

Supplementary methods and results

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Methods

The heartbeat perception task was comprised of a short training interval of 15 s that was followed by four intervals of 25, 45, 35 and 60 s. Participants were asked to count their own heartbeats silently and to fill in the number of counted heartbeats at the end of the counting phase. The beginning and the end of the counting intervals were indicated by a tone. During heartbeat counting, participants were instructed not to take their own pulse or attempt to use other forms of manipulation in order to support the counting of their heartbeats. Furthermore, they did not receive any information about the length of the counting phase or the quality of their performance. The interoceptive evaluation included a rating of the valence and the arousal participants felt while focusing attention to their heartbeats with scores ranging from 1 (very unpleasant or low arousing) to 9 (very pleasant or high arousing). Valence and arousal ratings were provided using a non-verbal pictorial self-report, the Self-Assessment Manikin (SAM; (51)). Additionally, they were asked how anxious they felt when attending to their heartbeats.

Example items for each subdomain of the interoceptive sensibility state questionnaire were: “My heart is beating heavily/strongly”; “I breathe heavily”; “my eyes are twitching”; “my hands are sweating”; “my stomach/belly is aching”. The symptoms listed had to be rated on a 5 point Likert scale (1 not at all, 5 very much).

Results

HEP-Amplitude

The HEP amplitude (averaged across FC6 and C6) was not significantly correlated to cardiac IAc as assessed in each stimulation condition (I: $r = -.36$, $p = .17$; O: $r = .08$, $p = .77$; S: $r = -.28$, $p = .25$).