with Cramer's V as an index of effect size. All analyses were done with Stata 14.

307

308 3. RESULTS

309 3.1.Hand characteristics

All right side objects were reached by the right hand (and reciprocally the left side objectswere reached by the left hand.

312 3.1.1. Hand activity: On average, infants did not move their hands during 37% of the trial's 313 time (ranged from 3,8% to 96,2%). Shapiro-Wilk tests computed for each of the four 314 measures were all non-significant (all p-values above .08). The two-way repeated measures 315 ANOVA conducted on the proportion of time during which the hand remained stationary revealed no significant effect of object position (F(1,11) < 1; p=.94; $\eta^2_p <.001$), but a significant 316 effect of the hand: the left hand remained more often stationary than the right one (47% vs 317 30%; F(1,11)=6.60; p=.028; $\eta_p^2=.40$; Figure 4) during a trial. A specific analysis carried out 318 319 on the contralateral hand revealed that, an object placed on the right side significantly 320 increased right hand activity and strongly reduced left hand activity (difference of 25 points 321 between both hands, 50% vs 25%), whereas a presentation on left side activated both hands in 322 the same way (F(1,11)=5.16; p=.047; η_p^2 =.34). Furthermore, only 9% of trials with left 323 reachings were performed without stationary hand moments, whereas 33% of trials with right 324 movements did not include any stationary hand moments. In other words, babies kept his/her 325 hand stationary more often during their left- than their right –hand reachings.

326

- Insert Figure 4 about here –

Last, we examined how many trials started with no movement of the hand –left or right- (all trials began with a look on the table). Analysis showed that 74% of left movements were initiated first by a look during which the hand did not move, against 47% for the right hand (difference of 26.3%; IC95% = (3.4; 45.6)). Babies tended to move their right hand immediately towards the object, as soon as they looked at it, in half of the right hand movements. 333 *3.1.2. Hand opening:* On average, infants' hands were widely opened 89% of the time. 334 Shapiro-Wilk test was significant for one measure (right hand / object right; *p*=.0241). The 335 two-way repeated measures ANOVA, conducted on the *proportion of time where the hand* 336 *was wide open*, revealed no significant effect, neither of the hand (*F*(1,11)=1.33; *p*=.27; 337 η^2_p =.11), nor of the object's position (*F*(1,11)=1.11; *p*=.32; η^2_p =.09), suggesting that 338 movements have the same profile, whichever hand is used.

339 *3.1.3. Hand position from the body:* On average, 47% of infants' manual activity was 340 distributed near the object (allocentered). Shapiro-Wilk tests computed for each of the four 341 measures were all not significant (all p-values above .20). The two-way repeated measures 342 ANOVA conducted on the *proportion of time the hand was allocentered* revealed no 343 significant effect, neither for the hand (F(1,11)<1; p=.54; $\eta^2_p=.04$), nor for the object position 344 (F(1,11)<1; p=.66; $\eta^2_p=.02$).

345 **3.2. Visuo-spatial exploration during a trial**

Automatic detection of staring points by ASL system was performed, on average, 47% of the 346 total duration of trials (ranging from 29% to 86% depending on the infant). No difference was 347 348 found across trials. As described in Method section, we have recoded all eye-tracking data 349 with Observer XT10[©] in order to check ASL detection. Five areas into the scene plan where 350 babies could look at were defined: on the object, around the object, on the table, on their left 351 hand and on their right hand. In order to examine specifically missing data, we have 352 completed our analysis by adding babies' looks at the experimenter from the front webcam 353 video (Figure 1B) with Observer XT10[©] software. Results showed that babies looked at the 354 experimenter on average 15% of the total duration of trials, reducing missing data to 38%.

355

Figure 5 illustrates the distribution of gazes at the different areas of the scene plan according to the hand used. When infants used their left hand, they tended to look more around the object and at their left hand, whereas when they used their right hand, their looks were more equally distributed toward the object and around it. Otherwise, infants tended to look at their ipsilateral hand in presence of a lateral reachable object. The two distributions were found to be significantly different (*Chi square* = 17.64, *p*=.014, *Cramer's V* = 0.30).

362 - Insert Figure 5 about here -

In order to appreciate more accurately vision control on the different phases of the reaching,we have examined hand activity during the trial:

365 *3.2.1. When the hand was remained stationary:* Figure 6 presents the distribution of gazes on 366 the different areas of the scene plan when the hand ipsilateral to the object did not move. The 367 most remarkable result is that infants looked at mainly around the object when the object was 368 placed on the left side, and never at their right hand. On the contrary, their looks were more 369 localized on the object when the object was in the right side. The two distributions were found 370 to be significantly different (*Chi square* = 22.59, *p*<.02, *Cramer's V* = 0.34).

- Insert Figure 6 about here –

372 *3.2.2. During hand movement:* Figure 7 presents the distribution of gazes during right- and 373 left movement. Results showed that whatever the hand used, babies' looks were equally 374 distributed between object and around it. The most notable result is that babies looked at more 375 their left hand when they performed a reaching with the left hand than their right one when 376 they performed a reaching with this one. Both distributions were significantly different (*Chi* 377 *square* = 32.64, p<.01, *Cramer's* V = 0.40).

- Insert Figure 7 about here –

379 The last analysis was dedicated to examine more accurately gazes on the hands and to answer 380 to this question: when an infant looks at his hands, what do the hands do ? We compared proportion of time during which the infant looked each hand considering position, activity and 381 382 anticipation of hands. For this analysis, two infants were excluded, because they never looked at their hands. Shapiro-Wilk tests ran on the 6 distributions revealed that the hypothesis of 383 384 normality could be rejected for two measures (left hand allocentered and left hand open; 385 respectively p=.022 and p=.029). When an infant looked at his hand, it was moving half of the 386 time, with no significant differences between hands (respectively 54% for the left hand and 387 45% for the right hand; t(9) < 1; p=.68) and allocentered, on average, 70% of the time, with no significant differences between left and right hands (respectively 71% and 68%; t(9)<1; 388 389 p=.62). Finally, the hand was open 82% of the time, with a left hand more often open (96%) 390 than the right hand (68%), a 28 points difference however not significant (t(9)=1.74, p=.12).

391

392 **4. DISCUSSION**

393 The present study aimed to describe how babies visually explore their reaching space in the 394 presence of a target-object and to determine if this visual exploration varies according to the 395 hand used and some hand characteristics (manual anticipation, hand activity, hand / object position). This original eye-tracking design allowed us to investigate new levels of analyses, 396 397 by examining precisely the distribution of infant gazes when an object was presented to be caught. In this context, this study provides the first description, with a remote eye-tracker, of 398 399 visuospatial exploration of the infant's reaching space during a movement, according to the 400 hand used. Several results can be discussed and some conclusions may be drawn.

401 First, result stationary hand s showed a greater activity of the right hand, whatever the
402 location -right or left- of the object. This was confirmed by the high proportion (1/3) of trials

with right hand reaching, always in movement stationary hand. In a previous study, we had shown that the right hand was always more in motion than the left one (Morange-Majoux *et al.*, 2000). Thus, a context of reaching stimulates right hand movements. This is attested by others studies (Rönnqvist & Domellöf, 2006; Michel *et al.*, 2006), showing an increase in right hand use from the age of 6 months, interpreted as the onset of right handedness. In our study, the greater activity of the right hand probably confirms the beginning of this manual asymmetry.

Second, results about visuospatial exploration provide a great contribution to our 410 411 understanding of visuo-manual coordination. Visual exploration of the reaching space is 412 mainly dominated by two sources of exploration: the space all around the object and the 413 object itself. The significant result is that an infant does not explore in the same way his 414 reaching space, according to the hand used and to its activity. During moments where the 415 hand remained stationary, infants visually explore the space around the object placed on the 416 left side and look at specifically the object placed on the right side. When they perform a reaching, their looks are more equally distributed toward the object and around it. We can 417 418 assume that looking at the object allows the infant to learn more about the object's physical 419 characteristics before contacting an object with the right hand. This is compatible with the 420 better ability of the right hand to catch and manipulate objects observed in previous studies 421 (Michel & Harkins, 1986; Corbetta et al., 2006; Michel et al., 2006). We can also hypothesize 422 that looking around the object brings information about its location and its distance from the 423 body, before reaching it with the left hand. These differences between the two hands, on the 424 visuospatial exploration of reaching space, reveal not only asymmetric visuo-manual 425 coordination as early as 6 months, but also specific strategies according to the steps of 426 reaching. The well-known studies about hemispheric specialization can enlighten these 427 results: indeed, the right hemisphere holds an advantage in movement planning and/or

attentional aspects (Hodges et al., 1997; Carson, 1989), whereas the left hemisphere is faster 428 429 at processing information during the ongoing movement; this information could be either visual or non-visual (Buekers & Helsen, 2000; Elliott et al., 1999; Roy et al., 1994; Lavrysen 430 431 et al., 2003). In this context, when the baby has to perform a left hand movement (right 432 hemisphere), his/her gazes are distributed all around the object, especially before the 433 movement, during moments where the hand remained stationary, to evaluate the object's 434 location. When the baby performs a right hand movement, most gazes are focused on the 435 object, from the beginning to the end of the trial.

436 In previous studies (Morange et al., 1996; Morange-Majoux et al., 2000; 2010; Morange-437 Majoux, 2011), we have shown a lateralization of reaching development : babies use more 438 often their left hand to perform approach movements, whereas they use more often their right 439 hand to perform grip movements. These results have been interpreted as evidence for manual 440 specialization as early as 4-month-olds, The present study brings evidence that vision 441 participates to manual specialization, in a harmonious, coordinated way: vision is used to 442 explore all the reaching space when the left hand contributes to evaluate distance and 443 location; while vision is used to examine an object, when the right hand is used to determine 444 the object's intrinsic properties. In other words, there is an early asymmetric visuomotor 445 coordination, probably supported and mediated by different sensorimotor channels (Karl & 446 Whishaw, 2013; 2014).

These results can be compared to researches in adults, which have demonstrated a specialization in the use of both hands (Carson, 1989; Bradshaw & Nettleton, 1990; Hodges *et al.*, 1997; Sainburg, 2002; Bradshaw *et al.*, 1990; Haaland *et al.*, 2004) and in visuo-manual coordination (Lavrysen *et al.*, 2008). They are in agreement with the dual visuomotor channel theory, which proposes that visually guided reaching consists of two movements, a first one, which transports and guides the hand in relation to the extrinsic features (location) of the

target, while another one opens, shapes and closes the hand on the target, in relation with its 453 intrinsic features (size, shape). In this perspective, our study shows that each movement is 454 allocated to a specific hand. One prediction of the dual visuomotor channel theory of 455 456 reaching, is that development should feature independence in the maturation of the two 457 movements. Researches have shown that movements to locate object occur before movements 458 to grip objects (Von Hofsten, 1984; Savelsbergh & van der Kamp, 1994; Morange & Bloch, 459 1996; Morange-Majoux et al., 2000; 2010). During development, reaching and grasping 460 become integrated in a seamless visually guided act. We argue that these behavioral 461 differences between the two hands, observed in babies, could confirm an asymmetry in information processing between the left and the right hands: the left hand would be more 462 463 involved in the "where" pathway and the right one in the "what" pathway.

464 Third, another notable result concerns gazes on the left hand (31%), especially during moving 465 moments. It will be interesting in a future study to determine at what time during the trial 466 these looks on the left hand *in progress* appear. Numerous researchers have investigated the role of vision in prehension (Bushnell, 1985; Carrico et al., 2008; Berthier et al., 2010; 467 Hofsten, 1991): some of them propose that infants use sight of the hand to guide early 468 469 reaching (Piaget, 1952; Bushnell, 1985), others consider that sight of the hand is not necessary 470 to make successful grasps (Clifton et al., 1994; Carrico et al., 2007). As we have suggested, 471 babies use visual information when it is available even if babies can reach objects without the sight of their hand. Our results show that when babies can see their hands, they significantly 472 look at their left hand more than their right hand during reaching. This increase of gazes at the 473 474 left hand could be interpreted as a great left hand expertise for visuospatial processes: infants look at the most visuo-spatially adapted hand in order to evaluate distances (i.e. from their 475 476 hand to the object) and localize an object. Furthermore, analyzes regarding the number of 477 wig-wag between an object and the left hand is twice higher than with the right hand

confirming its role to evaluate distances. These results allow us to draw a complex 478 asymmetric visuo-manual coordination, which appears as early as 6 months: when babies use 479 their left hand they tend to look at around the object before to initiate their reaching in order 480 481 to evaluate and determine the distance, then they perform their movement while looking their 482 left hand and doing wig-wag between object and the left hand. When babies use their right 483 hand, they tend to look at around and on the object, before and during the movement. Vision 484 supports left hand during reaching for evaluate distances by means of visual feedbacks. This 485 visuo-manual coordination appears still integrated and favors knowledge about physical 486 environment. This visuo-manual coordination probably finds its origin in hemispheric 487 specialization, as Lavrysen and collaborators (2008) have suggested. The left hand system 488 may be more effective at using visual feedback and retro-control via right hemisphere and the right hand system may be more effective at using feedforward and predictive control via left 489 490 hemisphere (Roy and Kalbfleisch, 1994). Previously, we have showed that left-hand made numerous changes in direction suggesting a spatial scanning, such adjustments requiring more 491 492 time (Morange-Majoux et al., 2000). Results achieved in the dark or without visual feedback of the hand (Berthier et al., 1996; McCarty et al., 2001) are not contradictory with our results: 493 494 at this age, vision is not used to guide movement but probably more to inform the baby on 495 object extrinsic properties (where it is ?) and intrinsic properties (what is it ?). It would be 496 interesting to examine manual laterality in the dark and in particular, to determine if the use of 497 the left hand is disturbed or not (without possibility of visual feedbacks) and to compare 498 kinematics of left- and right reaching in light and dark in order to examine not only the onset 499 of visuo-manual coordination but also its asymmetry. Moreover, it will be interesting to 500 describe longitudinally the development of the role of vision according to the hand used.

In addition, results showed that when an object is presented in front of a baby, his/her handsare, most of the time, widely open, indicating that the baby is ready to reach out to the object,

which confirms what had been observed in others studies ((Fagard, 2000; Fagard & Pezé,
1997; Hofsten & Fazel-Zandy, 1984). Sacrey and Whishaw (2010) have shown that collection
(hand shape in which digits are lightly flexed and closed) becomes increasingly prominent
from 1 to 6 months. It replaces a clenched fist that was typically held proximal to the upper
torso. This collation development is probably the precursor of other hand shaping movements,
like skilled movements of grasping and reaching.

In conclusion, we argue that eye-tracking may be used in the context of action. It raises novel questions about the development of visuo-manual coordination. It allows to explore with good accuracy where infant direct their gaze on a scene (Corbetta *et al.*, 2012), what they look at and how many times they do so. We are aware that the loss of eye-tracking data (38%) during head turns or others behaviors preventing eye capture is a serious limitation of our study. Head-mounted eye-trackers do show advantages to study infant perception in more natural and less-constrained environments (Corbetta *et al.*, 2012).

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Figure 1: Experimental design. Eye-tracking system was configured to record looks on a horizontal plan. 1A: Scene plane recorded by the scene camera. Live recording of the table was synchronized on line with the remote optics eye camera by computer which calculated the superimposition of specific looks (symbolized by two crossing lines) and the fixated plan of the table. 1B: view of front webcam synchronized to the two other cameras to record infants' behavior, facial expressions and head orientation (infant with a Mini Bird Head tracker). 1C: infant's line of gaze was measured by computing the pupil-corneal reflection at a sampling rate of 50 Hz.

Figure 2: Examples of images recorded by scene camera allowing to record infant's hands activity useful for the coding of hands activity. The superimposition of the fixed plane with the looks (intersection of horizontal and vertical black lines) on video recording scene plane gave indication of when infants looked at the hands.

Figure. 3: Calibration phase: 9 calibrations points were used. This most frequently used method provides robust and accurate data under most circumstances (a). A Flashing Ball was used to visually attract the subject: for each nine points, the flashing ball was put on a calibration point (examples in b and c). For each calibration point, when the infant looked at the ball and we had simultaneously a cross given by the eye-tracker indicating a gaze, another experimenter approved the calibration point and manually confirmed it on the computer. The target-object was placed on the table, on the right or on the left of the baby, inside the scene plane.

Figure 4. Proportion of time the left- and the right-hand remained stationary

Figure 5: Distribution of gazes (in %) according to the hand tested.

718 Figure 6: Distribution of gazes (in %) when the hand tested remained stationary according to the hand

tested.

Figure 7: Distribution of gazes (in %) when the hand tested is moving according to the hand tested.

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(a)







