1   Human lateral Frontal Pole contributes to control over social-emotional behaviour

2   Running title: FPl in social-emotional control

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Abstract

Emotion regulation is essential for human social interactions. Recent work has exposed its cognitive complexity, as well as its unexpected reliance on portions of the anterior prefrontal cortex (aPFC) also involved in relational reasoning, rather than on dorsolateral and medial prefrontal areas involved in several forms of cognitive control. This study anatomically qualifies the contribution of aPFC territories to the regulation of social-emotional actions, relating emotional regulation to other cognitive processes that have been associated with the aPFC, and explores a possible structural pathway through which emotional regulation might be implemented.

We provide converging evidence from task-based fMRI, diffusion-weighted imaging, and resting-state connectivity fingerprints for a novel neural element in emotion regulation. Task-based fMRI differentiated, within the same participants, aPFC territories involved in social-emotional regulation from territories known to support relational processing. Connectivity fingerprints, based on diffusion-weighted imaging and resting-state connectivity, localized those task-defined frontal regions to an anatomically-defined portion of the aPFC, the lateral frontal pole (FPl). Probabilistic tractography indicated that a fifth of inter-individual variation in social-emotional regulation abilities is accounted by the strength of structural connectivity between FPl and amygdala. These findings provide novel neuroanatomical evidence for incorporating FPl in models of social-emotional regulation.

Keywords: social-emotional regulation, amygdalofugal connectivity, prefrontal control, approach-avoidance, lateral frontal pole

Introduction

Being able to control social-emotional behaviour is paramount for successful participation in society (Hare 2017). However, regulating social-emotional actions is cognitively complex. It requires the ability to assess the effectiveness of on-going behaviour and compare this with alternative action strategies, whilst maintaining a representation of complex social relations that might be influenced by the selected behaviour. By way of example: police officers facing a pointed gun from a terrorist need to overcome their automatic action tendency to avoid the threat, while selecting a course of action from several alternative behavioural possibilities, without ignoring the potential consequences of those actions on surrounding people. Recent converging evidence indicates that this type of social-emotional regulation is computed in the most rostral part of the anterior prefrontal cortex (aPFC) (Volman et al. 2011, 2013; Tyborowska et al. 2016; Koch et al. 2018). The current study anatomically qualifies the contribution of aPFC regions to the regulation of social-emotional action, and explores a possible structural pathway through which this regulation might be implemented.

The aPFC has been involved in a disparate range of cognitive tasks [e.g. relational reasoning (Vendetti and Bunge 2014; Hartogsveld et al. 2017), counterfactual choice (Boorman et al. 2009a; Mansouri et al. 2017), exploration behaviour (Daw et al. 2006; Zajkowski et al. 2017)]. Yet, to date, emotional regulation has not been considered part of the cognitive fingerprint of this region (Koch et al. 2018). Models of emotion regulation have largely focused on dorsolateral and medial prefrontal areas (Etkin et al. 2015; Morawetz et al. 2017; Langner et al. 2018). At first glance, the focus of the emotion control literature on medial prefrontal cortex (mPFC) is justified by the strong structural and functional connectivity between mPFC and areas involved in emotional and social processing, such as the amygdala (Ghashghaei and Barbas 2002; Petrides and Pandya 2007; Neubert et al. 2014; Motzkin et al. 2015; Tillman et al. 2018). In contrast, structural connections to the amygdala are scarce for anterior prefrontal areas (Ghashghaei et al. 2007). However, recent studies have shown that amygdala is connected to the aPFC via the rostral projections of the ventral amygdalofugal pathway

(Krüger et al. 2015; Kamali et al. 2016). In fact, there is evidence that this tract might extend to the

lateral frontal pole (FPl;Folloni et al. 2019)), a portion of the human aPFC that does not have a

homological counterpart in macaque brains (Ramnani and Owen 2004; Semendeferi et al. 2010;

Neubert et al. 2014). These anatomical observations, together with converging functional evidence

on aPFC involvement in the regulation of emotional strategies and actions (Koch et al. 2018), raise

the possibility that human social-emotional control is coordinated by the FPl.

In this study, we combine evidence from task based fMRI, diffusion-weighted imaging, and

resting-state connectivity fingerprints to define which portion of aPFC supports social-emotional

control, and how that function anatomically relates to other cognitive processes that have been

associated with the aPFC. First, we characterize the functional specificity of aPFC contributions to

social-emotional regulation. We contrast the cortical territories supporting two functions previously

associated with the aPFC region, indexed through a social-emotional approach-avoidance (AA) task

and a relational reasoning (RR) task (Vendetti and Bunge 2014). Second, we anatomically localize the

aPFC territories activated by the approaach-avoidance and relational-reasoning tasks. We match

their structural and functional connectivity fingerprints to the fingerprints extracted from known

areas of the aPFC (Neubert et al. 2014). Third, we assess the evidence for a possible structural

pathway through which the portion of the aPFC activated by the AA task might support social-

emotional regulation, namely through connections with the amygdala (Folloni et al. 2019)

Methods

Participants

Forty male students from the Radboud University Nijmegen participated in this study after

giving informed consent. All participants took part in the social AA task, diffusion weighted imaging,

and resting-state scans. A subsample (n = 19) participated in the higher-order relational-reasoning

task. The total sample had a mean age of 23.5 years (sd: 2.8, range 18-33 years), the relational-

reasoning task sub-sample had a mean age of 24.8 years (sd: 4.2, range 18-33). None of the

participants reported history of mental illness or use of psychoactive/corticosteroid medication. All

had normal or corrected to normal vision, and were screened for counter indications for magnetic

resonance imaging (MRI). The study was approved by the local ethics committee (CMO:2014/288).

Materials and apparatus

Images were acquired using a 3 T MAGNETROM Prisma MRI scanner (Siemens AG, Healthcare

Sector, Erlangen, Germany) using a 32 channel headcoil for functional and DWI images and a 20

channel headcoil for structural T1 images. Stimuli were presented using an EIKI LC- XL100 beamer

with a resolution of 1024 x 768 and a refresh rate of 60 Hz, and were projected onto a screen behind

the scanner bore. Participants were able to see the screen via a mirror.

The approach-avoidance (AA) task consisted of 16 blocks of 12 trials each, in which

participants had to approach or avoid equiluminant happy or angry faces presented in the centre of

the screen. Faces were presented for 100 ms and preceded by a 500 ms fixation cross in the centre of

the screen. After the presentation of the face, participants had 2000 ms to respond using a joystick.

Each trial was followed by an intertrial interval of 2 – 4 seconds. Task instructions for congruent

(move the joystick towards you/away from you for happy/angry faces), and incongruent blocks

(move the joystick towards you/away from you for angry/happy faces), were presented before each

block and switched between blocks. Subjects responded using a customized fiber optic response

joystick, which was fixed to only move in the saggital plane. Affect-incongruent trials have

consistently been shown to activate the aPFC (Roelofs et al. 2008; Volman et al. 2011; Tyborowska et

al. 2016).

The relational reasoning tasks consisted of 80 trials in which participants were presented a

screen containing two pairs of stimuli. Participants had to make judgments about the relation

between stimuli within each pair (lower-order relation trials) or on the relation between the two

within-pair relations (higher-order relation trials). There were two versions of the task; social and

non-social. Images in the non-social task differed in texture and shape. Images in the social task

consisted of faces that differed on the dimensions age and ethnicity. These conditions are both

described in detail in Hartogsveld et al. (2017) and depicted in figure 4A. This paradigm has been

shown to elicit activity in the rostrolateral prefrontal cortex (Vendetti and Bunge 2014) and a recent

study (Hartogsveld et al. 2017) has shown that this area is the same as the FPl identified by Neubert

et al. (2014).

Procedure

Data were acquired on two different days; one day consisted of the AA task, resting-state and

T1 structural scan. The other day consisted of the relational reasoning task and DWI. Order of days

was randomized over participants. Before and after each scan day we took saliva measurements to

possibly control for testosterone and cortisol for other research purposes. On the second day each

participant filled out the State Trait Anxiety Inventory to control for effects of trait anxiety.

Functional scans

The field of view of the scans acquired in the two MR-sessions was aligned to a built-in brain-

atlas using an auto-align head scout sequence. During resting state and task fMRI sessions we

acquired BOLD-sensitive images using a multiband sequence with TR = 735 ms/TE = 39ms, 64 slices,

flip angle of 52°, multiband acceleration factor of 8, slice orientation T > C, voxel size = 2.4 x 2.4 x 2.4

mm, phase encoding direction A >> P. The resting state session lasted 8.5 minutes (700 images). Each

sequence was followed by a field map image; flip angle = 60°, TR = 614, TE = 4.92.

Structural scan

High-resolution anatomical images were acquired with a single-shot MPRAGE sequence with

an acceleration factor of 2 (GRAPPA method), a TR of 2400 ms, TE 2.13 ms. Effective voxel size was 1

x 1 x 1 mm with 176 sagittal slices, distance factor 50%, flip angle 8°, orientation A ≫ P, FoV 256 mm.

DW imaging

Diffusion-weighted images were acquired using echo-planar imaging with an acceleration

factor of 2 (GRAPPA method). We acquired 65 2 mm-thick axial slices, with a voxel size of 2 x 2 x 2

mm, phase encoding direction A >> P, FoV 220 mm. In addition, we acquired 10 volumes without

diffusion weighting (b = 0 s/mm^2), 30 isotropically distributed directions using a b-value of 750

s/mm^2, and 60 isotropically distributed directions a b-value of 3000 s/mm^2. We also acquired a

volume without diffusion weighting with reverse phase encoding (P >> A).

Behavioural analyses

Behavioural analyses of AA task performance contrasted incongruent to congruent trials,

comparing reaction times and percentage correct between conditions. Differences between

conditions were assessed using paired-sample t-tests for the approach-avoidance task, and repeated

measures ANOVAs for the relational reasoning task.

Analyses - functional images

All processing of the AA and resting state images was done using MELODIC 3.00 as

implemented in FSL 5.0.10 (https://fsl.fmrib.ox.ac.uk). Images were motion corrected using MCFLIRT

(Jenkinson et al. 2002), and distortions in the magnetic field were corrected using fieldmap

correction in FUGUE. Functional images were rigid-body registered to the brain extracted structural

image using FLIRT. Registration to MNI 2mm standard space was done using the nonlinear

registration tool FNIRT. Images were spatially smoothed using a Gaussian 5 mm kernel and low

passed filtered with a cut-off at 100 s. Independent component analysis was run (Beckmann and

Smith 2004), after which the first 10 components were manually inspected to remove sources of

noise (Griffanti et al. 2017). Preprocessing for the higher-order relational reasoning task consisted of

a similar procedure, which is described in detail in Hartogsveld et al. (2017).

First and second level analyses were done in FEAT 6.00 implemented in FSL 5.0.10. We set up

separate general linear models for each task. The first-level AA model consisted of four task

regressors: Approach angry, approach happy, avoid angry and avoid happy; six motion regressors and

their temporal derivatives; and two regressors modelling fluctuations in signal in white matter and

cerebrospinal fluid. Approach happy and avoid angry (congruent conditions) were then contrasted

with approach angry and avoid happy (incongruent conditions). This contrast was taken as input for

each subject in the second level analysis. Second level analysis was performed using FMRIB's Local

Analysis of Mixed Effects (FLAME 1) with outlier de-weighting. We used a cluster forming threshold

of $Z > 2.3$, a value that has been shown to effectively control for Family Wise Error rate, possibly

related to the fact that FLAME estimates and takes into account within subject variance (Eklund et al.

2015). Locations with above threshold activity were localized using masks for the prefrontal cortex

(Sallet et al. 2013; Neubert et al. 2014), parietal cortex (Mars et al. 2011) and whole brain cortical

and subcortical atlases (Harvard-Oxford atlas). For the relational reasoning task we contrasted lower-

order and higher-order conditions, full methods used for this task are described in (Hartogsveld et al.

2017).

To assess psychophysiological interactions (PPI) during the AA task we ran a second analysis

using FEAT with regressors representing the task effects of interest (incongruent-congruent), the

regressor incongruent + congruent, a regressor describing the first eigenvariate time series of

activation of the seed region: Bilateral amygdalae taken from the AAL atlas (Tzourio-Mazoyer et al.

2002), and a regressor describing the interaction between the seed region activity and task effects.

Strength of amygdalofugal-FPl connections as estimated from tractography of dw-MRI (see below)

was added as a covariate in the second level analysis.

For the conjunction analysis between activation in the AA and the higher-order reasoning

task we overlaid the cluster thresholded contrast maps from both tasks.

Analyses – functional connectivity fingerprints of FPl based on resting-state fMRI

For the resting state fMRI analysis we defined regions-of-interest for each of the three areas

in aPFC (FPl, FPm, and 46), as identified by Neubert et al. (2014). These masks were thresholded to

contain only the 25% of voxels that were most likely to be part of each area (Mars et al. 2016;

Hartogsveld et al. 2017). The masks were warped to each individual anatomical space, after which we

extracted the first eigenvariate time series from each area. These time series were correlated with

whole brain resting state activity, the results of which were transformed to z-values using Fishers z-

transform and normalized. Resulting correlation maps were transformed back to MNI space after

which we extracted the connectivity from each prefrontal region with five downstream regions:

Posterior Cingulate Cortex (PCC) [10 -52 24], Intraparietal lobule (IPL) [48 -46 48], temporal pole (TP)

[34 12 -36], ventromedial prefrontal cortex (vmPFC) [8 44 -14] and dorsolateral prefrontal cortex

(dlPFC) [46 20 40] (see Mars et al. 2016; Hartogsveld et al. 2017), for each hemisphere separately.

This procedure gives a "connectivity fingerprint" of each region, describing functional (and structural

for DWI analyses) connections with other brain areas, and rests on the premise that each regions'

unique functional repertoire is determined by its connections with other regions (Passingham et al.

2002; Mars et al. 2018). We followed the same procedure for the two regions found in the aPFC

during the AA task: 5 mm sphere around MNI [24 50 -4] and MNI [-24 52 4].

For the statistical analysis we computed Manhattan distance between the connectivity

profiles of the AA regions and the connectivity profiles of the three prefrontal masks, separately for

each hemisphere. We compared these distance measures to a distribution of randomized distances

that we created by permuting the region labels 10000 times, each time randomly swapping the

target region labels (FPl; FPm; area 46) within participants and computing the Manhattan distance

with the AA fingerprint. The result of this approach shows whether the connectivity profile of the

aPFC regions differs from the connectivity profile of the region active during the AA task (Mars et al.

2016).

Analyses – structural connectivity fingerprints of FPL based on diffusion-weighted MRI

All analyses of diffusion data were performed in FSL FDT 3.0 (https://fsl.fmrib.ox.ac.uk). We

used TOPUP to estimate susceptibility artifacts using additional b = 0 volumes with reverse phase

coding direction (Andersson et al. 2003). Next, we used EDDY (using the fieldmap estimated by

TOPUP) to correct for distortions caused by eddy currents and subject movement (Andersson and

Sotiropoulos 2016). We used BedpostX to fit a crossing fiber model using default settings (Behrens et

al. 2007).

Seed regions were defined for five major tracts (see Hartogsveld et al., 2017) by creating 5

mm spheres in the Cingulum Bundle (CB) MNI: [8 -2 36], Superior Longitudinal Fasciculus 1 (SLF1),

MNI: [16 -2 54], SLF 2, MNI: [30 -2 38], SLF 3, MNI: [44 -2 26] and Uncinate Fasciculus, MNI: [32 -2 -

10] and then warped to individual subject space. The procedure for Amygdalofugal connectivity is

described below. For the comparisons in the left hemisphere the same coordinates were used with

the x-axis coordinate inverted. ProbtrackX was run with default settings using these masks as seed,

separately for each hemisphere using an exclusion mask at x = 0. The results from probtrackX were

warped to MNI 1 mm space, log transformed, and normalized to the highest probability per tract to

allow a direct comparison between tracts with all values ranging between 0 and 1. We computed

connectivity profiles of FPl, FPm and area 46 by counting the number of times each tract ended in

these regions. These connectivity profiles were compared to the connectivity profile of the region in

the aPFC resulting from the AA task contrast (5 mm sphere at MNI: [24 50 -4] for right and MNI: [-24

52 4] for left). We computed Manhattan distance between the connectivity profiles of the AA task

and the three prefrontal masks and permuted this 10,000 times, each time randomly swapping the

target region labels (FPl; FPm; area 46) within participants.

Analyses - Amygdalofugal connectivity

Connections between amygdala and aPFC were reconstructed using probtrackX. For this we

used the procedure and masks provided by Folloni et al., (2019). We seeded these connections in the

white matter punctuating the extended amygdala and substantia innominata: MNI: [-7 3 -9] and an

all-coronal waypoint mask at y = 22. We used tractography masks to ensure the estimated seedlines

extended only rostrally, at least up to the y = 25 coronal plane, and excluded CSF and between-

hemisphere connections. Connection strength was normalized and log transformed within each

participant. Next we extracted the total amount of times the tractography entered the FPl, FPm and

area 46 regions-of-interest separately. These values were correlated with congruency effects on

reaction time and percentage correct using Spearman's correlation coefficient.

To exclude that the Amygdalofugal-FPl connections are influenced by (much stronger)

projections of the Uncinate Fasciculus (UF), we reconstructed UF connectivity with FPl and correlated

this with the behavioural congruency. To isolate the UF we placed a seed in the white matter rostro-

laterally to the amygdala (MNI: [35 2 -22]), a coronal waypoint mask at y = 22 and exclusion masks in

the CSF and between hemispheres. We also used partial correlation to regress out possible

correlations influences of UF and state anxiety (STAI-Y2) in the amygdalofugal-behavioural

correlations.

Results

The study had two main goals: i) localize aPFC responses evoked during control over social-

emotional action tendencies in relation to an established anatomical parcellation of the aPFC, and in

relation to aPFC responses evoked during relational reasoning; and ii) provide evidence for the

functional relevance of amygdala-aPFC connectivity in implementing control over emotional-actions.

We implemented a-priori determined analyses addressing these two goals, correcting the statistical

inferences for multiple comparisons, either through cluster correction (fMRI task contrasts), or

Bonferroni-correction (anatomical localization and tract-behavioral correlations). Furthermore, we

implemented a number of follow-up exploratory analyses, prioritizing sensitivity over specificity, thus

avoiding corrections for multiple comparisons. The exploratory nature of these analyses is marked in

the text.

AA-task - Behavioral costs of controlling social-emotional behavior

Reaction times were longer for incongruent (M = 673 ms, SD = 103) than for congruent

movements (M = 626 ms, SD = 128), $t(39)$ = 5.12, p <.001 with an effect size of d = .4, CI [.22 , 1.03],

calculated as (M1-M2) / sd_{pooled}]. Participants also made more errors during incongruent (M = 94.3 %

correct, SD = 4.43) than congruent blocks (M = 97.1 % correct, SD = 2.96), $t(39)$ = 5.21, $p < .001;$ effect

size d = .7, CI [.27 , 1.2]. Behavioral effects are shown in figure 1B. These effects illustrate the

behavioral cost of applying cognitive control over prepotent social-emotional action tendencies.

AA-task - Controlling social-emotional actions elicits frontal and parietal activation

Building on previous evidence (Volman et al. 2011; Tyborowska et al. 2016), we expected

that control over social emotional action tendencies increases aPFC activity. This study tests whether

this activity is localized to the lateral Frontal Pole. We found clusters of increased activity over frontal

areas during incongruent as compared to congruent trials, whole-brain cluster-level corrected for

multiple comparisons (cluster-forming threshold of Z > 2.3 with corrected cluster threshold of p <

.05). Overlaying the frontal activity profiles on the mask created by Neubert et al. (2014) confirmed

activity in FPl, figure 1C. In addition we observed clusters of increased activity in bilateral

intraparietal lobule, an area strongly connected to the aPFC (Mars et al. 2011); bilateral

Insula/Inferior Frontal Gyrus [34 26 -6]; Bilateral area 8A [40 6 42]; bilateral area 46 [30 50 16]; and

bilateral cerebellum [16 -78 -30].

The estimated BOLD signal indexing control over emotional action tendencies (incongruent

vs congruent trials) extracted from FPl correlated positively with the behavioral index of emotional

control (reaction time differences between incongruent and congruent trials): $r(38)$ = .33, p =.037,

figure 1D. This effect corroborates our earlier findings of a positive relationship between individual

differences in reaction time effects and recruitment of aPFC/FPl activation (Roelofs et al. 2009;

Bramson et al., 2018). Exploratory analyses correlating BOLD congruency with behavioral congruency

gave a trend correlation for area 46; $r(38)$= .31, p = .05 and no correlation for FPm; $r(38)$ = .07, p =

.63, suggesting anatomical specificity in the involvement of FPl in controlling social-emotional

behavior.

Figure 1: Effects of cognitive control over social-emotional action tendencies.

A) Schematic representation of the AA task used to measure control over social-emotional action

tendencies. The incongruent condition requires control to override the automatic tendencies to

approach happy- and avoid angry faces. B) Behavioural effects on AA task; participants show longer

reaction times and more errors during the incongruent condition, illustrating the cost of exerting

control. C) Main task effects for incongruent > congruent, masked to show above threshold (cluster

level p < .001) activation in the anterior Prefrontal Cortex. (Frontal Pole mask; Harvard-oxford atlas)

D) Correlation between reaction time congruency and BOLD congruency effects extracted from the

lateral Frontal Pole across participants.

Relation between AA-related activity and functional fingerprints of FPl (Resting-state connectivity)

To assess whether the aPFC activity evoked during social-emotional control falls within FPl

(Neubert et al. 2014), we compared resting-state connectivity profiles of area 46, FPl and FPm with

the connectivity profile of the aPFC clusters showing a congruency effect (MNI: [24 50 -4] and [-24 52

-4]). We tested whether the connectivity fingerprints of the three prefrontal areas differed from the

connectivity profile of the AA-related clusters.

Resting-state fingerprints of area 46 and FPl showed relatively similar connectivity profiles,

both being strongly correlated with the Intraparietal lobule (IPL) and dorsolateral prefontal cortex

(dlPFC), but slightly stronger connectivity of FPl to the Posterior Cingulate Cortex (PCC). Functional

connectivity of FPm differed quite strongly from both area 46 and FPl, with strongest connectivity

with ventromedial prefrontal areas (vmPFC), PCC and temporal Pole (TP), figure 2A;C. These results

corroborate earlier reports on resting-state connectivity fingerprints for these areas (Neubert et al.

2014; Mars et al. 2016; Hartogsveld et al. 2017).

Comparing connectivity profiles between the three areas in aPFC with the connectivity

profile extracted from the AA-related region showed that its fingerprint differed significantly from

that of area 46, (left hemisphere: $p < .001$; right-hemisphere: $p < .001$), and from that of area FPm

(right hemisphere: $p < .001$; left-hemisphere: $p < .001$), but not from the connectivity fingerprint of

area FPl (left-hemisphere: $p = .87$, right-hemisphere: $p = .075$), figure 2E. This result provides

evidence that control of social emotional action tendencies involves the lateral Frontal Pole.

Relation between AA-related activity and structural fingerprints of FPl (DWI connectivity)

In addition to resting-state connectivity, we created connectivity profiles based on white

matter tractography. We placed seeds in five large white matter tracts (figure 2B); performed

probabilistic tractography to the rest of the hemisphere; and counted how often each tract ended in

each of the three regions in aPFC (figure 2B). We used a similar procedure for amygdalofugal (AmF)

connectivity (see methods).

Comparing connectivity profiles of the aPFC regions to these five major white matter tracts

and AmF connectivity showed relatively strong connectivity between area 46 and the three superior

longitudinal fasciculi (SLF1, SLF2 and SLF3; figure 2D). FPm is most strongly connected to the

Cingulate Bundle, Uncinate Fasciculus and Amygdalofugal pathways. FPl is less strongly connected to

the tracts leading outside the frontal cortex, and more strongly connected to the Uncinate Fasciculus,

which leads to the temporal pole (among other regions). The AA-related regions are also more

strongly connected to the Uncinate Fasciculus. These results are shown in figure 2D and match

earlier reports on connectivity of aPFC regions (Neubert et al. 2014; Mars et al. 2016; Hartogsveld et

al. 2017).

Comparing connectivity profiles between the three areas in aPFC with the connectivity

profile extracted from the AA region showed that the fingerprint of the AA region differed

significantly from that of area 46, (left hemisphere: $p < .001$; right-hemisphere: $p < .001$), and from

that of area FPm (right hemisphere: $p < .001$; left-hemisphere: $p < .001$), but not from the

connectivity fingerprint of area FPl (left-hemisphere: $p = .98$, right-hemisphere: $p = 1$), figure 2F. This

result corroborates the resting state results, providing additional evidence that the FPl is one of the

regions involved in controlling social emotional action tendencies.

Figure 2: AA task effects are localized within the connectivity-defined lateral Frontal Pole.

A) Seed regions and whole brain resting-state connectivity for area 46, FPm, FPl, and for the cluster

showing AA task-effects. B) Seed locations for tractography in five large white matter tracts (AmF

seed not shown) and masks for the regions FPl, FPm and area 46. C) Resting state connectivity

fingerprints of the aPFC and AA regions, separated for left and right ROI's. Region labels: Posterior

Cingulate Cortex (PCC), ventromedial prefrontal cortex (vmPFC), Intraparietal Lobule (IPL),

dorsolateral Prefrontal Cortex (dlPFC), Temporal Pole (TP). D) Connectivity fingerprints for

tractography of aPFC and the AA regions, separated for left and right ROI's. Tract abbreviations:

367   *FPl-amygdalofugal connectivity partly explains performance on the AA task.*

368   To identify an anatomical pathway through which the FPl could support social-emotional

behavior, we tested whether inter-subject variability in the strength of FPl structural connectivity

mediated by the amygdalofugal connections predicts successful performance on the AA task. On

average, the FPm is more strongly connected to amygdalofugal pathways than the FPl and area 46

(Figure 3A), in line with earlier studies showing both functionally and anatomically stronger

connections between limbic areas and medial prefrontal regions (Ghashghaei and Barbas 2002;

Neubert et al. 2014; Folloni et al. 2019). However, individual variability in the connectivity of FPl and

FPm confirms that the former region is more strongly involved in social-emotional control than the

latter. There was a significant correlation between tract strength and AA congruency effect on

percentage correct $r(38)$ .44 =, $p = .0044$ for the FPl connections but not for FPm, $r(38) = .24$, $p = .13$

and area 46, $r(38) = .3$, $p = .062$, figure 3B. However, these correlations did not differ from one

another, both comparisons $p > .3$. The direction of the FPl-behavioral correlation indicated that

stronger connectivity was related to relatively worse performance when having to exert control.

There were no significant correlations between tract strength and congruency effect on reaction

time; all $p > .09$. The congruency-FPl correlation for percentage correct survives Bonferroni-

correction for multiple comparisons over the eight correlations computed between behavioral

congruency and amygdalofugal-FPl connectivity; and the two control correlations described below.

To facilitate data interpretation, we conducted 2 additional exploratory control analyses.

First, to exclude that the correlation between amygdalofugal-FPl connectivity and AA performance

could be better explained by connections between amygdala and FPl through the Uncinate Fasciculus

(UF; Petrides and Pandya 2007) or trait anxiety (Kim and Whalen 2009), we correlated UF-FPl

connectivity with AA performance, and amygdalofugal-FPl connectivity with scores on the State

anxiety inventory (STAI). None of these analyses yielded significant correlations, all $p > .58$. Nor did

the correlation between amygdalofugal-FPl connections and behavioral congruency change when

controlling for state anxiety or UF-FPl connectivity.

Second, to explore whether FPl-amygdalofugal connectivity would also influence functional

connectivity between these two areas, we performed a Psychophysiological Interaction (PPI) analysis

with bilateral amygdalae as seed region and the strength of the connection with FPl as covariate. This

analysis showed a negative correlation between tract strength and amygdala-FPl functional

connectivity during the task, when using a small volume correction over bilateral FPl; $p = .019$ (FWE

cluster corrected; cluster location MNI [-32 50 6], cluster size: 20 voxels), meaning that with

increased tract strength there is more negative connectivity between the FPl and amygdala, which

might be interpreted as increased regulation of amygdala by the FPl (Volman et al. 2013). However,

the peak voxel level analysis did not show a significant effect: $p = .12$, indicating that these

connectivity results should be interpreted with caution.

Figure 3: Amygdalofugal connections with FPl correlate with AA task performance.

A) Illustration of the reconstructed tract that leads from the Amygdala to the anterior Prefrontal

cortex. This tract shows strongest connectivity with medial prefrontal areas, as can be expected given

earlier studies. B) The number of times the tract ends in FPl correlates with behavioural congruency in

error rates on the AA task, r = -.44, p = .0044, suggesting that the amygdalofugal pathway is involved

in mediating FPl-amygdala functional interactions during social-emotional control.

RR task - Behavioral costs of higher order relational reasoning

Reaction times were longer for higher-order than low-order relation trials, both for non-social (M =1971 ms; SD = 517 for higher order; M = 2386 ms; SD = 650 for low-order) and social conditions (M = 3673 ms; SD = 887 for higher order; M = 3123 ms; SD = 752 for lower order); repeated measures ANOVA on trial-dimension: $F(1,18)$ = 103.6, p < .001. Participants also made more

mistakes during the higher-order trials as compared to the low-order both for nonsocial (% correct:

M = 81% SD = 16.4 for high-order; M = 93 %; SD = 9.5 for low-order) and social conditions (% correct:

M = 66% SD = 7.2 for high-order; M = 71% SD = 8.5 for low-order); repeated measures ANOVA on

trial-dimension: $F(1,18) = 63.3$ $p < .001$. These results illustrate the computational cost of higher-

order relational reasoning.

Distinct FPl sub-structures in social-emotional control and higher-order relational reasoning

As reported in Hartogsveld et al., (2017), neural effects of the relational reasoning task have

previously been localized to the FPl using the same connectivity fingerprinting approach as used in

this study. However, overlaying the effects of the AA and the two versions of the relational reasoning

task showed only minor overlap in the FPl (figure 4B; C), with more rostro-lateral activity elicited by

relation reasoning as compared to the activity elicited in social-emotional control. There is some

overlap in area 46, which might be interpreted as reflecting the dependence of task performance on

the correct maintenance of response rules.

Figure 4: Distinct FPl sub-structures in social-emotional control and higher-order relational

reasoning

A) This panel shows both versions of the relational-reasoning task. The non-social panel depicts a

high-order trial where participants had to make a judgement about the relation between dimensions

(e.g. whether both pairs matched on shape or texture). The social panel depicts a low-dimension trial

in which participants had to indicate whether there was a match in age in one or both of the pairs. B)

This panel shows the (lack of) conjunction of the congruency effect in the AA task (red); the non-social

relational reasoning (RR) effect during the task developed by Vendetti and Bunge (2014) (green); and

the conjunction between the two (blue). C) This panel shows the conjunction of the congruency effect

in the AA task (red); the social relational-reasoning effect during the task developed by Hartogsveld et

al., (2017) (green); and the conjunction between the two (blue). For both tasks there is some overlap

of effects in Area 46, but only a few voxels in FPl. Coloured areas illustrate clusters surviving cluster

correction at z > 2.3.

Discussion

The present study anatomically qualifies the involvement of the anterior prefrontal cortex in

social-emotional control. There are three main findings. First, structural and functional connectivity

fingerprints of the lateral Frontal Pole (Neubert et al. 2014) closely match the fingerprints of the aPFC

territory recruited when social-emotional control is required. Second, the strength of FPl structural

connectivity with the amygdala accounts for a substantial portion of inter-individual variation in

social-emotional regulation abilities. Third, socio-emotional regulation and relational reasoning are

supported by contiguous but largely distinct portions of the FPl. These findings provide evidence for a

precise cortical region (FPl) and a structural pathway (the ventral amygdalofugal bundle) through

which a cognitively complex form of regulation might be implemented in the human brain, while

differentiating emotional regulation from the neural implementation of other cognitive processes

known to be supported by the FPl (Vendetti and Bunge 2014).

FPl supports social-emotional control

Previous work has repeatedly shown that the aPFC is involved in controlling social-emotional

behaviour, and that it is capable of doing so by influencing downstream activity in the amygdala

(Volman et al. 2013; Tyborowska et al. 2016); motor cortex; and parietal areas (Volman et al. 2011;

Bramson et al. 2018). Here, we extend this knowledge by showing that the aPFC contribution to

social-emotional control (e.g. Volman et al. 2011; Tyborowska et al. 2016) arises from a precise

anatomical structure: the lateral Frontal Pole (Neubert et al. 2014). This finding is based on the

connectivity fingerprint of the FPl. This anatomical metric also provides clues to the information

received by the FPl, and the influence it can exert on other brain structures (Mars et al. 2018). The

FPl, differently from neighbouring areas FPm and 46, is connected to both medial and lateral circuits

with parietal, cingulate, and temporal regions (Figure 2). The peculiar pattern of FPl connectivity fits

with the known supramodal regulatory role of this area during social-emotional control (Volman et

al. 2011; Volman et al. 2013; Koch et al. in prep), and with the notion that social-emotional

regulation involves access to both egocentric value of emotionally-laden actions, as well as social

consequences of those actions (Koch et al. 2018).

This study was designed to add functional specificity to those anatomically-grounded

inferences on FPl contributions to social-emotional regulations, given that the aPFC region has

consistently been involved in supporting several cognitive processes, e.g. concurrent monitoring of

current and alternative goals (Burgess et al. 2007; Badre and D'esposito 2009; Mansouri et al. 2017),

cognitive exploration (Daw et al. 2006; Zajkowski et al. 2017), counterfactual reasoning (Boorman et

al. 2009b; Koechlin 2016), metacognition (Fleming et al. 2014; Shekhar and Rahnev 2018), and

relational reasoning (Vendetti and Bunge 2014; Hartogsveld et al. 2017). We considered the

possibility that the social-emotional regulation operationalized in the approach-avoidance task

entails monitoring rule-based relations between emotional stimuli and emotional actions. On that

premise, both social-emotional regulation and relational reasoning would involve a re-representation

of relations between stimuli. The marginal spatial overlap between the FPl territories supporting the

approach-avoidance and relational-reasoning tasks argues against the possibility that those two tasks

share a re-representational process. It could be argued that the current finding is a consequence of

differences in the content of the material being processed by the FPl in the approach-avoidance and

relational-reasoning tasks. However, other studies have shown that, in both tasks, the FPl operates

on supramodal representations (Koch et al. in prep; Hartogsveld et al. 2017). Furthermore, the

spatial overlap between AA and RR tasks remains marginal even when both tasks used faces as input

material (Figure 4C). It remains to be seen whether the FPl contribution to social-emotional control

can be better explained by other cognitive processes associated with this region (Koch et al. 2018), or

whether the cognitive demands of social-emotional control and their input-output connectivity

segregate this faculty from other known FPl functions.

Amygdala-prefrontal projections modulate control over emotional-action

This study shows that control over social-emotional actions is negatively associated with the

strength of amygdala-FPl connections. On the assumption that the amygdala-FPl connectivity

indexed in this study captures the amygdalofugal pathway (Folloni et al. 2019), i.e. the main efferent

pathways from amygdala to frontal cortex (Krüger et al. 2015; Kamali et al. 2016), the finding

suggests that stronger amygdala projections to the FPl impairs emotional regulation. Namely, during

incongruent trials, stronger amygdala afferences to the FPl could lead to stronger automatic action

tendencies or heightened emotional vigilance and thus more errors when those tendencies need to

be rapidly over-ruled. This observation fits with previous imaging work showing that successful

emotional control reduces effective bottom-up connectivity between amygdala and aPFC (Volman et

al. 2013). This observation also suggests that top-down regulatory FPl efferences might reach the

amygdala through other fiber bundles, e.g. the uncinate fasciculus (Petrides and Pandya 2007); or

through other regions, e.g. the nucleus accumbens (Wager et al. 2008) or the orbitofrontal cortex

(Ray and Zald 2012). Future studies could test for behavioural consequences of this potential

anatomical dissociation between bottom-up and top-down amygdala-FPl connectivity, a particularly

relevant topic given that most of our knowledge on amygdala-prefrontal connectivity stems from

anthropoid monkeys, which do not possess a functional homologue of the human lateral Frontal Pole

(Semendeferi et al. 2010; Neubert et al. 2014; Mars et al. 2016).

Interpretational issues

It could be argued that regulating social–emotional behaviour is just an instance of inhibitory

control, and that it could be accomplished by suppressing automatic emotional action tendencies

(Aron et al. 2014). Although previous studies have shown that a simple inhibitory mechanism is not

sufficient to explain how individuals select courses of action alternative to their prepotent tendencies

(Roelofs et al. 2008; Koch et al. 2018), it remains to be tested whether the involvement of the inferior

frontal gyrus observed in this study reflects inhibitory control, or rule selection together with area 46

(Rowe et al. 2000).

In principle, the relation between strength of amygdala-FPl connectivity and behavioural

emotional control could be explained by a third factor, e.g. trait anxiety. However, the tract strength

between amygdala and FPl did not correlate with trait anxiety, and the correlation between

behavioural congruency and tract strength remained when controlling for anxiety. This observation

confirms that, in healthy participants, aPFC activity during the AA task is orthogonal to trait anxiety

effects (Bramson et al. 2018), in contrast to known trait anxiety effects on amygdala-vmPFC

connectivity (Kim and Whalen 2009).

It is not easy to acquire reliable fMRI signals from anterior prefrontal regions (Hutton et al.

2002). Therefore, we used magnetic field corrections to restore signal distortions around the frontal

pole (Jezzard and Balaban 1995; Jenkinson 2004). The resting-state connectivity profiles closely

matched those of earlier studies that used different MRI protocols (Neubert et al. 2014; Mars et al.

2016) arguing against the possibility that the results reported here can be attributed to signal

distortions.

Conclusion

This study provides anatomical evidence supporting the involvement of the lateral frontal

pole in the regulation of social-emotional behaviour (Koch et al. 2018). The findings have implications

for structuring mechanism-based interventions in psychopathologies characterized by altered

emotional control abilities, e.g. anxiety disorders and psychopathy (Volman et al. 2016). The findings

are also relevant for understanding the neurobiological and cognitive complexities underlying rule-

based regulation of action tendencies, arguably a crucial pre-requisite for the development of human

cumulative culture (Hare 2017; Whiten 2017).

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681