
Research Articles: Behavioral/Cognitive

Sure I'm sure: Prefrontal oscillations support metacognitive monitoring of decision-making

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DOI: 10.1523/JNEUROSCI.1612-16.2016

Received: 21 April 2016

Revised: 14 October 2016

Accepted: 4 November 2016

Published: 12 December 2016

Author contributions: M.E.W. and K.R.R. designed research; M.E.W. performed research; M.E.W. analyzed data; M.E.W., A.C., and K.R.R. wrote the paper.

Conflict of Interest: The authors declare no competing financial interests.

The authors would like to thank Sarah L. Knot for helping collecting the data and Simon van Gaal and two anonymous reviewers for their useful comments. A.C. is a research director of the National Fund for Scientific Research. This work was supported by the ABC talent grant to M.E.W., by the ERC advanced grant RADICAL to A.C. and by Interuniversity Poles of Attraction (IUAP) grant P7/33 from the Belgian Science Policy Office to A.C.

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Cite as: J. Neurosci 2016; 10.1523/JNEUROSCI.1612-16.2016

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1 **Sure I'm sure: Prefrontal oscillations support metacognitive monitoring of**
2 **decision-making**

3
4 **Abbreviated title:** Prefrontal theta oscillations support metacognition

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21
22 Number of pages: 21

23 Number of figures: 5

24 Number of words abstract: 210

25 Number of words introduction: 616

26 Number of words discussion: 1425

27
28 **Acknowledgements**

29 The authors would like to thank Sarah L. Knot for helping collecting the data and Simon van
30 Gaal and two anonymous reviewers for their useful comments. A.C. is a research director of
31 the National Fund for Scientific Research. This work was supported by the ABC talent grant
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35

36

37 **Abstract**

38 Successful decision-making critically involves metacognitive processes such as monitoring
39 and control of our decision process. Metacognition enables agents to adaptively modify on-
40 going behavior and to determine what to do next in situations where external feedback is
41 not (immediately) available. Despite the importance of metacognition for many aspects of
42 life, little is known about how our metacognitive system operates or about what kind of
43 information is used for metacognitive (second-order) judgments. In particular, it remains an
44 open question whether metacognitive judgments are based on the same information as
45 first-order decisions.

46 Here, we investigated the relationship between metacognitive performance and
47 first-order task performance by recording EEG signals while participants were asked to
48 make a “diagnosis” after seeing a sample of fictitious patient data (a complex pattern of
49 colored moving dots of different sizes). In order to assess metacognitive performance,
50 participants provided an estimate about the quality of their diagnosis on each trial.

51 Results demonstrate that the information that contributes to first-order decisions
52 differs from the information that supports metacognitive judgments. Further, time
53 frequency analyses of electroencephalographic signals reveal that metacognitive
54 performance is specifically associated with prefrontal theta band activity. Together, our
55 findings are in line with a hierarchical model of metacognition, and suggest a crucial role for
56 prefrontal oscillations in metacognitive performance.

57

58 **Significance Statement**

59 Monitoring and control of our decision process (metacognition) is a crucial aspect of
60 adaptive decision-making. Crucially, metacognitive skills enable us to adjust on-going
61 behavior and determine future decision-making when immediate feedback is not available.

62 In the present study, we constructed a “diagnosis task” that allowed us to assess in
63 what way first-order task performance and metacognition are related to each other. Results
64 demonstrate that the contribution of sensory evidence (size, color and motion) differs
65 between first- and second-order decision-making. Further, our results indicate that

66 specifically metacognitive performance is orchestrated by means of prefrontal theta
67 oscillations. Together, our findings point toward a hierarchical model of metacognition.

68

69

70 **Introduction**

71 Monitoring and control of our decision process (metacognition [Flavel, 1979; Fleming &
72 Dolan, 2012]) is a crucial aspect of adaptive decision-making. For instance, a doctor who is
73 not very confident about a diagnosis will prescribe additional tests; a tennis player who just
74 executed a drop shot will assess the likelihood of the shot being successful in order to
75 determine her next move. Crucially, such metacognitive skills enable us to adjust on-going
76 behavior and determine future decision-making when immediate feedback is not available.
77 Despite the obvious importance of metacognition, little is known about how our
78 metacognitive system operates, or how first-order performance and metacognition
79 (second-order performance) are related to each other. In particular, it remains an open
80 question whether first- and second-order judgments are based on the same information
81 (Steinhauser & Yeung, 2010; Desender et al., 2016).

82 On the one hand, metacognitive judgments are often viewed as depending on the
83 very same processes that underpin first-order decisions. From this perspective, the
84 information available for metacognitive computations is directly dependent on the quality
85 and quantity of accumulation of sensory evidence (Kiani & Shadlen, 2009; Kiani et al.,
86 2014). By contrast, dissociations between first- and second-order performance (Weiskrantz
87 et al., 1974; Del Cul et al., 2009; Rounis et al., 2010; Harsay et al., 2012; King & Dehaene,
88 2014; Hebart et al., 2014; Fleming et al., 2015) suggest that metacognition and first-order
89 task performance are supported by differential (though related) sources of information
90 (Cleeremans et al., 2007; Yeung & Summerfield, 2012; Charles et al., 2014; Maniscalco &
91 Lau, 2016). It has been proposed that dissociations between first- and second-order
92 performance are the result of differences in availability of supporting information (Baranski
93 & Petrusic, 1998; Del Cul et al., 2009; Yeung & Summerfield, 2012; Fleming et al., 2015).
94 Further, hierarchical models of metacognition hold that sensory evidence used for first-
95 order performance becomes susceptible to accrual of noise and signal decay when arriving
96 at the stage where this information is being used by the metacognitive system (Pleskac &
97 Busemeyer, 2010; Maniscalco & Lau, 2016).

98 Over the last decade, first-order decision-making has been strongly linked to trial-
99 by-trial electrophysiological cortical oscillatory dynamics (Siegel et al., 2012). For instance,
100 recent findings have associated theta band activity with the rate of evidence accumulation
101 and integration (Vugt et al., 2012; Werkle-Bergner et al., 2014), whereas activity in the beta
102 band has been shown to predict behavioral choices (Donner et al., 2007; Donner et al., 2009;
103 Haegens et al., 2011), and seems to be important for maintenance of persistent activity
104 (Engel & Fries, 2010; Siegel et al., 2012; Kloosterman, 2015; Kloosterman et al., 2015).
105 Despite mounting evidence of an intrinsic relationship between first-order decision-making
106 and neural oscillatory activity, however, it remains unknown how oscillatory dynamics
107 relate to second-order decision-making.

108 In the present study, we constructed a task in which participants were asked to
109 make a “diagnosis” after seeing a sample of fictitious patient data (a pattern of colored
110 moving dots of different sizes). The patterns provided probabilistic information about
111 patient health according to contingencies unknown to the participant; participants were to
112 learn these contingencies (explicitly or implicitly [Cleeremans et al. 1998]) and to diagnose
113 each patient as accurately as possible. On each trial, participants rated both the quality and
114 the reasoning strategy of their decision. Our task design allowed us to assess the
115 relationship between fluctuations in electrophysiological oscillatory activity and changes in
116 first-order decision accuracy, metacognitive judgment adequacy, and strategy judgment. In
117 addition, we were able to test how different sources of sensory evidence (size, color and
118 motion information) contributed to first- and second-order task performance. To capture
119 these behavioral and electrophysiological relationships we applied the multiple regression
120 method (Rousselet et al., 2009; Cohen & Cavanagh, 2011).

121
122

123 **Materials and Methods**

124 *Participants*

125 Thirty-eight participants (28 females, mean age= 23.1, SD= 6.55) took part in this study for
126 financial compensations. In order to investigate how changes in task accuracy,
127 metacognitive adequacy and metacognitive strategy (Berry & Dienes, 1993; Price &
128 Norman, 2008) related to neural oscillatory activity we focused our analyses on those
129 participants who exhibited variability in both their first- and second-order decisions and
130 metacognitive strategy. We therefore excluded participants i) who performed at chance

131 level throughout the whole experiment, ii) almost exclusively indicated to have made
132 decisions of very poor quality (resulting in less than 50 'high quality decision' trials), and iii)
133 participant who almost exclusively guessed (resulting in less than 50 intuitive and rational
134 trials, see below). Five participants were excluded because of failed EEG recordings. In these
135 participants, we observed excessive noise in more than half of all trials (partially due to our
136 long epoch, see below). A total of nineteen participants were included for further analyses.
137 All participants had normal or corrected-to-normal vision, and all were naïve to the purpose
138 of the experiment. All procedures complied with international laws and institutional
139 guidelines and were approved by the Ethics Committee of the Psychology department of the
140 University of Amsterdam, and all participants provided their written informed consent
141 prior to the experiment.

142

143 *Task design*

144 Stimuli were presented full screen (1024*768 pixels) on a 17-inch DELL TFT monitor with a
145 refresh rate of 60 Hz. The monitor was placed at a distance of ~90 cm in front of each
146 participant so that one centimeter subtended a visual angle of 0.64°. On each trial a sample
147 of fictive patient data was presented, which consisted of blue, red and green colored circles
148 of different sizes (14, 24 and 34 pixels in diameter) that moved in three different directions
149 (45°, 135° or 315°, see Figure 1) against a white background.

150 During the experiment one color, one size and one motion direction was indicative
151 of illness (e.g., the color blue, medium size, and motion left upwards). The sample was
152 positive if the presence of a combination of the indicative color, size and motion direction
153 exceeded a certain threshold (i.e., the criterion was set at 160%, see below). The task
154 parameters were based on data from an extensive pilot study, and were set so as to
155 measure trial-by-trial fluctuations in task accuracy, metacognitive adequacy and
156 metacognitive strategy. Metacognitive adequacy was based on decision quality ratings (see
157 below). A high value was awarded when participants rated a correct decision to be a high-
158 quality decision or when an error was rated as being of low quality and vice versa. On each
159 trial, the percentage of each feature (color, motion direction and size) was randomly set
160 between 10-70% (steps of 10%), until the total percentage of each separate feature added
161 up to 100% (e.g., 30% small circles, 40% medium sized circles and 30% large circles). On
162 "positive sample" trials, the percentages were randomly set until the sum of the percentages
163 of the three indicators varied between 160% and 210%. Importantly, participants had to

164 pay attention to all three indicators to perform the task correctly. Paying attention to only
165 one indicator was not sufficient. For instance, a high number of blue circles (e.g., 70%) could
166 belong to a negative sample, depending on the percentage of the other two indicators. The
167 task therefore required participants to conjunctively discriminate between the features.

168 The stimulus was presented for ~1750 ms, during which the circles were displaced
169 7 pixels per screen refresh in one out of the three possible directions. At any moment during
170 stimulus presentation a total of 600 circles were on the screen. Each trial started with a
171 blank screen (jittered between 1000-1800 ms, in steps of 100 ms) on which the words
172 "loading patient data" were centrally presented. After stimulus presentation (~1750 ms) a
173 blank screen (jittered between 1000-1500 ms, with a 50 ms step) was presented to avoid
174 the influence on prolonged evidence accumulation (Yeung & Summerfield, 2012; Hebart et
175 al., 2014), followed by an image of a clipboard (Figure 1) on which "sick" or "exit" had to be
176 ticked by pressing a left or right button (indicating a positive or negative sample,
177 respectively).

178 Next, participants had to rate how they had arrived at their diagnosis (strategy
179 judgment). Participants could indicate whether (1) their first-order decision was based on a
180 pure guess (like flipping a coin), (2) was made intuitively (pre-reflective, described as the
181 feeling of knowing what to decide without explicitly knowing why [Berry & Dienes, 1993;
182 Price & Norman, 2008]), or (3) rationally (i.e., reflective, knowing what to decide based on
183 explicit knowledge), by pressing the 1, 2 or 3 key respectively. Participants then provided
184 their estimate about the quality of their decision, on a scale ranging from 1 to 5 (by pressing
185 the 1-5 key). Participants were instructed to assign a low value to a diagnosis that they
186 experienced to be of poor quality and a high value to a diagnosis they considered to be of
187 high quality. Participants were encouraged to make use of the whole scale. Finally
188 participants received feedback about their first-order (diagnosis) decision (see Figure 1).

189 The experiment lasted around 2.5 hours and consisted of 512 trials divided into 8
190 blocks. After each block, the metacognitive scales (strategic judgment and judgment
191 accuracy) were explained again to make sure the meaning of the scales were properly
192 understood throughout the entire experiment. Within each block, negative and positive
193 samples were presented in pseudo-random order. Stimuli were presented using
194 Presentation (Neurobehavioral Systems).

195

196 *Behavioral analyses*

197 In order to find out whether first-order decision accuracy and metacognitive adequacy
198 differed depending on strategic judgment we calculated first-order task sensitivity (d_a , a
199 variant of d_a which takes unequal variance into account, see Macmillan & Creelman, 2004),
200 metacognitive sensitivity ($\text{meta-}d_a$) and metacognitive efficiency ($\text{meta-}d_a - d_a$ [Maniscalco
201 & Lau, 2012; Fleming & Lau, 2014]), for rational and intuitive decisions and guesses
202 separately. First-order task sensitivity (d_a) and metacognitive sensitivity ($\text{meta-}d_a$) are bias-
203 free measures of the ability to detect a signal from noise (a sick sample in this experiment)
204 and the ability to distinguish between good and bad decisions, respectively (both in units of
205 first-order d_a). By subtracting d_a from $\text{meta-}d_a$ (metacognitive efficiency) we were able to
206 determine metacognitive sensitivity relative to different levels of first-order task
207 performance (Fleming & Lau, 2014). The latter is important because metacognitive
208 sensitivity is known to be influenced by first-order task performance (Fleming & Lau,
209 2014). We performed multivariate repeated measures analyses of variance (MANOVA) on
210 first- and second-order task performance as dependent variables and strategic judgment
211 (with three levels: rational, intuitive and guess) as the independent variable.

212 To determine whether different stimulus parameters (size, color and motion)
213 contributed differentially to task accuracy and metacognitive adequacy we performed
214 robust multiple linear regressions, resulting in the following linear equations:

215

$$216 \quad Y_1 = \text{INT} + b_1\text{ColorEv} + b_2\text{SizeEv} + b_3\text{MotionEv} + b_4\text{TaskAcc} + E.$$

$$217 \quad Y_2 = \text{INT} + b_1\text{ColorEv} + b_2\text{SizeEv} + b_3\text{MotionEv} + b_4\text{MetaAdeq} + E.$$

218

219 In this equation, Y_1 is the data vector containing first-order task performance scores, Y_2 is
220 the data vector containing metacognitive adequacy scores, INT is the intercept, and E is
221 unexplained variance. The stimulus parameters ColorEv, SizeEv and MotionEv ranged
222 between 1-7, indicating the amount of evidence (percentage divided by 10) of each
223 indicator (color, size and motion direction, respectively) present on each trial. We rescored
224 decision quality ratings (see above) such that they now reflected the adequacy of the
225 metacognitive judgment (MetaAdeq). A high value was awarded when participants rated a
226 correct decision to be a high-quality decision or when an error was rated as being of low
227 quality; similarly a low value was awarded when an error was rated as a high-quality
228 decision or when a correct was rated as a low-quality decision. This value of metacognitive
229 adequacy could vary between 1-5 (i.e., 5 points were awarded when a correct decision

230 received a 5 point rating or when an error received a 1 point rating; 4 points were awarded
231 when a correct decision received a 4 point rating or when an error received 2 points, etc.).
232 The values for task accuracy (TaskAcc) varied between 0 and 1 (incorrect and correct,
233 respectively). In order to make the TaskAcc predictor less binary, we grouped all trials into
234 100 bins per participant. We adopted the multiple linear regression method to parcel out
235 variance caused by different experimental settings (e.g., the varying amount of color, motion
236 and size evidence present in the stimulus on each trial) and behavioral variables (e.g., task
237 accuracy or metacognitive adequacy). In this way, the unique contribution of each variable
238 can be observed, controlling for shared variance among the different variables (Cohen &
239 Cavanagh, 2011). To be able to compare b values across participants and between
240 behavioral variables (e.g., between task accuracy and metacognitive adequacy), we
241 standardized b values by scaling the coefficients by their standard deviations. All behavioral
242 analyses were performed using Matlab (Matlab 12.1, The MathWorks Inc.), type 2 SDT
243 scripts (Maniscalco & Lau, 2012: <http://www.columbia.edu/~bsm2105/type2sdt/>) and
244 SPSS (IBM SPSS Statistics, 22.0).

245

246 *EEG measurements and analyses*

247 EEG was recorded and sampled at 1048 Hz using a Biosemi ActiveTwo 64-channel system,
248 with four additional electrodes for horizontal and vertical eye-movements, each referenced
249 to their counterpart (Biosemi – Amsterdam, The Netherlands). High-pass filtering (0.5 Hz),
250 additional low-pass filtering (100 Hz) and a notch filter (50 Hz) were used. Next we down-
251 sampled to 512 Hz, after which eye movements were corrected on the basis of Independent
252 Component Analysis (Vigário, 1997). The data was epoched -1 to + 4 sec surrounding
253 stimulus onset. We removed trials containing irregularities due to EMG or other artifacts by
254 visually inspecting all trials. To increase spatial specificity and to filter out deep sources we
255 converted the data to spline Laplacian signals (Cohen, 2014). Subsequently, per participant
256 and per electrode the average of all trials was subtracted from each individual trial to obtain
257 the non-phase-locked power (Kalcher and Pfurtscheller 1995; Donner & Siegel, 2011;
258 Kloosterman et al., 2015). Next we used a sliding window Fourier transform (Mitra and
259 Pesaran, 1999), window length: 400 ms, step size: 50 ms, to calculate the time-frequency
260 representations of the EEG power (spectrograms) for each channel and each trial. We used
261 a single Hanning taper for the frequency range 2–30 Hz (frequency resolution: 2.5 Hz, bin
262 size: 1 Hz [Kloosterman et al., 2015]). Power modulations were characterized as the

263 percentage of power change at a given time and frequency bin relative to baseline power
264 value for that frequency bin. The baseline was calculated as the mean power across the pre-
265 stimulus interval (from -0.3 to 0 s relative to stimulus onset). All signal processing steps
266 were done using Brain Vision Analyzer (BrainProducts) and Matlab (Matlab 12.1, The
267 MathWorks Inc.), X code (Cohen, 2014) and Fieldtrip (Oostenveld et al., 2010).

268 To increase the signal-to-noise ratio and decrease the number of comparisons we
269 used the data from a pilot study (n=19) to pre-select our channels, frequencies and time
270 windows of interest for statistical testing (see Figure 3a-b). The pilot study was identical to
271 the main experiment with the exception that participants did not indicate the quality of
272 their decision on each trial. We created six regions of interest (electrode selections):
273 Occipital, left and right parietal, left + right motor and prefrontal, thereby focusing our
274 analyses on changes in theta (4-6 HZ) and lower beta (13-20 HZ) band activity in an early
275 (0-1 s) and late (2-2.5 s) time window after stimulus presentation (Figure 3b). We
276 performed random-effects analyses by applying paired t-tests (two-tailed) to test whether
277 the mean percentage of power change in each time window for each frequency bin differed
278 significantly from baseline (from -0.3 to 0 s relative to stimulus onset). Because we tested
279 six poolings in each time window and frequency bin, we corrected for multiple comparisons
280 by adjusting the p value by fixing the false discovery rate (FDR) at 0.05 (Benjamini and
281 Hochberg, 1995).

282 Crucially, in order to study the relationship between theta and beta power
283 modulations and trial-by-trial differences in metacognitive strategy, metacognitive
284 adequacy and task accuracy, a robust multiple regression was computed that estimated
285 parameters for mean power in the above described time windows and frequency bands.
286 This resulted in the linear equation:

287

$$288 Y = INT + b_1 \text{StratJudg} + b_2 \text{MetaAdeq} + b_3 \text{TaskAcc} + b_4 \text{ColorEv} + b_5 \text{SizeEv} + b_6 \text{MotionEv} + E$$

289

290 Here Y is the data vector (baseline corrected theta or beta power values across trials for
291 each time period), INT is the intercept, b_{1-6} are regression coefficients, E is unexplained
292 variance, and StratJudg, MetaAdeq, TaskAcc, ColorEv, SizeEv and MotionEv are trial vectors
293 of the participant's strategic judgment ratings, metacognitive judgment adequacy scores,
294 first-order performance scores, and stimulus parameters on each trial. StratJudg
295 (metacognitive strategy judgment) ranged between 1 and 3 (1= guess, 2= intuitive decision,

296 3= rational decision). We grouped trials again into 100 bins per participant. To be able to
297 compare b values across time, frequencies, poolings, and participants we standardized b
298 values by scaling the regression coefficients by their standard deviations.

299

300 **Results**

301 *Behavior*

302 To test how strategic judgment related to task performance and metacognitive sensitivity
303 we performed a repeated measures MANOVA on d_a , meta d_a and metacognitive efficiency.
304 We found a significant effect of strategic judgment for both d_a ($F(2, 36) = 44.74$ $p < .001$)
305 and meta d_a ($F(2, 36) = 10.52$ $p < .001$), while observing a marginally/non-significant
306 significant effect for metacognitive efficiency ($F(2, 36) = 2.64$ $p = .086$). Participants were
307 better able to distinguish sick from healthy patterns when making rational decisions
308 compared to intuitive and guess trials (ratio-intuitive d_a : $t(18)=7.21$, $p < 0.001$; ratio-guess
309 d_a : $t(18)=8.31$, $p < 0.001$), while performance on intuitive trials was better than guesses (d_a :
310 $t(18)=3.65$, $p = 0.002$), see Figure 2a & c. We did not observed higher metacognitive
311 sensitivity when participants made rational decisions compared to intuitive decisions
312 (ratio-intuitive meta- d_a : $t(18)=1.87$, $p = 0.078$). We did observe higher metacognitive
313 sensitivity when participants made rational decisions compared to guesses (ratio-guess
314 meta- d_a : $t(18)=4.55$, $p < 0.001$), and intuitive decision compared to guesses (meta- d_a :
315 $t(18)=2.71$, $p = 0.014$). When we compared metacognitive efficiency (meta $d_a - d_a'$), we
316 observed higher efficiency on intuitive trials than on rational trials (metacognitive
317 efficiency: $t(18)=2.73$, $p = 0.014$). The latter result demonstrates that the increase in d' is
318 not proportionally reflected in the increase in meta d' when participants reported to make
319 use of a rational decision strategy. For the proportions of all ratings given a Hit, correct
320 rejection, false alarm and miss, see Figure 2b.

321 To determine whether different stimulus parameters (size, color and motion)
322 contributed differentially to first-order task accuracy and metacognitive adequacy we
323 performed multiple linear regressions (Figure 2d). Interestingly, we observed significant
324 positive regression coefficients for the motion, color and size indicators with respect to
325 first-order task accuracy (all t 's > 3.18 , all p 's < 0.01), but for metacognitive adequacy we
326 only observed significant positive regression coefficients with respect to the size indicator
327 ($t(18)=5.66$, $p < 0.01$). When we directly compared regression coefficients between first-
328 order task accuracy and metacognitive adequacy, we observed that b values for the motion

329 indicator were significantly lower for metacognitive adequacy ($t(18)=3.04$, $p<0.01$). These
330 findings are in line with the answers participants provided when being explicitly asked at
331 the end of the experiment about what kind of information they used for their decisions:
332 Seventeen participants indicated to made use of size information, six indicated to made use
333 of color information and six reported to made use of motion information.

334 Our behavioral findings indicate that presented sensory evidence differentially
335 supports first-order task performance and second-order judgments (Charles et al., 2014;
336 Maniscalco & Lau, 2016).

337

338 *EEG results*

339 We focused our analyses on two preselected time windows, six poolings and two frequency
340 bands derived from data from a pilot study (Figure 3a & b). In the first second after stimulus
341 presentation we found increased theta power in frontal ($t(18)= 3.66$, $p <0.05$, FDR-
342 corrected) and occipital ($t(18)= 5.20$, $p <0.05$, FDR-corrected) channels compared to
343 baseline. In this same time window we found decreased beta band activity in left and right
344 parietal, occipital and left and right motor channels (all t 's(18) > 3.59 , $p <0.05$, FDR-
345 corrected). In the late time window after stimulus presentation (1.5-2.5 s) we observed
346 increased theta band activity in frontal channels ($t(18)= 2.90$, $p <0.05$, FDR-corrected),
347 while we found a decrease in theta band activity in left and right motor channels ($t(18)=$
348 3.46 and $t(18)= 2.88$, respectively, $p <0.05$, FDR-corrected). In this later time window, we
349 observed decreased beta band activity in frontal, left-right parietal and left-right motor
350 channels (all t 's(18) > 2.48 , $p <0.05$, FDR-corrected), see Figure 3c.

351 In the present study, we were specifically interested in how variations in first-order
352 task accuracy, metacognitive adequacy, and metacognitive strategy judgment are related to
353 changes in oscillation power. We therefore performed a multiple linear regression (Cohen,
354 2014) to study the relationship between theta and beta power changes and diagnosis
355 accuracy, metacognitive adequacy, and strategy judgment, while partialling out shared
356 explained variance among the variables entered into the regression (i.e., stimulus
357 properties, task accuracy, metacognitive adequacy, and strategy judgment; see Methods).
358 Figures 4 and 5 show the multiple regression coefficients for the regression terms task
359 accuracy, metacognitive adequacy, and strategy judgment. We tested whether regression
360 coefficients differed significantly from zero for each frequency band and time window
361 separately ($p <0.05$, FDR-corrected; significant poolings are indicated with asterisks). We

362 observed a positive linear relationship between early ($t(18)= 3.16$, $p <0.05$, FDR-corrected)
363 and late ($t(18)= 3.64$, $p <0.05$, FDR-corrected) prefrontal theta band activity and
364 metacognitive adequacy, while we found a negative linear relationship between late right
365 motor beta band activity and first-order task accuracy ($t(18)= 3.07$, $p <0.05$, FDR-
366 corrected). These results demonstrate that theta band activity in prefrontal channels
367 selectively relates to metacognitive adequacy. Variance in metacognitive strategy judgment
368 was not associated significantly with oscillation power in either early or late theta or beta
369 bands. To test whether coefficients actually differed significantly between task accuracy and
370 metacognitive adequacy (cf. Nieuwenhuis et al., 2011), we directly compared those
371 coefficients for prefrontal theta and found that regression coefficients were higher for
372 metacognitive adequacy compared to first-order task accuracy in the early ($t(18)= 2.56$, p
373 $=0.02$) and late ($t(18)= 2.69$, $p =0.03$) time window.

374 In the present study, we observed a relation between theta and metacognitive
375 performance in a time window before the first-order response (i.e., the first 2.5s after
376 stimulus onset). We constructed the task in such a way that we expected participants to
377 have reached a first- and second-order decision before giving a first-order response. For
378 that purpose (and for the purpose of prolonged evidence accumulation, see above), we
379 added a jittered 1-1.5 sec time window between stimulus offset and the onset of
380 instructions to respond. To further investigate the relationship between metacognitive
381 performance and theta band activity, it would be interesting to examine the time window
382 right before the second-order response. Unfortunately, we did not add a time window
383 between first- and second-order responses. Nonetheless, we performed an additional
384 analysis, time locking the epochs to the second-order response (using 1 second of data
385 before the first-order response). We did not observe a significant effect ($t(18)= 1.40$, p
386 >0.05 , FDR-corrected). However this result should be interpreted with great caution.
387 Indeed, because of the above described relatively long and jittered time window between
388 stimulus offset and first-order response, the timing of stimulus onset varied per epoch
389 when time-locking epochs to the second-order response. In dominant models of
390 metacognition, stimulus onset is taken as the starting point of first- and second-order
391 decisions. In future studies, it would be very interesting to investigate the relationship
392 between theta and metacognitive performance in a distinct time window directly preceding
393 second-order responses.

394

395 **Discussion**

396 To summarize, we applied multiple linear regression analyses to our behavioral and
397 electrophysiological data to determine the relationship between first- and second-order
398 performance. Results demonstrate that sources of sensory evidence contributing to first-
399 order decision-making do not similarly support second-order decision-making. Variance in
400 first-order diagnosis performance was driven by size, color and motion information,
401 whereas variance in metacognitive adequacy was driven exclusively by size information.
402 These findings suggest that part of the sensory evidence used for first-order performance
403 becomes inaccessible or becomes susceptible to decay and noise when arriving at the stage
404 where this sensory information is being used for metacognitive judgments (Pleskac &
405 Busemeyer, 2010; Charles et al., 2014; Maniscalco & Lau, 2016).

406 To find out whether we could distinguish oscillatory mechanisms specifically
407 related to first- and second-order task performance, we performed multiple linear
408 regression analyses to our EEG data. We observed a positive relation between prefrontal
409 theta band activity and metacognitive performance that could not be explained by first-
410 order task performance or the various stimulus parameters. Further, we found that
411 increased task accuracy related to decreased beta power in motor regions (see also Donner
412 et al, 2007; Donner et al, 2009).

413
414 In a recent study, Maniscalco & Lau (2016) compared three dominant models that describe
415 the relationship between objective task performance and metacognitive (subjective) task
416 performance. In their study, they compared single channel models, which presume that the
417 same sources of (and quality of) information support both first- and second-order task
418 performance; dual channel models, which presume that two processing streams
419 differentially give rise to first- and second-order task performance; and hierarchical models,
420 which presume that a late processing stage evaluates the quality of sensory processing.
421 Results of comparing these models demonstrated that dissociations between first- and
422 second-order performance are best captured by hierarchical models. Maniscalco & Lau
423 (2016) concluded that hierarchical models performed best due to the fact that such models
424 require a less stringent relationship between the quality of information available for first-
425 and second-order task performance.

426 These results and findings from the present study are in line with simulations
427 demonstrating that a second order network is able to gradually learn to interpret

428 contingencies related to processing in first order neural networks (Cleeremans et al., 2007).
429 From this point of view, second-order networks could learn to evaluate the extent to which
430 activity patterns in brain regions contributing to first-order decision-making result in
431 successful performance.

432 Here, we observed that part of the information strongly supporting first order task
433 performance (size information, see Figure 2d) also supported metacognitive performance,
434 whereas “weaker” information (color and motion, see Figure 2d) exclusively contributed to
435 first order task performance. These results indicate that the quality of information used for
436 first-order performance is not similar to the quality of information used for second-order
437 performance, possibly due to accrual of noise or signal decay (Pleskac & Busemeyer, 2010;
438 Maniscalco & Lau, 2016). Alternatively, different sources of information can be differentially
439 accessible for first- and second-order processes (Del Cul et al, 2009). From this perspective,
440 size information can be seen as information processed in the “conscious” channel, whereas
441 color and motion information are being processed in the “unconscious” channel. Although
442 such dual channel models did not seem to most accurately capture dissociations between
443 first- and second-order task performance in a visual backward masking task (Maniscalco &
444 Lau, 2016), it remains to be tested whether this generalizes to other tasks or the
445 dissociations between first- and second-order task performance we observed in the present
446 study (Figure 2).

447

448 **Information used for first- and second-order task performance**

449 Recent work suggest that sensory evidence supporting first-order performance can become
450 supplemented by additional sources of information that become available after a first-order
451 decision has been made (Wierzchoń, et al., 2014; Fleming et al., 2015). For instance, it has
452 been demonstrated that the manipulation of neural activity in premotor cortex affects
453 metacognitive performance, without altering first-order accuracy (Fleming et al., 2015).
454 Further, when participants had to rate the visibility of a stimulus before making a first-
455 order decision, exhaustiveness of the scales was lower (though not for confidence
456 judgments) in comparison with the situation in which participants provided such ratings
457 after responding to the stimulus (Wierzchoń et al., 2014). The authors concluded that the
458 identification task decisions affected the subsequent awareness ratings. These findings
459 suggest that metacognition might be an “embodied” process, in which sensory evidence
460 becomes integrated with motor and body-related information (Fleming et al., 2015; Allen et

461 al., 2016). The availability of post-decision information that is only accessible for
462 metacognitive processes could also contribute to the observed different relationship
463 between presented sensory evidence and first- and second-order task performance (Figure
464 2d).

465 However, in the present study we did not observe a relationship between activity in
466 motor channels and metacognitive adequacy, while we did observe a link between
467 sensorimotor beta-band activity and first-order task performance. In our analyses, we
468 focused on the time period before first-order responses, suggesting that at least motor
469 preparatory processes do not contribute to metacognitive performance. It could be that the
470 actual motor execution (and a possible accompanying ‘sense of fluency’) is necessary in
471 order to contribute to metacognitive performance. At the present, however, this still
472 remains to be investigated.

473 Here, we did observe a relationship between first-order responses and beta-band
474 activity in motor regions, as previously reported by Donner et al. (2009). It is currently
475 hotly debated in what way the action system is involved in decision-making (Cisek &
476 Kalaska, 2005; Rushworth et al., 2012; Buc Calderon et al., 2016), specifically whether
477 action selection depends on a serial or a parallel cognitive architecture. Our present findings
478 could be interpreted as the result of continuous interactions between perceptual and action
479 systems, which are more effective in case of correct decisions. Alternatively, the observed
480 effect may reflect a late processing stage. Predictive activity of decision outcome might have
481 also been evident in other regions when using more spatially refined imaging methods or
482 recordings at the single-neuron level (Donner et al., 2009). Nonetheless, our findings
483 demonstrate that activity related to motor preparation can be predictive of task accuracy.

484

485 **Prefrontal theta oscillations**

486 The present study indicates that metacognitive processes are orchestrated by means of
487 prefrontal theta oscillations (Figure 4 & 5). In line with our findings, previous work
488 demonstrated that lesions to prefrontal cortex induce metacognitive deficits, without
489 necessarily disrupting first-order performance (Pannu & Kaszniak, 2005; Fleming et al.,
490 2014). Similarly, modulating prefrontal cortical activity via theta burst stimulation has
491 been shown to alter metacognitive performance, without affecting first-order decision-
492 making (Rounis et al., 2010; Ryals et al., 2015). In the present study, we observed that

493 specifically theta power in prefrontal channels related to metacognitive performance
494 (Figure 4 & Figure 5).

495 A large body of work indicates that flexible and adaptive behavior and prefrontal theta
496 oscillations are intimately related. It has been shown that prefrontal theta oscillations
497 support implementation of cognitive control, action monitoring and flexible behavior
498 (Cavanagh & Frank, 2014; Cohen, 2014; Van de Vijver, 2016). Theta band mechanisms are
499 thought to facilitate flexible connections between prefrontal cortex and lower-tier task
500 related networks, and allow for top-down modulation in order to adjust ongoing behavior
501 (Cohen et al., 2009; Cohen and Cavanagh, 2011; Van Driel et al., 2015). In clinical
502 populations, dysfunction of prefrontal theta phase dynamics has been recently linked to
503 adaptive behavior deficits in schizophrenia (Reinhart et al., 2015). By using direct current
504 stimulation over frontal cortex Reinhart and colleagues (2015) demonstrated that adaptive
505 control (post-error slowing) in schizophrenia patients increased after frontal electrical
506 stimulation. This behavioral effect coincided with a change in the organization of theta band
507 phase dynamics. Interestingly, previous work associated schizophrenia with metacognitive
508 deficits (Moritz & Woodward, 2002; Moritz & Woodward, 2007). Individuals with
509 schizophrenia demonstrated impaired discriminatory capabilities between correct and
510 incorrect judgments as reflected in confidence ratings (Moritz & Woodward, 2006). Here,
511 the nature of the observed relationship between theta power in prefrontal channels and
512 metacognitive performance still remains an open question. We observed the effect well
513 before the second-order response had been made, opening the possibility that the link
514 between metacognitive performance and prefrontal theta could be due to more general
515 processes that support metacognition performance. Further, the way typical measures of
516 cognitive control (e.g., post-error slowing, response conflict/inhibition [Rabbitt, 1966;
517 Ridderinkhof et al., 2004; Charles et al., 2013; Wokke et al., 2016]) and metacognition are
518 related (Boldt & Yeung, 2015) remains an interesting open empirical question. From this
519 perspective, metacognition could be seen as the internalization of an initially external
520 process, making use of similar neural mechanisms, enabling us to guide behavior more
521 effectively (Buzsáki et al., 2014).

522

523

524 **Fig 1. Task design**

525 Participants made a “diagnosis” based on a pattern of moving dots that contained information
526 indicative of illness. On each trial, participants provided judgments about the quality of their
527 decisions and what kind of decision strategy they employed.

528

529 **Fig 2. Behavioral results**

530 **a)** Hit and false alarm (FA) rates for rational, intuitive decisions and guesses. **b)** Proportions of all
531 ratings given a Hit, Miss (MS), Correct Rejection (CR) and false alarm (FA). **c)** For each decision
532 strategy, d_a , meta- d_a and metacognitive efficiency are displayed. **d)** Regression coefficients
533 demonstrate that different sources of information (size, color, motion) contribute differentially to
534 first-order task performance (black bars) and metacognitive performance (grey bars). Data are
535 means \pm (between subject) SEM.

536

537

538 **Fig 3. Time frequency analyses.**

539 **a)** We used the data from a pilot study ($n=19$) to pre-select our channels, frequencies and time
540 windows of interest for statistical testing. **b)** Channels, frequencies and time windows of interest. **c)**
541 In the first second after stimulus presentation we observed increased theta power in frontal and
542 occipital channels. In this same time window we found decreased beta band activity in left and right
543 parietal, occipital and left and right motor channels. In the late time window after stimulus
544 presentation, we observed increased theta band activity in frontal channels, while we found a
545 decrease in theta band activity in left and right motor channels. In this later time window, we
546 observed decreased beta band activity in frontal, left-right parietal and left-right motor channels.

547

548 **Fig 4. Multiple linear regression EEG results: early time window (0-1 s)**

549 We performed a multiple linear regression to study the relationship between theta and beta power
550 changes and diagnosis accuracy, metacognitive adequacy, and strategy judgment, while partialling
551 out shared explained variance among the variables. **a)** We observed a positive linear relationship
552 between prefrontal theta band activity and metacognitive adequacy. **b)** We found no effects for beta
553 power. Asterisks indicate significant poolings.

554

555 **Fig 5. Multiple linear regression EEG results: late time window (1.5-2.5 s)**

556 **a)** We also observed a positive linear relationship between prefrontal theta band activity and
557 metacognitive adequacy in the late time window. **b)** In this time window we also observed a negative
558 linear relationship between late right motor beta band activity and first-order task accuracy.
559 Asterisks indicate significant poolings.

560

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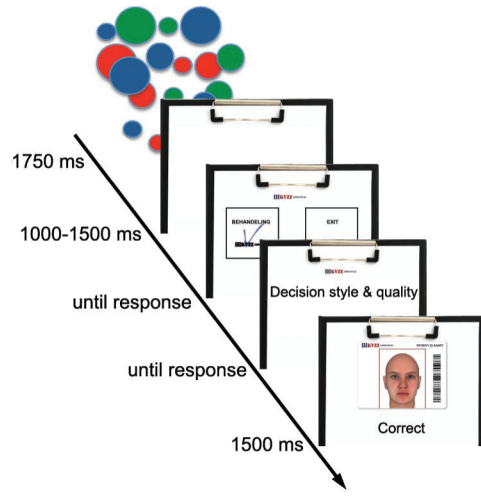
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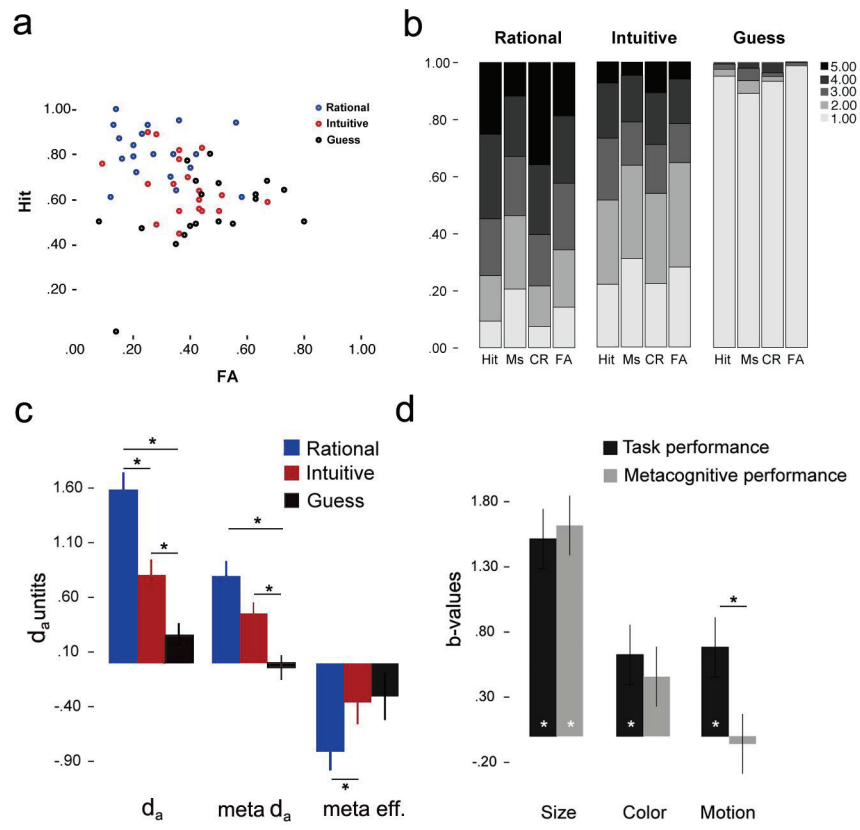
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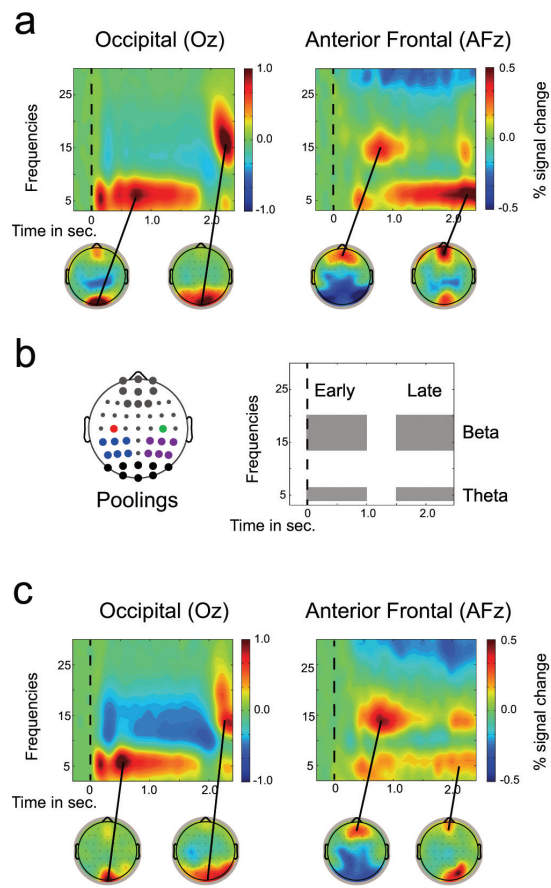
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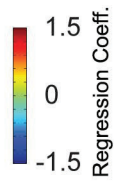
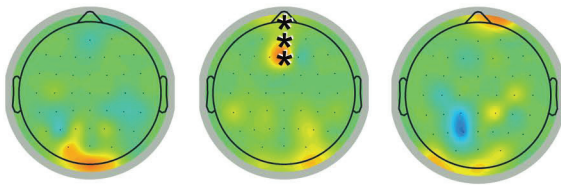






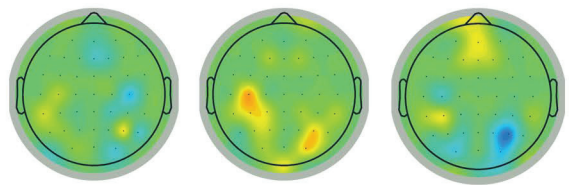
a Theta Power

Task Accuracy Metacogn. Adequacy Metacogn. Strategy

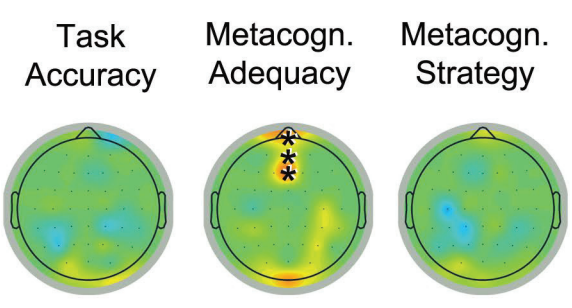


b Beta Power

Task Accuracy Metacogn. Adequacy Metacogn. Strategy



a Theta Power



b Beta Power

