Disentangling the origins of confidence in speeded perceptual judgments through multimodal imaging

Running title: Decision commitment improves confidence

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1 Abstract

2 The human capacity to compute the likelihood that a decision is correct - known as 3 metacognition - has proven difficult to study in isolation as it usually co-occurs with decision-4 making. Here, we isolated post-decisional from decisional contributions to metacognition by 5 combining a novel paradigm with multimodal imaging. Healthy volunteers reported their 6 confidence in the accuracy of decisions they made or decisions they observed. We found 7 better metacognitive performance for committed vs. observed decisions, indicating that 8 committing to a decision informs confidence. Relying on concurrent electroencephalography 9 and hemodynamic recordings, we found a common correlate of confidence following 10 committed and observed decisions in the inferior frontal gyrus, and a dissociation in the 11 anterior prefrontal cortex and anterior insula. We discuss these results in light of decisional 12 and post-decisional accounts of confidence, and propose a generative model of confidence 13 in which metacognitive performance naturally improves when evidence accumulation is 14 constrained upon committing a decision.

15 Introduction

16 Upon making decisions, one usually "feels" that a given choice was correct or not, which 17 allows deciding whether to commit to the choice, to seek more evidence under uncertainty, 18 or to change one's mind and go for another option. This crucial aspect of decision making 19 relies on the capacity to monitor and report one's own mental states, which is commonly 20 referred to as metacognitive monitoring (Fleming et al., 2012; Koriat, 2006). One promising 21 venue to unravel the neural and cognitive mechanisms of metacognitive monitoring involves 22 investigating how, and to what extent, humans become aware of their own errors (Yeung & 23 Summerfield, 2012). Typically, volunteers are asked to execute a first-order task under time 24 pressure (e.g., numerosity: which of two visual arrays contains more dots) and afterward 25 perform a second-order task by providing an estimate of confidence in their response ("how 26 sure were you that your response was correct?"). Confidence is formally defined as the 27 probability that a first-order response was correct given the available evidence (Pouget et al., 28 2016). Distinct models have been proposed to explain how confidence is computed: some 29 models consider confidence as a fine-grained description of the same perceptual evidence 30 leading to the first-order decision (Kiani & Shadlen, 2009), sometimes enriched with post-31 decisional processes (Pleskac et al., 2010, Van Den Berg et al., 2016; Fleming et al., 2017). 32 Other models posit that confidence stems from mechanisms different from those responsible 33 for making that decision (for review, see Grimaldi et al., 2015). However, as of today, the 34 contribution of (post-)decisional signals on confidence remains unclear, principally due to the 35 difficulty of dissociating confidence from first-order decision-making.

Here we combined a novel paradigm with multimodal neuroimaging to dissociate confidence from decision-making. Our paradigm allowed a controlled comparison of confidence ratings for decisions that were *committed* (i.e., taken and reported by participants), and decisions that were merely *observed* (i.e., taken by a computer). Hereby, we could isolate the contribution of decisional signals to confidence (Figure 1A). In the *active* condition, 20 participants were presented with two arrays of dots for 60 ms and were asked to indicate

42 which of the two arrays contained more dots by pressing a button with the left or right hand 43 (numerosity first-order task). At the end of each trial, participants had to report their 44 confidence in their response being correct or incorrect using their left hand (second-order 45 task). The observation condition followed the exact same procedure, except that the first-46 order task was performed automatically: participants saw the image of a hand over the right 47 or left array of dots with identical yet shuffled timings and choice accuracy (i.e., observation trials were a shuffled replay of active trials, see methods). They were then asked to report 48 their confidence in the observed decision. This allowed us to quantify metacognition for 49 50 committed (active condition) compared to observed (observation condition) decisions while keeping perceptual evidence, first-order performance, and timing constant across conditions. 51 52 Both conditions were performed while recording simultaneous electroencephalography 53 (EEG) and functional magnetic resonance imaging (fMRI), to constrain blood-oxygenation 54 level dependent (BOLD) correlates of confidence to electrophysiological processes occurring 55 immediately after the committed or observed decision.

56 Data collection was conducted in view of testing three pre-registered hypotheses 57 (https://osf.io/a5gmv). At the behavioral level, assuming that signals associated with overt 58 decisions inform confidence judgments, we expected confidence ratings to better track first-59 order performance for committed compared to observed decisions. Based on several findings showing a role of action monitoring for confidence (e.g., Fleming & Daw, 2017; 60 61 Fleming et al., 2015; Faivre et al., 2018), we expected brain regions encoding confidence 62 specifically for committed decisions to be related to the cortical network involved in action 63 monitoring, and brain regions conjunctively activated in both conditions to reflect a shared 64 mechanism independent from decision commitment. Finally, we expected to find earlier 65 correlates of confidence following committed compared to observed responses, as efferent 66 information is available before visual information (Holroyd and Coles, 2002).

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68 Results

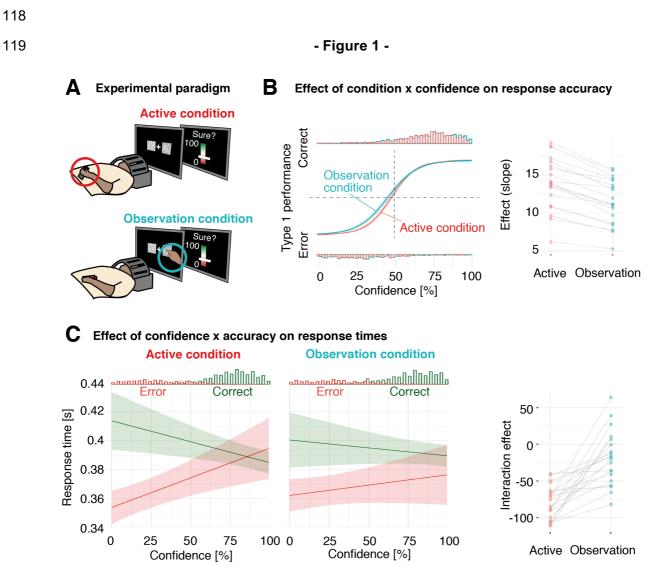
69 Better metacognitive performance for committed compared to observed decisions

70 The influence of decision commitment on second-order judgments was assessed by 71 comparing metacognitive performance for committed compared to observed decisions. The 72 first-order task consisted of indicating which of two arrays contained more dots (active 73 condition), or observing a hand making that decision (observation condition) (Figure 1A). By 74 design, first-order performance was identical in the two conditions (see Methods), with an 75 average first-order accuracy of 71.2 % (± 1.0 %, 95 % CI, according to a 1up/2down 76 adaptive procedure), first-order response time of 385 ms \pm 8 ms, and difference of 13.1 \pm 1.7 77 dots between the two arrays.

78 We then turned to second-order performance, quantifying metacognitive performance as the 79 capacity to adapt confidence to first-order accuracy. Confidence was measured on a 80 continuous scale quantifying the probability of being correct or incorrect (ranging from 0: 81 "sure error" to 1: "sure correct"). A mixed effects logistic regression on first-order accuracy as 82 a function of confidence and condition revealed an interaction between confidence and condition (model slope: odds ratios z = 2.90, p = 0.004; marginal $R^2 = 0.69$), indicating that 83 84 the slope between confidence and first-order accuracy was steeper in the active compared 85 to observation condition (Figure 1B). This difference in metacognitive performance was present in all participants we tested, and also found when analyzing the data with tools 86 87 derived from second-order signal detection theory (area under the type II receiver operating 88 curve (AROC): active condition = 0.92 ± 0.02 ; observation condition = 0.90 ± 0.03 ; Wilcoxon 89 sign rank test: V = 163, p = 0.03, see SI). In addition, metacognitive performance was 90 correlated between conditions ($R^2 = 0.93$, p < 0.001), suggesting partially overlapping mechanisms for monitoring committed and observed decisions. Of note, confidence per se 91 92 did not differ across conditions (F(1,4772) = 0.01, p = 0.98).

93 To assess the contribution of decisional signals to metacognitive monitoring, we ran a linear 94 mixed effects model on first-order response times as a function of confidence, accuracy, and 95 condition. This model revealed a triple interaction (F(1,4742) = 6.05, p = 0.014), 96 underscoring that in the active condition, response times for correct responses correlated 97 negatively with confidence, and response times for errors correlated positively with 98 confidence (F(1,26) = 23.70, p < 0.001, Figure 1C). No main effect of confidence (F(1,29) = 99 0.02, p = 0.89) nor interaction between confidence and accuracy (F(1,19) = 1.34, p = 0.26) 100 was observed in the observation condition (Figure 1C). Together, these results indicate that 101 confidence was modulated by committed but not observed response times, and thus suggest 102 the importance of decisional signals and potentially motor actions to build accurate 103 confidence estimates.

104 To further elucidate the contribution of response times to confidence, we ran follow-up 105 experiments including a third condition in which the first and second-order responses were 106 reported simultaneously on a unique scale. We were able to replicate our finding of higher 107 metacognitive performance between the active and observation condition, and found that 108 metacognitive performance in the active condition was better than when first and second-109 order responses were provided simultaneously. This confirms that the readout of speeded 110 motor actions associated with decision commitment serves subsequently as input to compute confidence. Lastly, to rule out the possibility that increases in metacognitive 111 112 performance were due to confounding factors between the active and observed conditions 113 (e.g., demand characteristics, visual saliency), we performed the same experiment under no-114 time pressure, and found no difference in metacognitive performance between committed 115 and observed decisions (see SI). Altogether, these results validate our first pre-registered 116 hypothesis that metacognitive performance is better for committed compared to observed 117 speeded decisions, and suggest that action monitoring might play a role in this process.



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121 Figure 1. Experimental paradigm and behavioral results. (A) Experimental paradigm: a participant 122 lying in the fMRI bore equipped with an EEG cap performs (active condition in red) or observes 123 (observation condition in blue) the first-order task, and subsequently reports confidence in the 124 committed or observed decision using a visual analog scale. (B) Mixed effects logistic regression 125 between first-order accuracy and confidence in the active (red) and observation condition (blue). The 126 histograms represent the distributions of confidence for correct (top) and incorrect (bottom) first-order 127 responses. Right panel: Individual slopes of the mixed effects logistic regression indicating 128 metacognitive performance. (C) Mixed effects linear regression between first-order response times 129 and confidence for correct (in green) and incorrect trials (in red) in the active (left panel) and 130 observation condition (right panel). The histograms represent the distributions of response times and 131 confidence for correct and incorrect first-order responses. Rightmost panel: interaction term between 132 first-order accuracy and confidence for response times in the active compared to observation 133 condition. Shaded areas represent 95% confidence intervals.

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137 BOLD correlates of confidence

138 We sought to find the brain regions co-activating with confidence by parametrically modulating a general linear model (GLM) with participants' confidence ratings, as well as 139 140 response times and perceptual evidence (i.e., the difference in number of dots between the 141 right and left side of the screen) as regressors of no interest (see methods). Because error 142 monitoring and confidence are tightly related (Yeung & Summerfield, 2012), we deliberately 143 analyzed the neural correlates of confidence without modeling first-order accuracy. Of note, 144 the visual scale we used allowed participants to report their confidence estimate with a 145 single and identical motor action with the left hand across conditions and trials, ruling out 146 motor confounds when analyzing data (see methods). Widespread activity correlating both 147 positively and negatively with confidence was found in the active and observation condition, 148 in line with several other studies (Fleck et al., 2005; Fleming et al., 2012b; Baird et al., 2013; 149 Heereman 2015; Hebart et al., 2016; Morales et al., 2018; Vaccaro & Fleming, 2018). A 150 complete list of activations can be found in Supplementary Table 1. In addition, we found 151 that the right precentral gyrus (contralateral to the hand reporting confidence), left insula, 152 and bilateral pMFC were significantly more predictive of confidence in the active than in the 153 observation condition (Supplementary table 2). We then defined the regions commonly 154 activated by confidence in both conditions. A conjunction analysis revealed that the bilateral pMFC, left IPL, precentral gyrus, AI and IFG were negatively correlated with confidence 155 (Figure 2B; Supplementary Table 3). 156

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- Figure 2 -

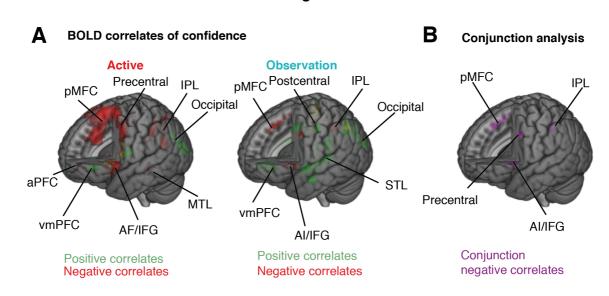


Figure 2. BOLD correlates of confidence. (A) Brain areas co-activated with positive (green) and negative (red) confidence values for the active (left) and observation (right) conditions. (B) Brain areas co-activated with negative confidence values in both conditions (conjunction analysis). All displayed BOLD activations are FWEcorrected (p<0.05) at the cluster-level with a threshold at p<0.001. Labels: anterior insula (AI), anterior prefrontal cortex (aPFC), Posterior medial frontal cortex (pMFC), inferior frontal gyrus (IFG), inferior parietal lobule (IPL), medial temporal lobe (MTL), superior temporal lobe (STL), ventromedial prefrontal cortex (vmPFC). Not all brain regions are labeled (see Supplementary Tables 1-3).

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ERP correlates of confidenceTo further isolate the neural correlates of confidence for 168 169 committed and observed decisions, we identified which regions co-activated with EEG 170 correlates of confidence occurring exclusively within five hundred milliseconds after the first-171 order response (i.e., post-decisional processes). We first modeled the EEG amplitude time-172 locked to the first-order response as a function of confidence using mixed effects linear 173 regression, with first-order response times and perceptual evidence as covariates of no 174 interest (see methods). In the active condition, we found that EEG amplitude correlated with 175 confidence starting 68 ms following the first-order response over centro-parietal electrodes, 176 resembling a centro-parietal positivity (CPP; Figure 3A, top left; O'Connell et al., 2012). 177 Another correlate of confidence was found 88 ms post-response over frontoparietal 178 electrodes, akin to an error-related negativity (ERN; Figure 3A, bottom left; Falkenstein et al., 179 1991, Gehring et al., 1993). In the observation condition, correlates of confidence were 180 found on the same two electrodes with similar topography (correlation between frontocentral

181 cluster in the active and observation conditions: rho = 0.88) but not before 200 ms post182 response (Figure 3A, right).

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184 Common and distinct BOLD correlates of EEG decoded confidence

The brain regions corresponding to the ERP correlates of confidence were identified by modeling the BOLD signal with EEG-based single-trial predictions of confidence. Confidence predictions at each time point were derived from a linear regressor taking the EEG independent components activation profiles as low-dimensional variables (N=8 ± 3 for each participant, see methods). Leave-one-out performance was significant at the group level (non-parametric permutation test, corrected p < 0.05) with a peak decoding performance achieved 96 ms and 356 ms following committed and observed responses (Figure 3B).

192 To dissociate early correlates of potentially "all-or-none", binary error detection from fine-193 grained second-order confidence estimates described as occurring 200 ms after response 194 (Boldt and Yeung, 2015), we selected two time points corresponding to local peaks in the 195 cross-validated decoding performance within an early (50 - 200 ms post response) and late 196 (200 - 450 ms) temporal windows (see Methods). The latency of the early peaks was $108 \pm$ 197 22ms in the active condition. There was no significant decoding in the early time window in 198 the observation condition. Late peak latencies were 321 ± 31 ms in the active and 353 ± 27 199 ms in the observation condition, with no significant difference between condition (t(19) = -200 1.49, p = 0.15). Based on these two time-points, we re-trained one regressor per condition 201 and peak on all available epochs and used the resulting single-trial predictions as a 202 parametric regressor to model the BOLD signal, along with first-order response times and 203 perceptual evidence as covariates of no interest. By using EEG as a time-resolving proxy to 204 BOLD signal (Britz et al., 2010), we sought to investigate the anatomical correlates of 205 confidence at specific timings, with the aim of disentangling BOLD signal associated with pre 206 and post-decisional processes (Gherman & Philiastides 2018).

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- Figure 3 -

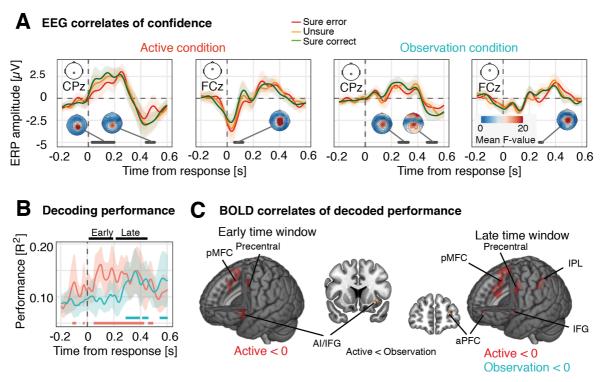


Figure 3. EEG-informed correlates of confidence. (A) ERPs time-locked to the first-order response are shown for the active condition (left panels) and observation condition (right panels) for the CPz and FCz sensors. For illustrative purposes, epochs were binned according to three levels of reported confidence: sure error (0 - 33% confidence), unsure (34 - 66% confidence) and sure correct (67 - 100% confidence), although statistics were computed with raw confidence values using mixed effects linear regression. The shaded areas represent 95%-CI. Regions of significance (p<0.05, FWE corrected) are depicted with a gray line, along with topographic maps of the corresponding F values. (B) Leave-one-out decoding performance over time. The plot shows the amount of variance of the reported confidence explained by the decoder (R²) over time in the active (red trace) and the observation condition (blue trace). The shaded areas represent 95%-CI, and the horizontal dashed lines the chance level (p<0.05, computed via non-parametric permutation tests corrected for multiple comparisons). For each participant and condition, the output of the best decoder within an early and late time window was retrained on the whole dataset and used as a parametric regressor to model the BOLD signal. (C) Brain areas co-activated with low decoded-confidence values in the early (left) and late time window (right). All displayed BOLD activations are FWE-corrected (p<0.05) at the cluster-level with a threshold at p<0.001. Labels: Posterior medial frontal cortex (pMFC), inferior parietal lobule (IPL), anterior insula (AI), inferior frontal gyrus (IFG) and anterior prefrontal cortex (aPFC). Not all brain regions are labeled (see Supplementary Table 4). The coronal view shows significant differences between the active and the observation condition for the labelled region (AI for the early time window and aPFC for the late time window).

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The regions co-activating with *decoded* confidence in the early time window included the bilateral pMFC, the left IFG, AI and MFG (Figure 3C, left). For the late time window (Figure 3C, right), coactivations with low decoded-confidence were found in the bilateral pMFC and IFG, the left precentral gyrus, IPL, AI, MFG and aPFC for the active condition, and in the left IFG for the observation conditions (Supplementary Table 4). The left IFG was thus commonly activated by low decoded-confidence in both conditions. Differences between co-

activations in the active and observation condition were found in the anterior insula (AI) in
the early time window and in the aPFC in the late time window (Figure 3C; Supplementary
Table 4).

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238 Behavioral modeling

In view of obtaining a mechanistic understanding of the way decisional and post-decisional evidence contribute to confidence, we derived confidence in committed and observed decisions using a race accumulator model, considered to be biologically plausible representations of evidence accumulation in the brain (Bogacz et al., 2006; Gold and Shadlen, 2007). Such models assume that ideal observers commit to a first-order decision (D; Figure 4A) once one of two competing evidence accumulation processes (here, corresponding to evidence for the left or right choice) reaches a decision.

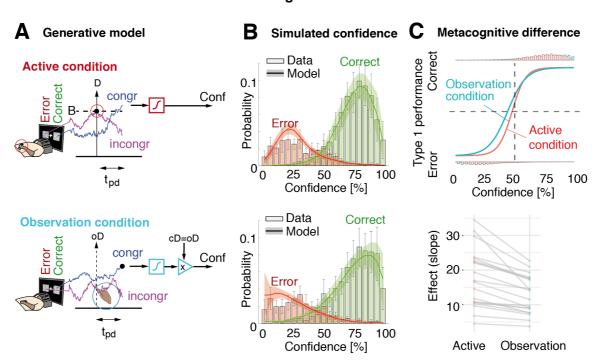
246 We first fitted five parameters (i.e., drift, bound, non-decision time, non-decision time 247 variability and starting point variability, see methods) to first-order choice accuracy and 248 response times recorded for each participant during the active condition. With these 249 parameters, we simulated pairs of competing evidence accumulation trajectories leading to 250 first-order choices and response times. We then derived confidence based on a mapping of 251 the state of evidence of the winning accumulator, following recent findings that confidence is 252 based solely on evidence supporting the decision (Peters et al. 2018; Zylberberg et al., 253 2012). To account for changes-of-mind, we sampled accumulated evidence after a post-254 decisional period (tpd in Figure 4A; Peskac and Busemeyer, 2010; Van Den Berg et al., 255 2016) corresponding to the average peak decoding accuracy found with EEG (see previous 256 section). The sampled evidence was mapped to the range of confidence ratings using a 257 sigmoidal transformation with two additional free parameters controlling for bias and 258 sensitivity (see methods).

259 For the observation condition, we assumed a similar evidence accumulation process, except 260 that choice and response times were independent from the evidence accumulation process, 261 as in our paradigm. Since first-order behavior in the observation condition remained latent by 262 design, we used the parameters fitted for the active condition to simulate a second dataset 263 of pairs of competing evidence accumulation trajectories. We then mapped confidence from 264 a readout of the accumulator with highest evidence after the post-decisional period, but time-265 locked to shuffled observed decisions (oD in Figure 4A) and response times, as in our 266 paradigm. When observed decisions were incongruent with covert decisions, we inverted the 267 simulated confidence ratings. This model fitted confidence data better than an alternative 268 model for which participants did not make covert decisions and simply readout confidence 269 from the state of evidence of the accumulator corresponding to the computer's choice (log-270 likelihood: -2.13 ± 6.32 versus -2.91 ± 6.65 , Wilcoxon sign rank test, p = 0.019).

271 Across participants, our model fitted confidence ratings well (active condition: $R^2 = 0.71 \pm$ 272 0.30; observation: $R^2 = 0.65 \pm 0.40$; Figure 4B), suggesting that it represents a plausible 273 mechanism of confidence build-up for speeded decisions. Most importantly, the confidence 274 model for the active condition predicted better metacognitive accuracy than the observation 275 model, consistent with our experimental data (Figure 4C). As in the behavioral analysis, we 276 ran a mixed effects logistic regression on first-order accuracy as a function of confidence 277 and condition, which revealed an interaction between confidence and condition (odds ratios 278 z = -4.58, p < 0.001), indicating that the slope between confidence and first-order accuracy 279 was steeper in the active compared to observation condition. Area under the type II receiver 280 operating curve (AROC) was also higher for the active condition $(0.95 \pm 0.02 \text{ vs. } 0.93 \pm 0.03, \text{ m})$ 281 Wilcoxon sign rank test, V = 197, p < 0.001). Of note, these differences were not explained 282 by differences in the goodness-of-fit across subjects (R=0.13; p=0.59). We could thus 283 reproduce the lower metacognitive performance found in the observation condition only by 284 detaching the decision process from the evidence accumulation process leading to 285 confidence.



- Figure 4 -



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288 Figure 4. Race accumulator model for confidence. (A) Upper plot: an example trial for which the participant 289 made a first-order error. The violet and blue traces represent accumulators that are incongruent and congruent 290 with a correct response, respectively. A committed first-order decision (D) is taken when the winning accumulator 291 hits the decision bound (dashed horizontal line). Here, the violet trace wins, producing a first-order error. 292 Confidence is assumed to be based on the difference between both accumulators at the end of the post-293 decisional period. Similarly, confidence in the observed response is read-out from the difference between both 294 accumulators at the end of the post-decisional period. In both plots, the sigmoid (square box) constrains the 295 result to the [0,100] % interval. T nd is the non-decisional time, t d the time taken for the winning accumulator to 296 reach the decision bound B and t_pd the post-decisional time. (B) Histogram of the confidence ratings obtained 297 during the experiments, compared to the model simulations (thick line) for error (red) and correct (green). Upper 298 plot for the active condition (second-order model), lower plot for the observation condition (non-decisional model). 299 Error bars and shaded area represent 95% confidence intervals across subjects. (C) Top panel: Mixed logistic 300 regression between simulated first-order accuracy and simulated confidence, in the active (red) and observation 301 condition (blue). Bottom panel: Individual slopes of the mixed regression model indicating metacognitive 302 performance, see Figure 1B for the actual behavioral results.

304 Discussion

The present study evaluated the contribution of decisional signals to metacognition by comparing and modeling confidence judgments for committed and observed decisions, and identifying the neural correlates of confidence with high spatiotemporal resolution. A group of 20 healthy volunteers was asked to perform or observe a perceptual task, and then indicate their confidence regarding the accuracy of the committed or observed decisions.

310 Better metacognitive performance for committed decisions

311 Participants were able to adjust confidence to the accuracy of their own perceptual 312 decisions, and to the accuracy of decisions they observed. Yet, consistent with our pre-313 registered predictions, committed decisions were associated with a slight but consistent 314 increase in metacognitive performance compared to observed decisions, which supports 315 decision commitment as an additional input for confidence. Of note, this effect could not be 316 explained by differences in terms of perceptual evidence or first-order performance across 317 conditions, which were identical by design (see Methods). A follow-up experiment revealed 318 equivalent metacognitive performance for committed and observed decisions when 319 participants were given more time to perform the first-order task. This indicates that the 320 metacognitive advantage we describe occurred in speeded tasks in which errors are 321 immediately recognized as such (Charles et al., 2013). By showing the specificity of 322 metacognitive improvement for committed decisions under speeded conditions, this follow-323 up experiment also undermines the possibility that our effect stems from experimental 324 confounds between the active and observation conditions (e.g., demand characteristics, 325 visual saliency), as such confound would likely pertain both to speeded and non-speeded 326 conditions. Last, we found that metacognitive performance in the active condition was better 327 than another condition involving simultaneous first and second-order responses, in which by 328 definition confidence could not be informed by a previous committed decision. This brings 329 another line of evidence that action monitoring plays a role for confidence.

330 We then turned to computational modeling to shed light on the role of decisional signals for 331 decision monitoring (Kepecs et al., 2008, Kiani et al., 2009, Pleskac et al., 2010, Maniscalco 332 & Lau, 2016). One biologically plausible (computational account of decision making, called 333 race accumulator model (Bogacz et al., 2006; Kiani et al., 2014), assumes that ideal 334 observers commit to a first-order decision (here, the right or left side of the screen containing 335 more dots) once one of two competing evidence accumulation processes (for one or the 336 other choice) reaches a decision boundary. We extended these models, assuming a 337 continuation of evidence accumulation after the first-order decision (Van Den Berg et al., 338 2016). Through this procedure, we found that the path of second-order evidence 339 accumulation in the active condition was constrained by the first-order decision boundary, 340 which translated into confidence estimates with lower variance compared to observed 341 responses which impose no constraint on evidence accumulation (7.24 \pm 0.11 vs 9.04 \pm 0.16, Wilcoxon signed rank test, V = 8, p < 0.001). This prediction was verified a posteriori in 342 343 our behavioral data, as we found higher variance for confidence ratings in the observation 344 vs. active condition (6.71 % \pm 0.92 vs. 7.33 \pm 1.15, Wilcoxon signed rank test, V = 45, p = 345 0.024).

346 The notion that committing to (but not observing) first-order decisions sharpens confidence 347 estimates is corroborated by studies showing that metacognitive performance increases 348 when response times are taken into account to compute confidence (Siedlecka, Paulewicz, 349 & Wierzchoń, 2016), and decreases in case motor actions are irrelevant to the task at play 350 (Kvam et al., 2015), or when the task-relevant motor action is disrupted by transcranial 351 magnetic stimulation over premotor cortex (Fleming et al., 2015). The role of motor signals 352 for metacognition is also supported by recent results indicating that confidence increases in 353 presence of sub-threshold motor activity prior to first-order responses (Gadjos et al., 2018); 354 and that alpha desynchronization over the sensorimotor cortex controlling the hand 355 performing that action correlate with confidence (Faivre et al., 2018). Together, these 356 empirical results suggest that confidence is not solely derived from the quality of perceptual

evidence, but involves the perception-action cycle. By comparing committed and observed
decisions in a controlled way, we could test a direct prediction derived from these studies,
and document its neural and computational mechanisms.

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361 Neural correlates of confidence in committed and observed decisions

362 After assessing the contribution of decision commitment to confidence at the behavioral 363 level, we identified the brain regions at play for monitoring committed and observed 364 decisions by parametrically modulating the BOLD signal by confidence estimates. Besides 365 brain regions activated independently across conditions (Supplementary table 1), we found 366 that the right precentral gyrus (contralateral to the hand reporting confidence), left anterior 367 insula and bilateral pMFC were significantly more predictive of confidence in the active than 368 in the observation condition (Supplementary table 2). The involvement of such motor and 369 error detection regions (Carter et al., 1998; Bonini et al., 2014; Bastin et al., 2017), together 370 with our behavioral and modeling results support the notion that action monitoring serves as 371 input for confidence. This is corroborated by behavioral results from a follow-up experiment, 372 showing that metacognitive performance was better in the active condition compared to a 373 condition in which the first and second-order responses were reported simultaneously on a 374 unique scale.

375 In search for hemodynamic correlates of confidence independent from action commitment, 376 we identified the brain regions conjunctively related to confidence in the active and 377 observation conditions as the pMFC, insula, IFG, IPL and precentral gyrus (See 378 Supplementary Table 3). This is corroborated by previous results by Heereman and colleagues (2015), who found the pMFC, insula and IFG to be negatively correlated with 379 380 confidence during motion and color discrimination tasks, as well as Morales and colleagues 381 (2018), who found the pMFC to be negatively correlated for confidence in perceptual and 382 memory tasks. In addition, IPL activations (Hayes et al., 2011; Kim & Cabeza, 2007, 2009;

Moritz et al., 2006) and gray matter thickness (Filevich et al., 2018) were shown to correlate negatively with confidence. These regions could represent a substrate for the computation of confidence, stripped from decisional and error correction processes.

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387 Timing of confidence-related brain activations

388 Due to the low temporal resolution of the BOLD signal, it is worth considering that the above-389 mentioned regions may be contaminated by prerequisites of confidence computation (e.g., 390 quality of numerosity representation, alertness), as well as its by-products (e.g., the act of 391 reporting confidence on the scale). To further isolate the neural correlates at play when 392 computing confidence for committed and observed decisions and pruning out some of the 393 prerequisites and by-products of confidence, we constrained our search to neural events 394 occurring in the vicinity of the committed/observed first-order response by fusing EEG and 395 fMRI data (Debener et al., 2005; Gherman & Philiastides, 2018).

396 In line with our pre-registered hypothesis, we found early correlates of confidence for 397 committed but not for observed decisions in fronto-central EEG activity resembling the error-398 related negativity (ERN) involved in error detection (Boldt & Yeung, 2015) and in fronto-399 parietal activity resembling the centro-parietal positivity (CPP) involved in evidence 400 accumulation (O'Connell et al., 2012). To address the possibility that early correlates of 401 confidence in observed decisions do not appear in event-related potentials but involve 402 multivariate electrophysiological patterns, we built a decoder of confidence based on whole-403 scalp EEG. Coherently with the univariate results described above, our decoder could 404 explain confidence better than chance level in the time vicinity of committed decisions (108 405 ms post-response), while significant decoding performance was only attained 353 ms after 406 observed decisions. The absence of early correlates of confidence in the observation 407 condition was expected as participants could not possibly assess first-order accuracy before 408 perceiving the observed decision (Holroyd & Coles 2002, Van Schie et al., 2004; Iturrate et

409 al., 2015). Of note, decoding performance in the active condition plateaued after the first 410 peak and dropped after around 400 ms, indicating that ongoing processes leading to 411 confidence may be sustained in time. Thus, the computation of confidence may unfold in two 412 waves, an early one specific to the the monitoring of committed decisions, and a later one for 413 computing confidence per se. One possibility is that the early correlate for committed 414 decisions relates to an "all-or-none" automatic error detection system (Charles et al., 2013, 415 although see Vocat et al., 2011, Pereira et al., 2017), while the late correlate underlies a 416 fine-grained estimation of second-order signals (Boldt & Yeung, 2015).

417 We finally examined the properties of early and late correlates of confidence by assessing 418 their BOLD covariates. For that, we parametrically modulated the BOLD signal using the 419 output of a decoding model of confidence based on whole-scalp EEG, hereby obtaining a 420 time-resolved description of fMRI data (Gherman & Philiastides, 2018). In the active 421 condition, we found that the pMFC, IFG, MFG and insula were co-activated both during the 422 early and late decoding window. These regions are likely to relate to early error processing 423 based on the monitoring of errors/conflicts surrounding the first-order response (Dehaene et 424 al., 1994, Carter et al., 1998, Bonini et al., 2014, Bastin et al., 2017, Ullsperger et al., 2014 425 for a review). Furthermore, Murphy and colleagues showed that similar error-related 426 feedback signals from the pMFC inform metacognitive judgments through the modulation of 427 parietal activity involved in evidence accumulation (Murphy et al., 2015). Other regions 428 including the IPL, precentral cortex and aPFC were found specifically in the late decoding 429 window, which hints to their involvement in late processes at play for the computation of 430 graded confidence estimates. In the observation condition, the only region coactivated with 431 late electrophysiological correlates of confidence was the left IFG, adjacent to the cluster we 432 found in the active condition. This suggests the role of left IFG operating similarly around 433 300 ms whether a decision is committed or observed. Of note, the quest for domain-general 434 mechanisms of confidence (Faivre et al., 2018, Rouault et al., 2018) is hindered by the fact 435 that our paradigm alternated short blocks of active and observation conditions, which could

436 potentially inflate correlations in confidence due to confidence leaks across trials (Rahnev et437 al., 2015).

438 By contrast to decision-independent activations in the IFG, the aPFC – commonly referred to 439 as a key region for confidence (Fleming et al., 2010, 2012, Morales et al., 2018, for review 440 see Grimaldi et al., 2015)- was involved in monitoring committed decisions only. The fact 441 that activity in the insula and aPFC were not related to confidence in observed decisions 442 reveals that these regions may underlie a putative role in linking first-order decisional signals 443 allowing early error detection to inform fine-graded confidence estimates derived from the 444 quality of perceptual evidence (Fleming et al., 2018). Beyond error detection, the aPFC 445 could operate by linking other sources of information to inform confidence, including the 446 history of confidence estimates over past trials (Shekhar et al. 2018). Although this claim 447 deserves further investigations, it extends a recent proposal by Bang & Fleming (2018) 448 arguing that aPFC is involved in reporting rather than computing confidence estimates per-449 se.

450

451 Conclusion

452 We combined psychophysics, multimodal brain imaging, and computational modeling to 453 unravel the mechanisms at play when monitoring the quality of decisions we make, in 454 comparison to equivalent decisions we observe. Our behavioral and modeling results 455 indicate that committing to a decision leads to increases in metacognitive performance, 456 presumably due to the constraint of evidence accumulation by first-order decisions. By 457 focusing the analysis of neural signals on processes independent from decision-making, we 458 isolated the IFG as a key region contributing to confidence in both committed and observed 459 decisions. We further specified the functional role of the IFG, distinct from a set of regions 460 involved in error processing, and from the insula and aPFC which could potentially inform 461 confidence estimates with the output of such error processing.

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597 Methods

598 Software and algorithms

Reagent or resource	Source	Identifier
MATLAB 2017a	Mathworks http://www.mathworks.com/ products/matlab/	RRID:SCR_001622:
SPM12	https://www.fil.ion.ucl.ac.uk/ spm/software/spm12/	RRID:SCR_007037
EEGLAB	http://sccn.ucsd.edu/eeglab/i ndex.html	RRID:SCR_007292
Analyzer	BrainVision	RRID:SCR_002356
R	http://www.r-project.org/	RRID:SCR_001905
ggplot2	http://ggplot2.org/	RRID:SCR_014601
lme4	<u>https://cran.r-</u> project.org/web/packages/Im e4/index.html	RRID:SCR_015654

599

- 600 CODE AVAILABILITY
- 601 Matlab and R code for reproducing all analyses can be found on GitHub 602 (<u>https://gitlab.com/nfaivre/analysis_public)</u>.

603 DATA AVAILABILITY

All data, analysis and modeling software scripts from this study will be made freely available upon publication. Anonymized data will be stored on openneuro.org. Unthresholded statistical maps can be found on NeuroVault (<u>https://neurovault.org/collections/4676/)</u>

608 EXPERIMENTAL MODEL AND SUBJECT DETAILS

The experimental paradigm, sample size, and analysis plan detailed below were registered
prior to data collection using the open science framework (https://osf.io/a5qmv).

611 Twenty-five healthy volunteers (12 females, mean age = 24.6 ± 1.43) from the student 612 population at the Swiss Federal Institute of Technology took part in this study in exchange 613 for monetary compensation (20 CHF per hour). All participants were right-handed, had 614 normal hearing and normal or corrected-to-normal vision, and no psychiatric or neurological 615 history. They were naive to the purpose of the study and gave informed consent. The study 616 was approved by the ethical committee of the canton of Geneva, Switzerland (Commission 617 Cantonale d'Ethique de la Recherche (CCER); study number 2017-00014). Five subjects 618 were excluded from the analysis: Data from three participants were not analyzed due to 619 technical issues during recording (high electrode impedance preventing data collection for 620 safety reasons), and two participants were excluded as they could not perform the first-order 621 task fast enough. The sample size was predefined based on power analyses conducted on 622 pilot data, leading to a power of 0.88 (95% CI = 0.80, 0.94) with a sample size of 25 623 participants.

624

625 METHOD DETAILS

626 Experimental paradigm

All stimuli were prepared and presented using Python 2.7. Each trial started with the display of a 4° by 4° fixation cross presented for 500 to 1500 ms (uniform random distribution, optimized apriori to maximize design efficiency see Friston et al., 1999). Then two square boxes (size 4° by 4°) situated on each side of the fixation cross (center-to-center eccentricity of 8°) were flashed for 60 ms. In total, the two boxes contained 100 dots (diameter 0.4°) distributed unequally among them. Boxes and dots were displayed at maximum contrast on a black background. In the active condition, participants were asked to indicate which box 634 contained most dots by pressing a key in less than 500 ms (first-order task). Responses 635 slower than 500 ms were discouraged by playing a loud alarm sound. In the observation 636 condition, participants were instructed to observe the image of a hand (6° by 6°) performing 637 the first-order task by appearing on the side of the screen corresponding to one of the two 638 boxes. They were told that the hand was controlled by a computer performing at about the 639 same level as them to discriminate the box containing most dots. Responses in the observed 640 condition corresponded to those in the active condition in a shuffled order, so that accuracy 641 and response times were kept constant across conditions (see below). After the first-order 642 response (button press or visual hand onset), a mask composed of two boxes filled with 100 643 dots each appeared in order to interrupt perceptual processing and ensure that the two 644 conditions were similar in terms of visual input. After a period of time corresponding to 2 s 645 from stimulus onset, a visual analog scale appeared instead of the mask, and participants 646 were asked to use it to report how confident they were about their own first-order response 647 (active condition), or about the observed first-order response (observation condition). The 648 scale was shown for 6.5 seconds, with marks at 0 (certainty that the first-order response was 649 erroneous), 0.5 (unsure about the first-order response) and 1.0 (certainty that the first-order 650 response was correct). A cursor moved back and forth along the scale at slow speed (3 °/s), 651 and participants had to press the left button at any moment when the cursor was at their 652 chosen confidence level. The initial position and direction of the cursor was randomized and 653 always passed through each position of the scale at least twice so that participants had one 654 more chance were they to miss the first pass of the cursor.

Each experimental run was divided into four blocks of 12 trials, alternating between active and observation blocks. Each run started with an active block, and first-order responses in that block were shuffled and replayed in the following observation block. Importantly, the relation between response times, choice, and perceptual evidence was kept, as we shuffled trial order only. The experiment comprised six experimental runs, totalizing 144 trials per condition. During the active condition, the task difficulty was adjusted by an automatic one-

661 up two-down staircase procedure to make the first-order performance rate converge to 71% 662 (Levitt, 1971). The perceptual difficulty (defined as the difference in the number of dots 663 between the two boxes) was decreased by one after one incorrect response and increased 664 by one after two consecutive correct responses. The perceptual difficulty was pre-tuned to 665 individual perceptual abilities by performing 96 trials of the active condition without 666 confidence ratings prior to entering the scanner.

667

668 Data collection

669 EEG data were recorded at 5000 Hz using a 63 channel setup (BrainAmp DC-amplifier, 670 BrainProducts GmbH, Munich, Germany) synchronized to the scanner's internal clock. 671 Impedances of all channels were kept below 10K Ohms before entering the scanner. BOLD 672 signal was recorded in a 3T Prisma Siemens scanner with a 32-channel coil. We used an EPI sequence (TR = 1280 ms, TE = 31 ms, FA = 64°) with 4x multiband acceleration. We 673 674 acquired 64 slices of 2 x 2 x 2 mm voxels without gap (FOV = 215 mm) with slice orientation 675 tilted 25° backward relative to the AC-PC line so as to include the cerebellum. Structural T1-676 weighted images were acquired using a MPRAGE sequence (TR = 2300 ms, TE = 2.32 ms, 677 $FA = 8^{\circ}$) with 0.9 x 0.9 x 0.9 mm voxels (FOV = 240 mm).

678

679 QUANTIFICATION AND STATISTICAL ANALYSIS

680 Behavioral analysis

Trials in which no first-order (2.0 %) or second-order response (2.9 %) was provided were excluded. Response times (RT) were defined as the time elapsed between stimulus onset and response button press (active condition), or onset of the visual hand (observation condition). Trials with RT smaller than 200 ms or higher than 500 ms (due to the loud sound) were also excluded from further analysis (13.1 %). Finally, trials from the observation

686 condition during which the participant mistakenly pressed the response button were also 687 excluded (12.6 %). As the exclusion criteria are not mutually exclusive, this resulted in a final 688 number of trials of 119±5 trials in the active condition and 118±5 trials in the observation 689 condition, out of 144 possible trials.

690 All continuous variables were analyzed using mixed effects models, using the lme4 (Bates et 691 al., 2014) and ImerTest (Kuznetzova et al., 2017) packages in R. Inclusion of random effects 692 was guided by model comparison and selection based on maximum likelihood ratio tests. 693 The significance of fixed effects was estimated using Satterthwaite's approximation for 694 degrees of freedom of F statistics (Luke 2017). All statistical tests were two-tailed. 695 Metacognitive performance was modeled using mixed effects logistic regression between 696 first-order accuracy and confidence, with random intercept for participants and random slope 697 for confidence. The slope of the model was interpreted as a metric for metacognitive 698 performance (i.e., capacity to adjust confidence based on first-order accuracy). We chose 699 this framework to analyze confidence as it is agnostic regarding the signals used to compute 700 confidence estimates (i.e., decisional compared to post-decisional locus, see Yeung & 701 Summerfield, 2015; Pleskac & Busemeyer, 2011), and the mixed model framework allows 702 analyzing raw confidence ratings even if they are unbalanced (e.g., in case participants do 703 not use all possible ratings).

704

705 fMRI pre-processing and analysis

The functional scans were realigned, resliced and normalized to MNI space using the flow fields obtained by diffeomorphic anatomical registration through exponential linear algebra (DARTEL; Ashburner 2007). The normalized scans were smoothed using a Gaussian kernel of 5 mm full-width at half maximum (FWHM). The pre-processing was done using SPM12. We modeled the BOLD signal using a general linear model (GLM) with two separate regressors (stick functions at stimulus onset) for the active and observation condition as well

712 as their spatial and temporal derivatives. We then parametrically modulated the regressors 713 with three behavioral variables : the confidence ratings, the response times, and the 714 numerosity difference between the two array of dots (i.e., perceptual evidence). Bad trials as 715 defined in the behavioral analysis section were modeled by two separate regressors (one for 716 active and one for observation) and their spatial and temporal derivatives. We added six 717 realignments parameters as regressors of no interest. All second-level (group-level) results 718 are reported at a significance-level of p < 0.05 using cluster-extent family-wise error (FWE) 719 correction with a voxel-height threshold of p < 0.001. We used the anatomical automatic 720 labelling (AAL) atlas for brain parcellation (Tzourio-Mazover et al., 2002).

721

722 EEG pre-processing

723 MR-gradient artifacts were removed using sliding window average template subtraction 724 (Allen et al., 2000). TP10 electrode on the right mastoid was used to detect heartbeats for 725 ballistocardiogram artifact (BCG) removal using a semi-automatic procedure in BrainVision 726 Analyzer 2. Data were then filtered using a Butterworth, 4th order zero-phase (two-pass) 727 bandpass filter between 1 and 10 Hz, epoched [-0.2, 0.6 s] around the response onset (i.e. 728 the button press in the active condition or the appearance of the virtual hand for in 729 observation condition), re-referenced to a common average, and input to independent 730 component analysis (ICA; Makeig et al., 1996) to remove residual BCG and ocular artifacts. 731 In order to ensure numerical stability when estimating the independent components, we 732 retained 99% of the variance from the electrode space, leading to an average of 19 (SD = 6) 733 components estimated for each participant and condition. Independent components (ICs) 734 were then fitted with a dipolar source localization method (Delorme et al., 2012). ICs whose 735 dipole lied outside the brain, or resembled muscular or ocular artifacts were eliminated. A 736 total of 8 (SD = 3) components were finally kept. All preprocessing steps were performed 737 using EEGLAB and in house scripts under Matlab (The MathWorks, Inc., Natick, 738 Massachusetts, United States).

739

740 **EEG univariate analysis**

741 EEG evoked potentials were analyzed at the single trial level using a mixed effect linear 742 regression for each channel and time point. Each model included confidence or uncertainty 743 as dependent variables, with first-order response times and perceptual evidence (i.e., the 744 difference in number of dots between the right and left side of the screen) as fixed effects, and a random intercept by subject. The significance of fixed effects was estimated using 745 746 Satterthwaite's approximation for degrees of freedom of F statistics, with family-wise error 747 correction for multiple comparisons. No random slopes were added to avoid convergence 748 failures. All analyses were performed using the tidyverse (Wickham 2017) and eegUtils 749 (Craddock, 2018) environment in R (R core team 2018).

750

751 **EEG multivariate analysis**

752 We derived a low dimensional description of the electrophysiological correlates of 753 confidence using multivariate pattern analysis on single-trials. We built independent linear models in the temporal domain for each single sample within the epochs' windows, with all 754 755 the independent components retained as features. The models were evaluated using leaveone-out cross validation to avoid overfitting, and goodness-of-fit was measured by R². The 756 757 leave-one-out cross-validation models were also used to define the time point of maximum 758 decoding capability within two time windows of interest ([50-200] and [200-450] ms post 759 response). Once this time point was obtained for each window and participant, the 760 respective EEG values estimated from the linear regressor were fed to an EEG-fMRI 761 informed analysis (see next section).

762 Chance-level for decoding performance was computed using permutation statistics corrected 763 for multiple comparisons, by repeating the whole evaluation process 1000 times while 764 shuffling confidence rating across trials. An empirical, corrected, distribution of the null

hypothesis under which R^2 was not significantly different from zero was built by taking, for each permutation, the maximum and minimum statistics of the R^2 throughout the whole epoch window evaluated. The corrected measure of chance level was then estimated based on the desired confidence of this distribution (fixed at α = 0.05).

769

770 **EEG informed fMRI analysis**

To find brain-regions coactivated with decoded confidence, we built a second GLM 771 772 consisting of two stick function (one for each condition), parametrically modulated by four 773 variables; the output of the EEG confidence decoder at two time points post-response corresponding to peak R² confidence decoding during the early (50 ms - 200 ms) and late 774 775 (200 ms - 450 ms) time windows, the response time and the numerosity difference of the 776 trial. We verified that empirical cross-correlation between regressors was low: $rmax = 0.27 \pm$ 777 0.05 and rmax = 0.22 ± 0.04 for the active and observation conditions. Excluded trials as 778 defined in the behavioral analysis section were modeled by two separate regressors (one for 779 active and one for observation) and their spatial and temporal derivatives. We added six 780 realignments parameters as regressors of no interest. All second-level (group-level) results 781 are reported at a significance-level of p < 0.05 using cluster-extent family-wise error (FWE) 782 correction with a voxel-height threshold of p < 0.001. We used the anatomical automatic 783 labelling (AAL) atlas for brain parcellation (Tzourio-Mazover et al., 2002).

784

785 Behavioral modeling

Our models of confidence build upon a race accumulator model predicting first-order response times and choice accuracy; for every time point t (sampled at a frequency of 1000 Hz), each accumulator corresponded to the cumulative sum of independent draws from a normal distribution with unit variance and mean equal to the drift rate (*v* and -*v* for congruent and incongruent choices). The decision bound was modeled as a fixed threshold *B*. Non-

decision times were modeled by a normal distribution with mean *tnd* and standard deviation *tnd_std*. To model early errors, we added starting point variability; we allowed each accumulator to start in a non-zero state, uniformly distributed between 0 and *zvar* time the decision bound B (Purcell & Kiani, 2016).

795 At each iteration of the optimization procedure (see below), we generated N=1000 surrogate 796 trials consisting in the state of the two accumulators over time and corresponding choice and 797 RT. All parameters were fitted for the active condition, through a Nelder-Mead simplex log-798 likelihood minimization, comparing observed and simulated distribution of response times 799 with a Kolmogorov-Smirnov test. To separate correct and error trials, the sign of RT was 800 inverted for error trials. We constrained the parameters to positive values by applying an 801 exponential transformation of the variables f(x) = exp(x), except for non-decision time and 802 non-decision time variability which were constrained to [0,1] s by a sigmoid transformation 803 $f(x) = 1/(1 + \exp(-x)).$

804 As the state of the evidence accumulation is unconstrained, we used a second stage fitting 805 procedure to map these values to the 0-1 confidence scale. For the active condition, we 806 sampled evidence for confidence as the state of the winning accumulator at a latency 807 corresponding to peak performance in EEG decoded confidence. We divided the non-808 decision time into a sensory and an 80ms motor component (Resulaj et al., 2008). We 809 assumed that if EEG predicted confidence best around 320 ms after the RT, then confidence 810 would depend on the state of the accumulators 320 + 80 = 400 ms after the choice. To map 811 the evidence to a 0 - 1 confidence scale, we used a sigmoid function:

812
$$C = exp((x_1E + x_2))/(1 + exp(x_1E + x_2))),$$

813 With C the resulting simulated confidence, E the accumulated evidence and x_1, x_2 two 814 free parameters corresponding to the sensitivity and the bias of the mapping.

815 For the observation condition, we assumed that confidence was readout from an identical 816 evidence accumulation process, albeit disconnected from the computer's decisions (and

- response times). We thus simulated an additional 1000 surrogate trials for the observation condition but time-locked the post-decisional readout of confidence to the shuffled RTs from the active condition. The confidence readout was based on the accumulator with highest value, thus assuming a covert decision at the time of the read-out. We then fitted the parameters of the mapping as in the active condition but inversing confidence (c' = 1-c) when the chosen accumulator deferred from the computer's decision.
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