

Models of metacognition

Computational Psychiatry Course – Zurich 2024

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| AXA
Research Fund



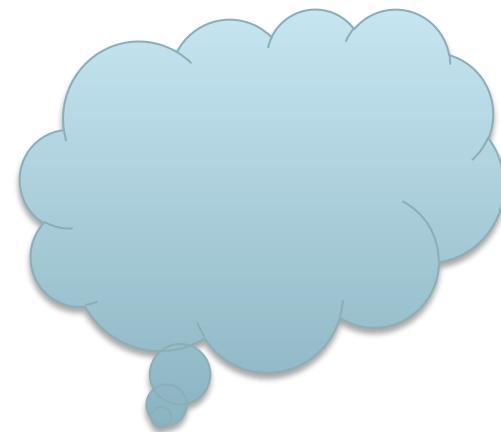
What is metacognition and why is it useful?

- “cognition about cognitive phenomena...” Flavell, 1979
- “the processes by which people self-reflect on their own cognitive and memory processes (**monitoring**) and how they put their metaknowledge to use in regulating their information processing and behaviour (**control**)” Koriat, 2007



Daily examples of metacognition

Will I be able to learn this topic?



How confident am I in my decision?

I can't remember it now, but I know it when I see it

I'm driving too fast, I feel out of control

Did I really speak to my partner last night or was I dreaming?

A definition

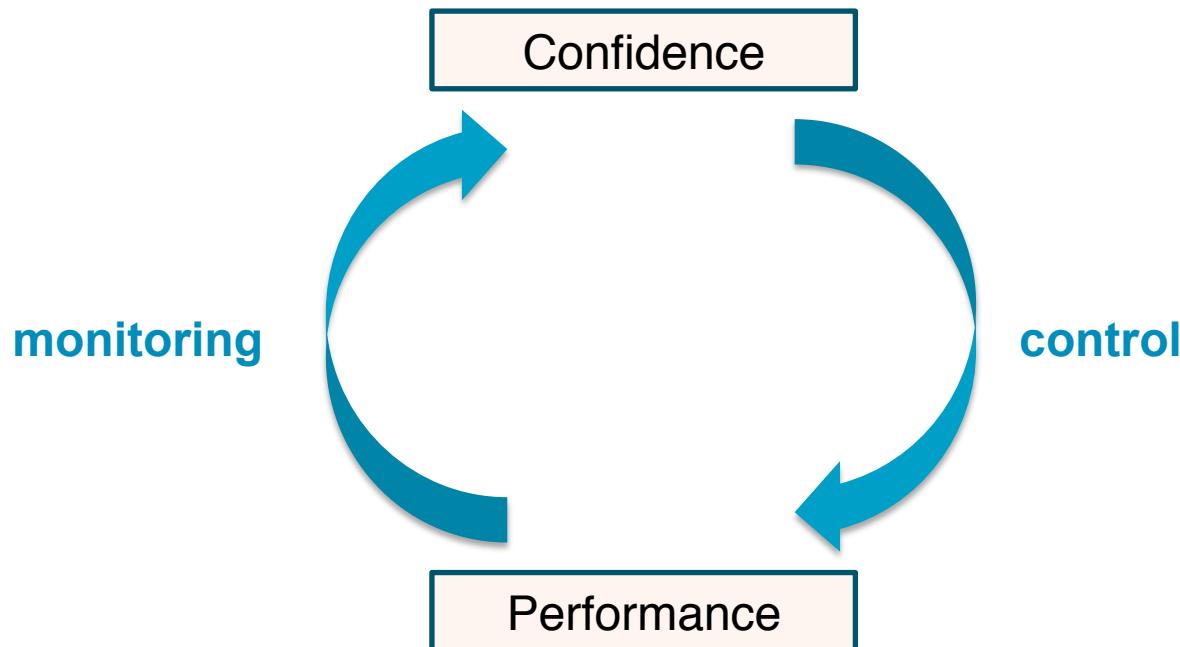
- Most perceptions, memories and choices are accompanied by subjective estimates of their reliability i.e. **confidence** estimates

Kepecs et al., 2008; Lebreton et al., 2015; Arango-Muños & Bermúdez, 2018

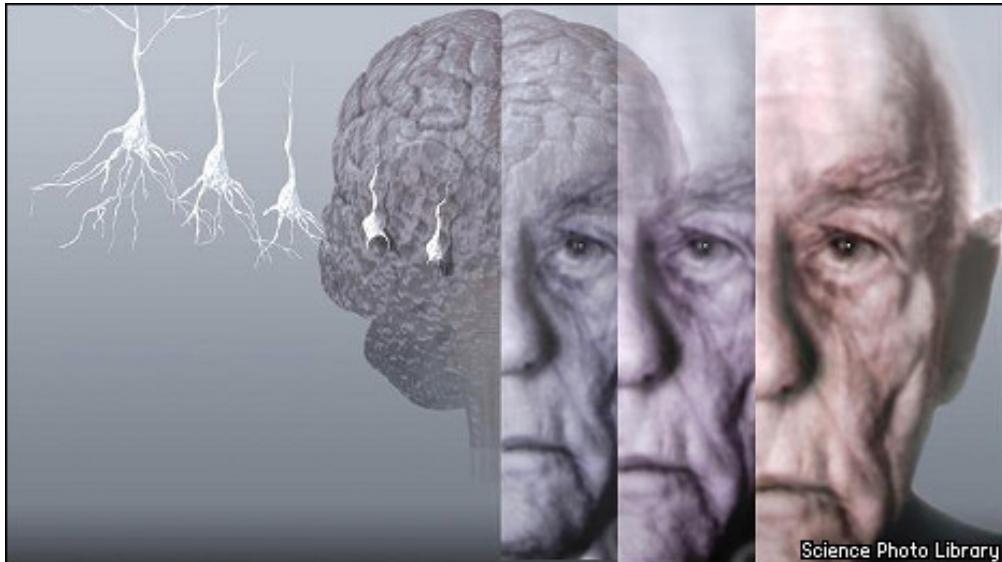
- **Metacognition** refers to our ability to **monitor**, **evaluate**, and **reflect on** our own cognitive processes

Fleming & Dolan, 2012; Gehring et al., 1993

Reciprocal interactions between cognition and metacognition



Why study metacognition?



Inaccurate metacognitive knowledge of cognitive and physical impairments is common in **psychiatric** and **neurological** disorders and in **healthy aging**

Insight = the capacity for accurate metacognition

Metacognition: a central aspect of neurological and psychiatric pathologies

Underconfidence

Overconfidence



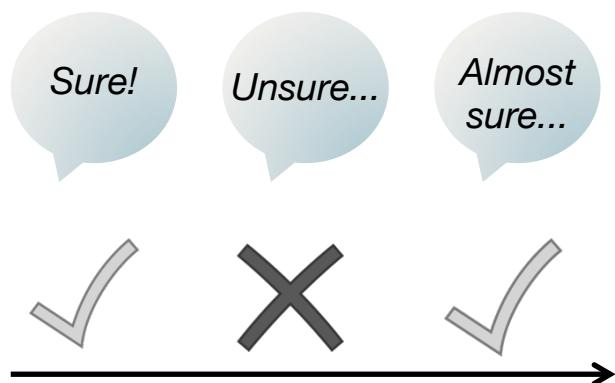
Anxiety
Depression

Manic states
Established psychotic states

Obsessive-Compulsive Disorder
Pre-psychotic states

Metacognition in the lab

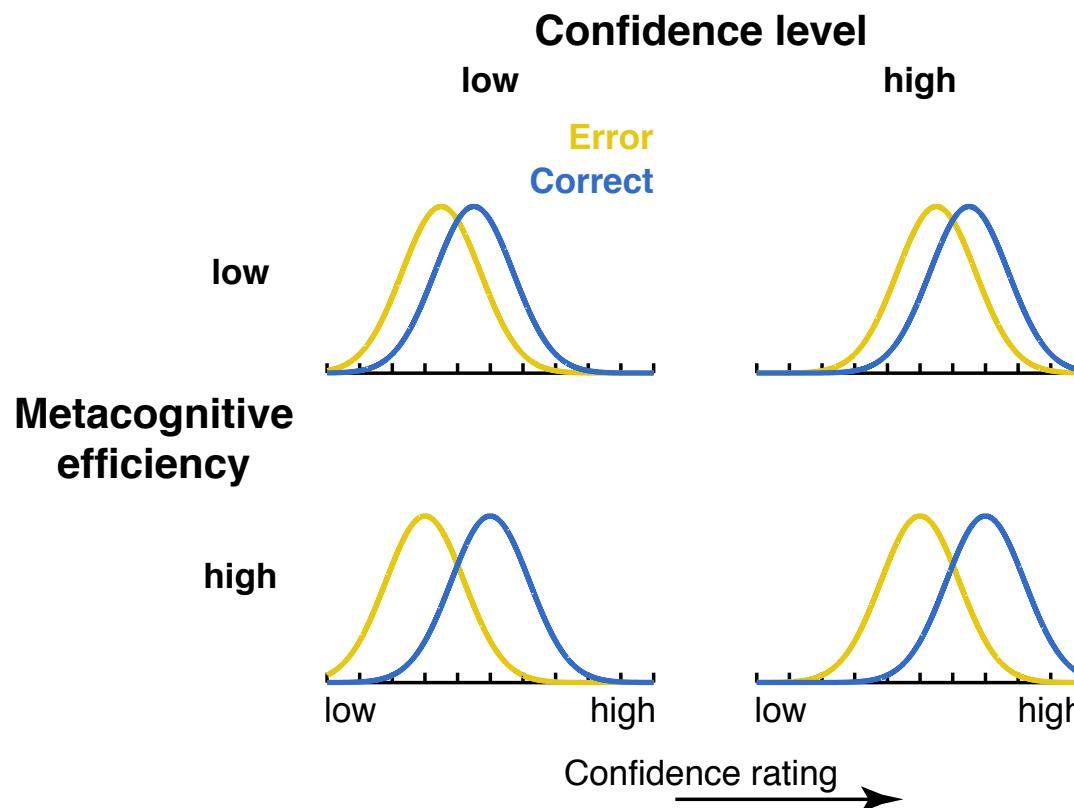
- Not possible to assess metacognition from a single judgment
- Need multiple judgments over time, examine **statistical association** between behavioural responses and metacognitive judgments



	High confidence	Low confidence
✓ Correct	Green	Yellow
✗ Incorrect	Yellow	Green

High metacognitive ability
Low metacognitive ability

Two independent metrics of metacognition

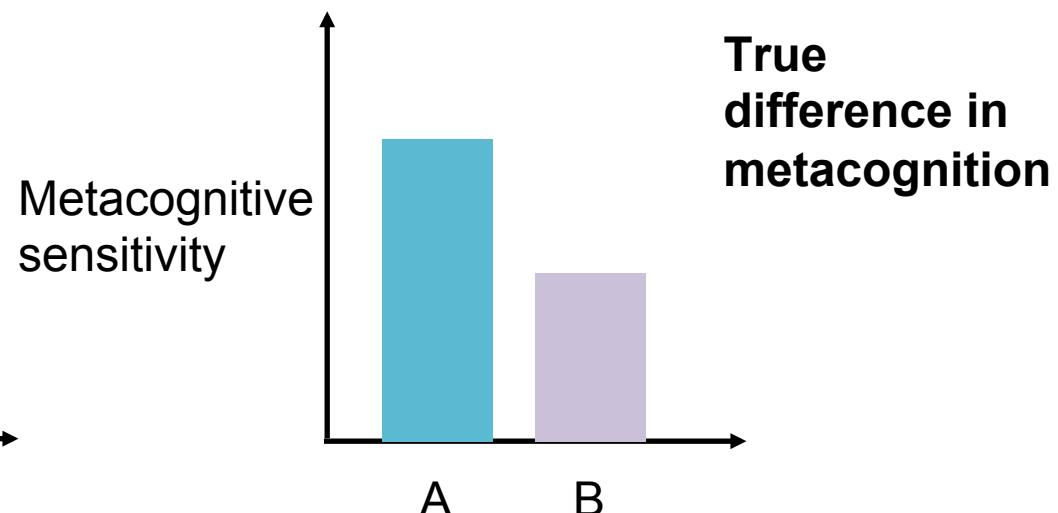
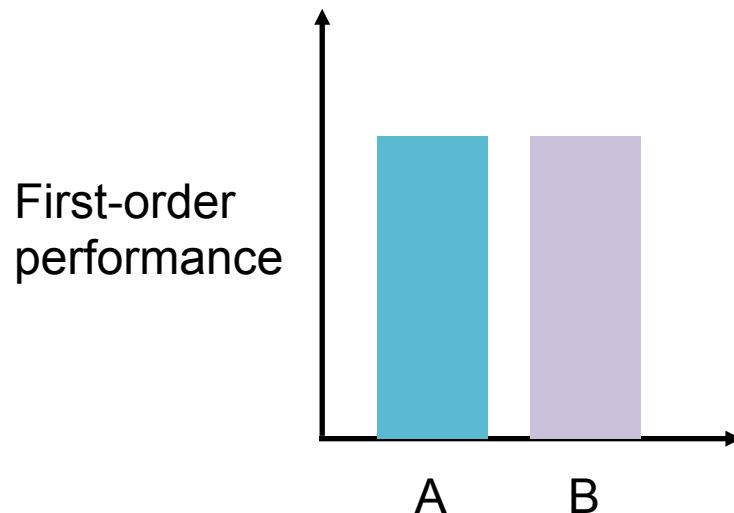
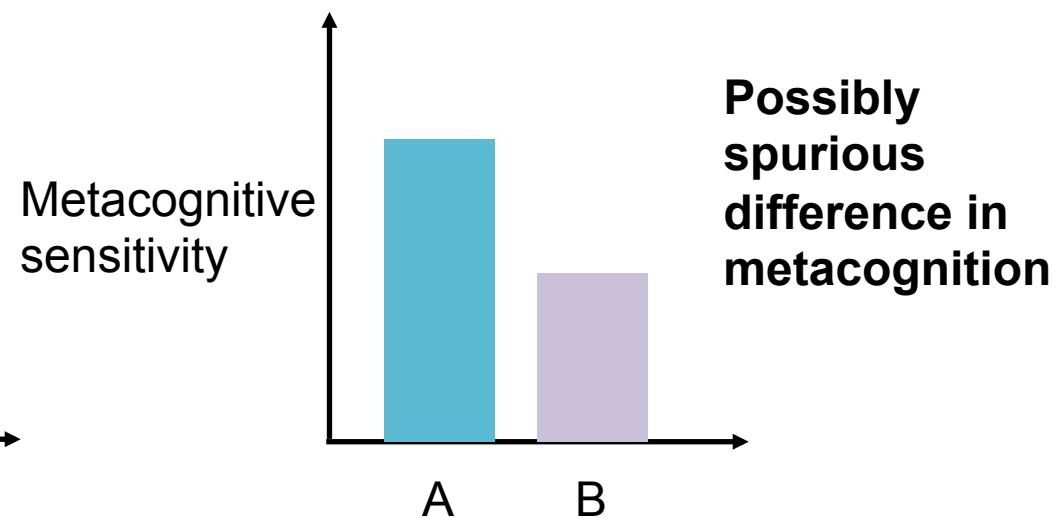
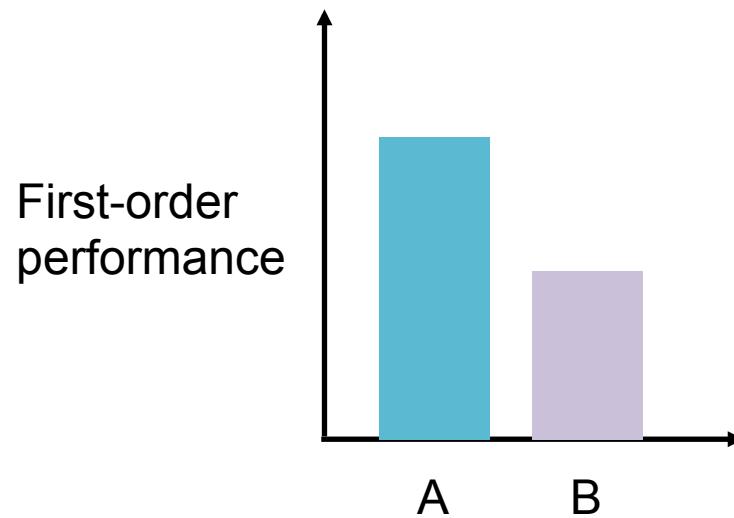


Other terminology in the literature:

- Confidence level: calibration, metacognitive bias, self-perceived ability
- Efficiency: sensitivity, discrimination, resolution, metacognitive awareness, insight

Fleming & Lau (2014) *Frontiers*

Importance of taking into account performance



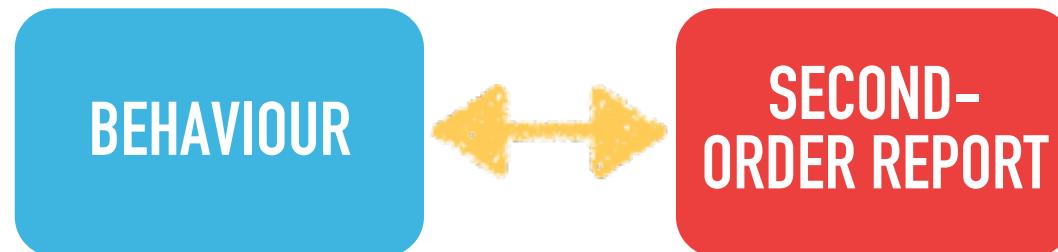
How to measure metacognitive sensitivity?

Ideal measure: should identify differences in metacognitive sensitivity, but be unaffected by metacognitive bias (overall confidence) or task performance

3 main approaches:

1. Correlation approaches
2. Area under type 2 ROC (AUROC2)
3. Meta- d'

Quantifying metacognition (1) - correlation approaches



	High confidence	Low confidence
Correct	A	B
Incorrect	C	D

Decision = [1 0 0 1 1 0 1 0...]

Phi = corr(decision, confidence)

Confidence = [0 0 0 1 1 1 1 0...]

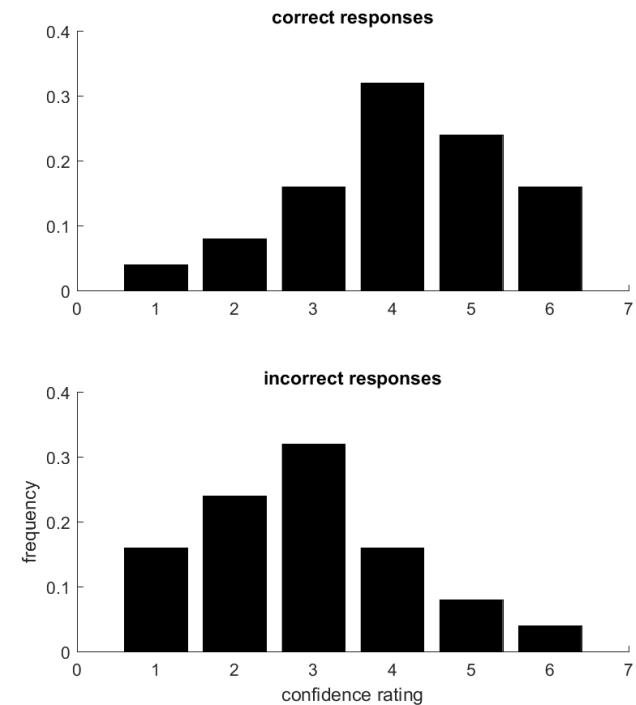
Quantifying metacognition (2) - AUROC2

Two Types of ROC Curves and Definitions of Parameters*

F. R. CLARKE, T. G. BIRDSALL, AND W. P. TANNER, JR.
Electronic Defense Group, University of Michigan, Ann Arbor, Michigan
(Received February 26, 1959)

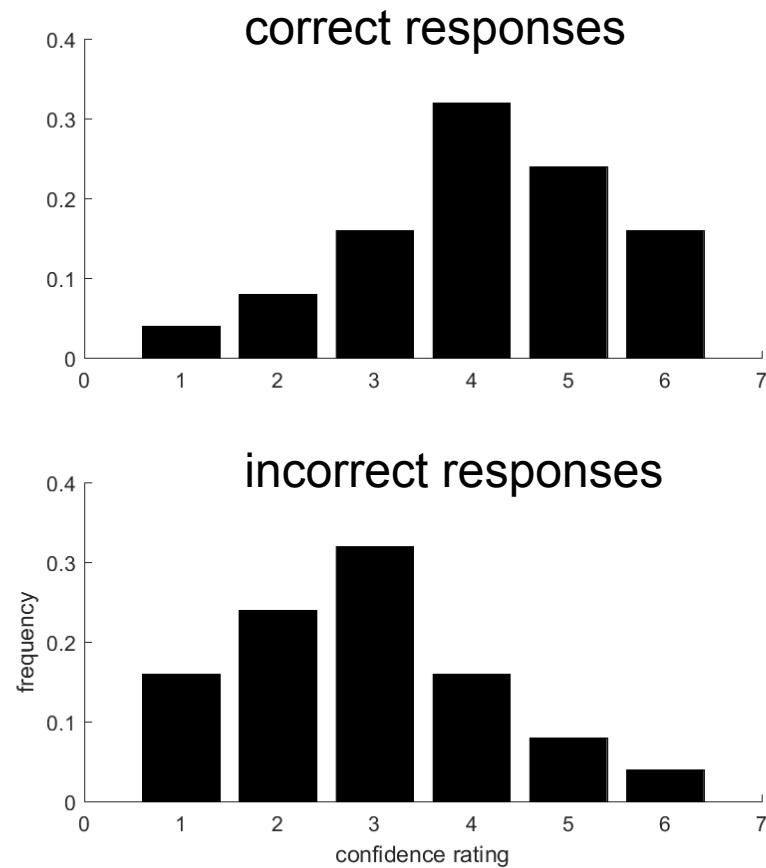
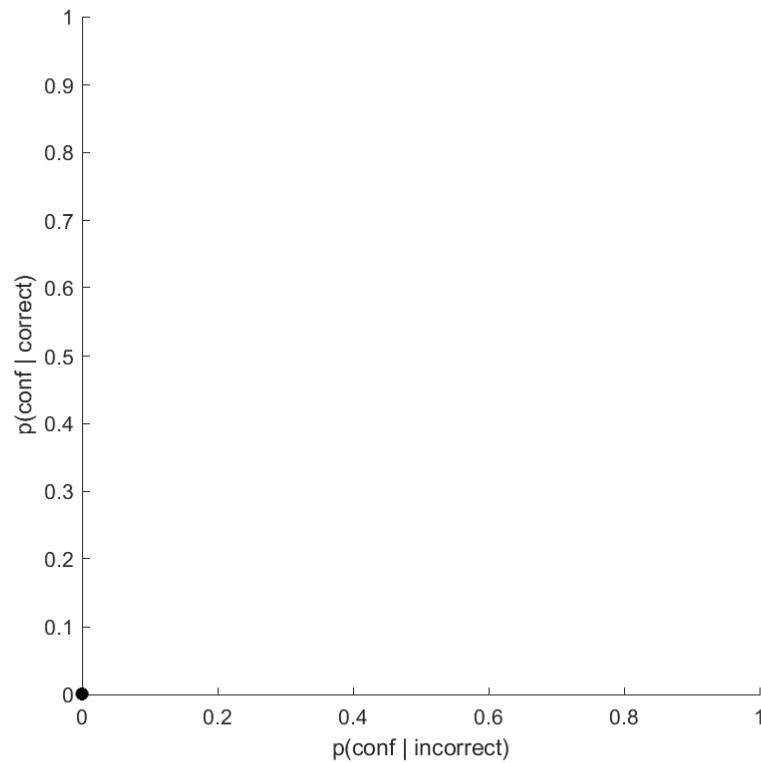
Type 2 receiver operating characteristic (ROC) curves are a compact representation of metacognitive sensitivity

INTUITION: the more distinct the confidence distributions for correct and for incorrect responses are, the more insight one has into the quality of individual decisions

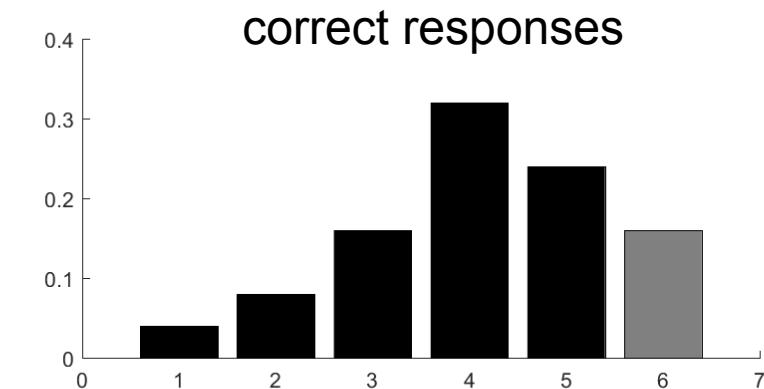
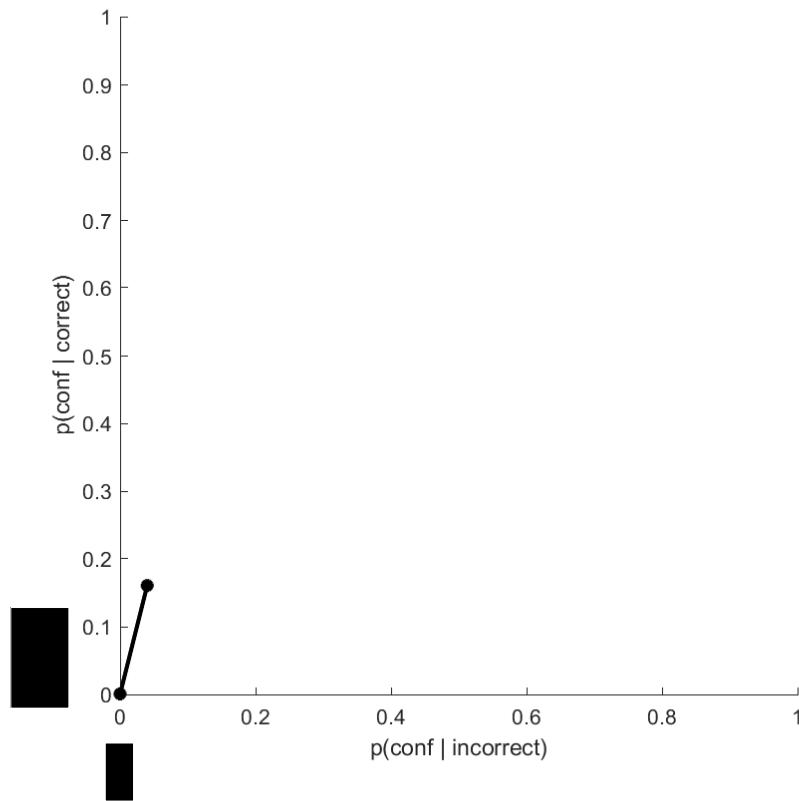


with thanks to Matan Mazor

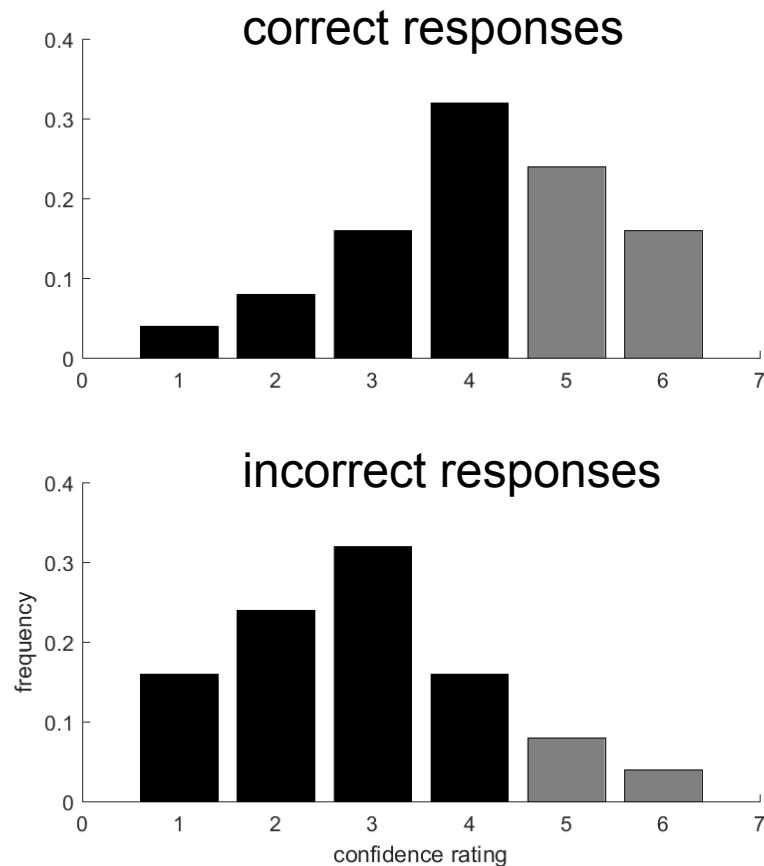
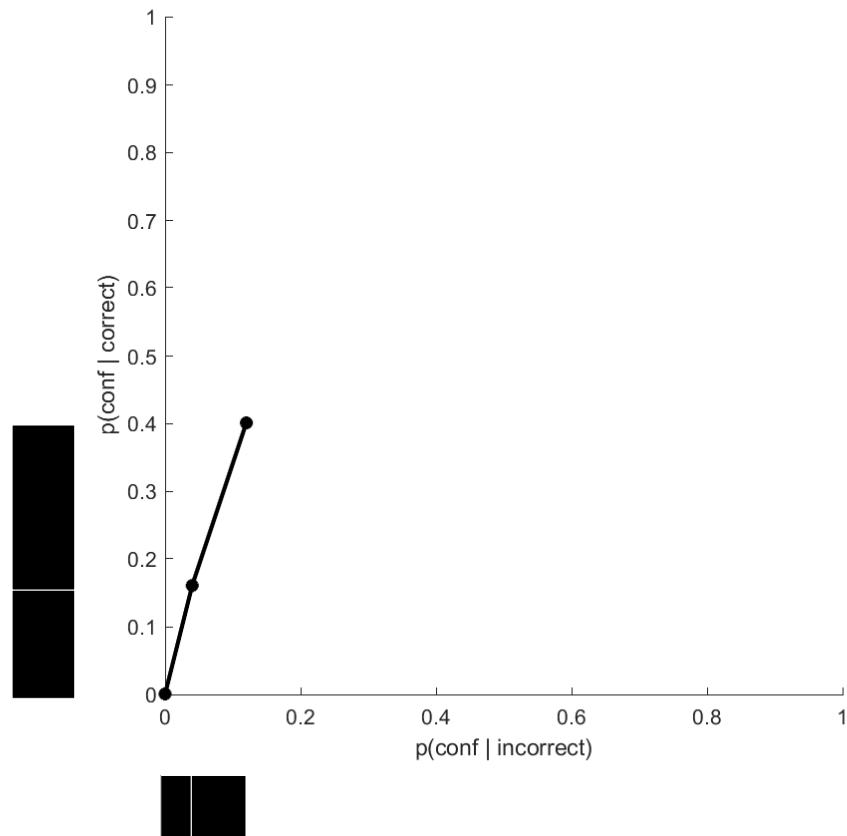
Type 2 ROCs



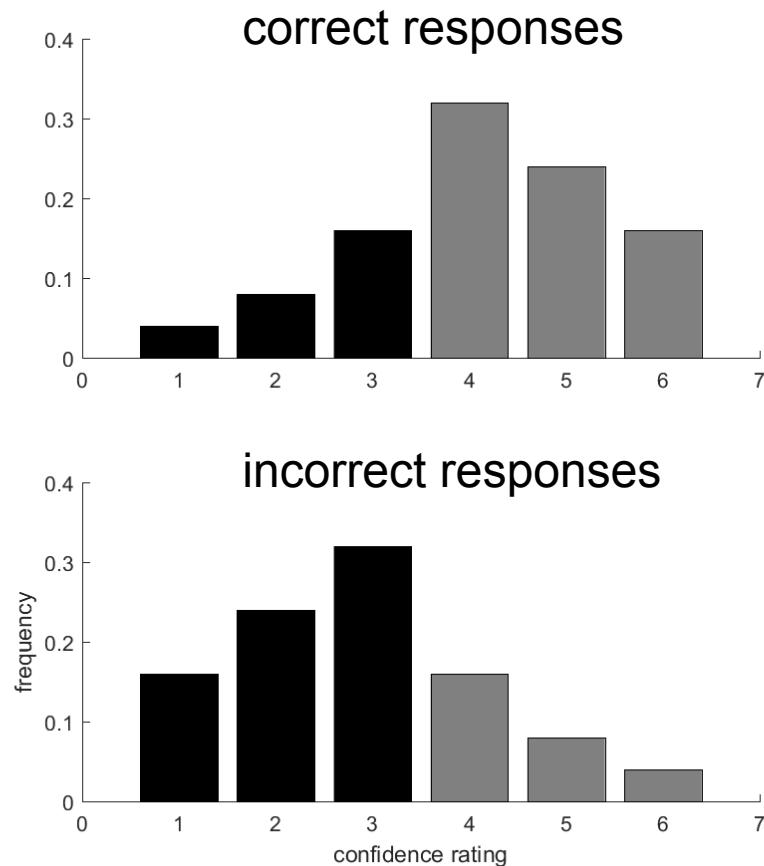
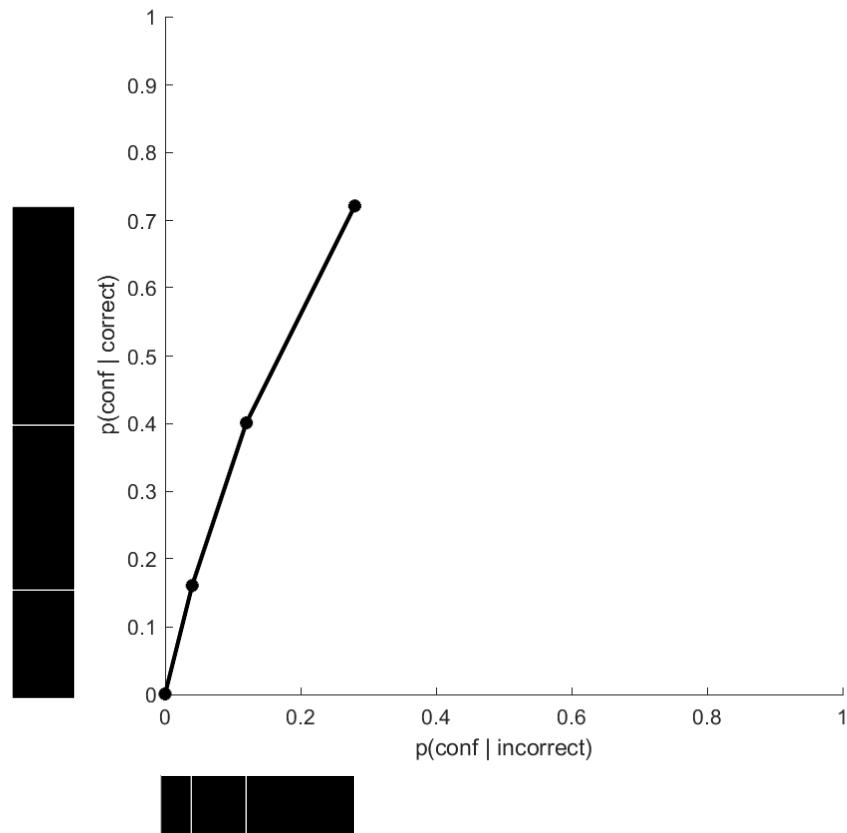
Type 2 ROCs



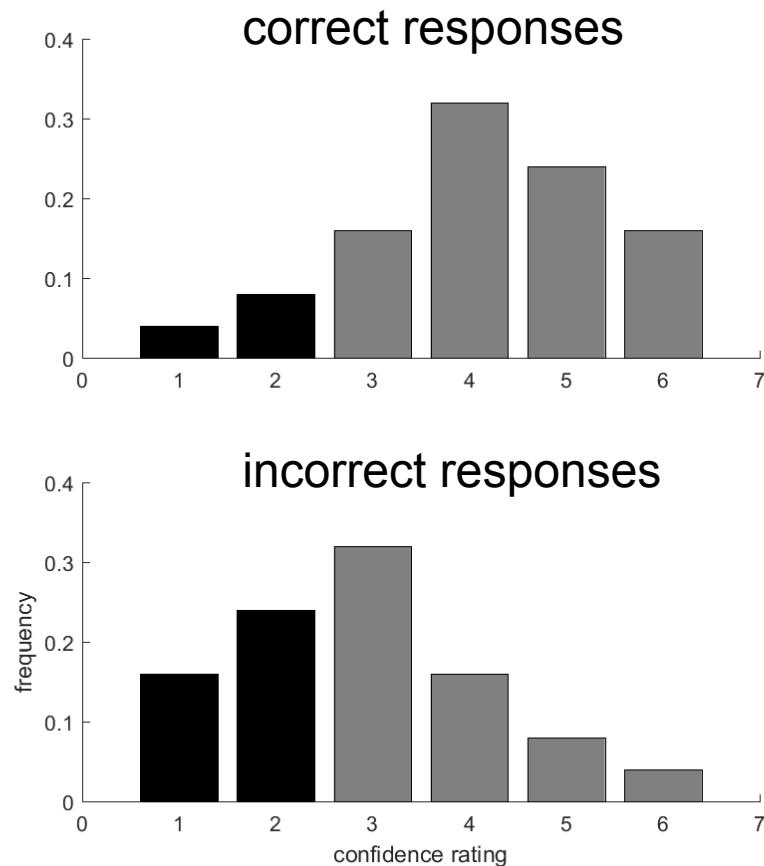
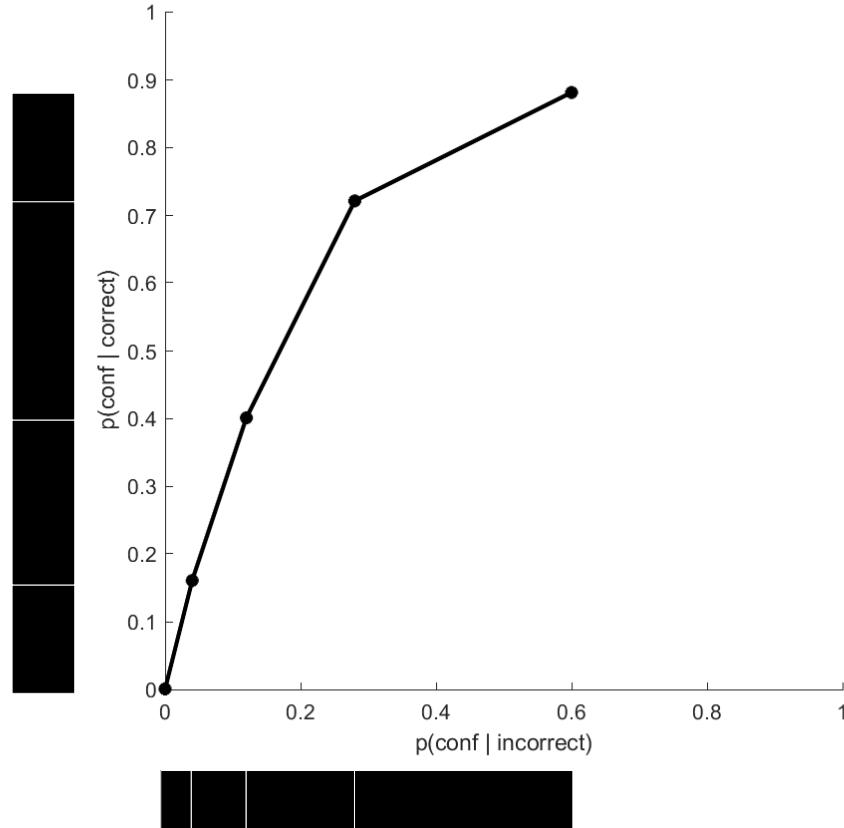
Type 2 ROCs



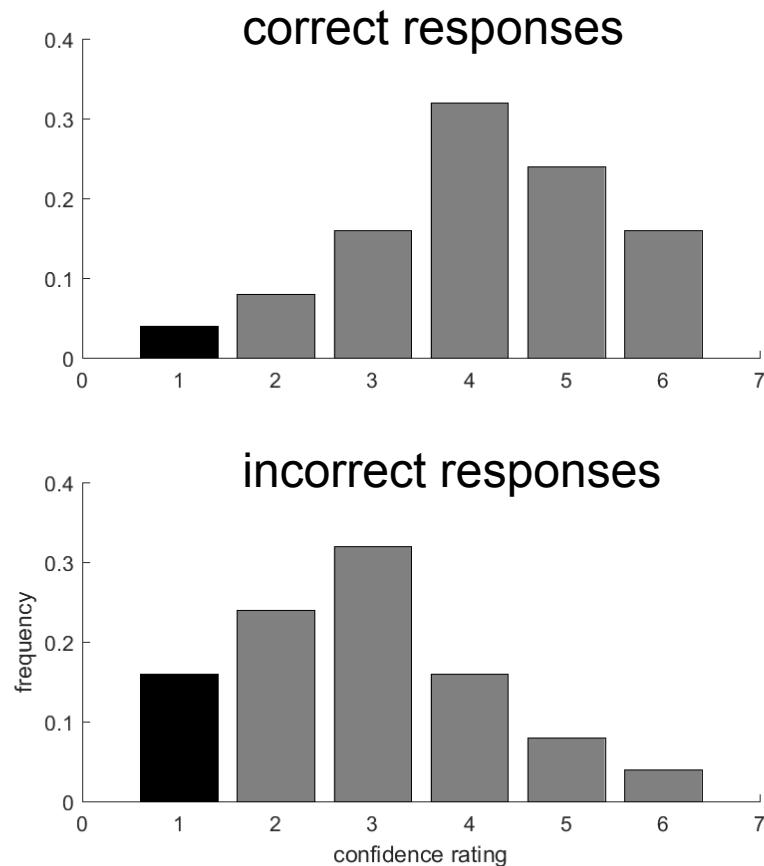
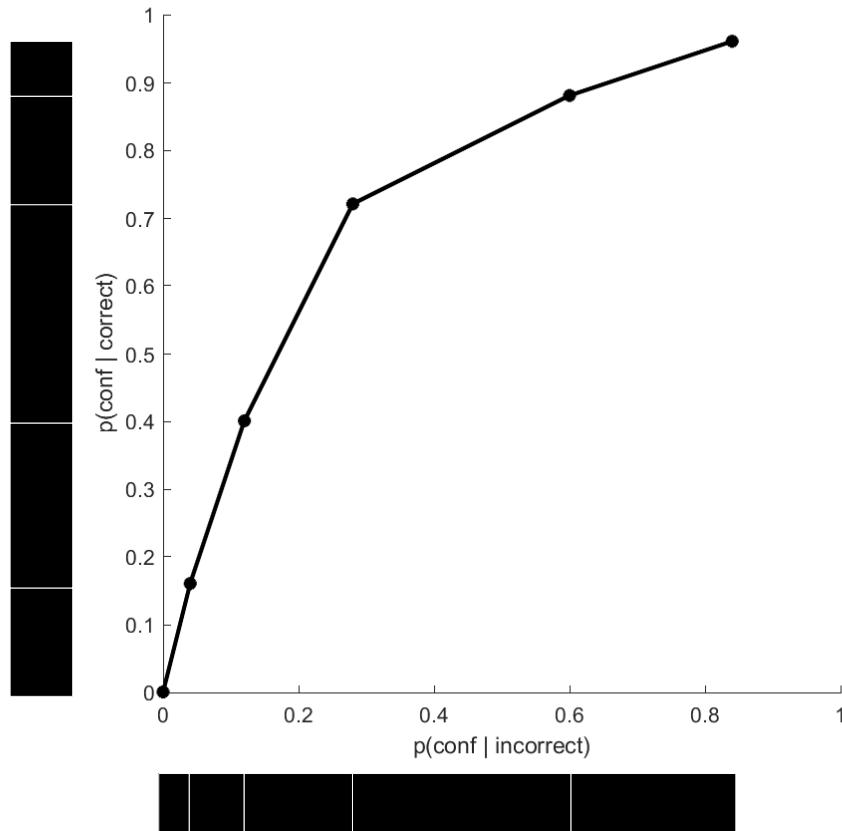
Type 2 ROCs



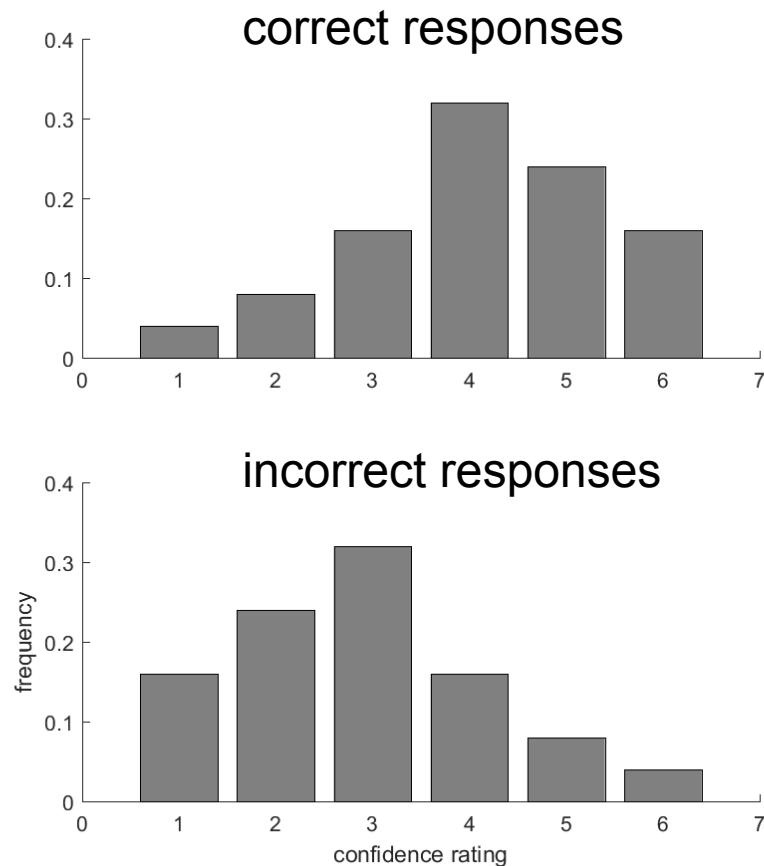
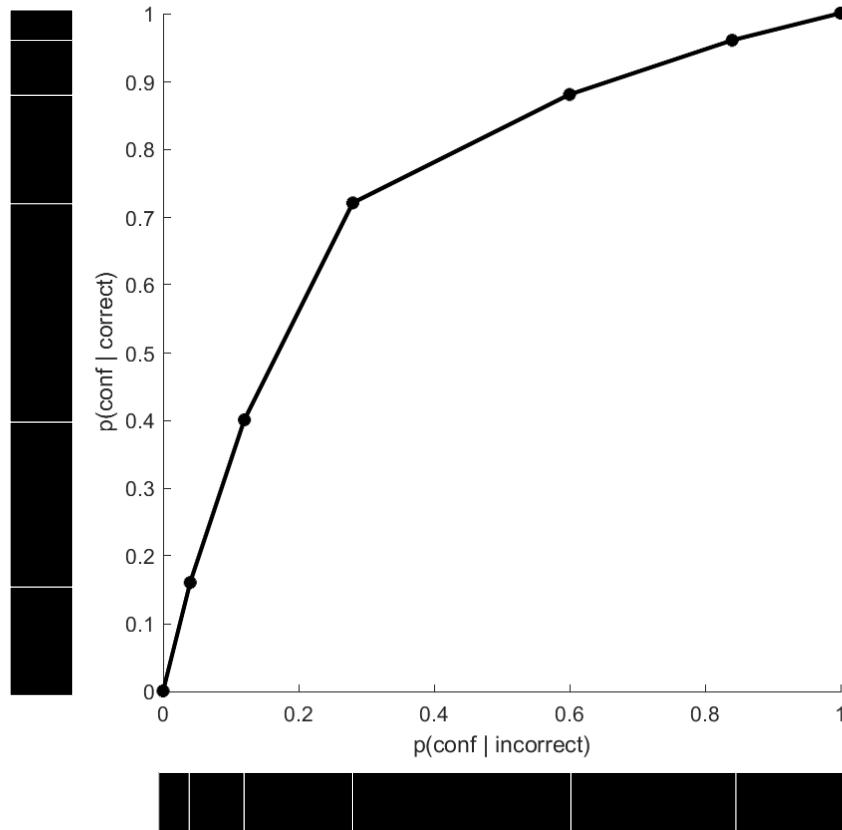
Type 2 ROCs



Type 2 ROCs

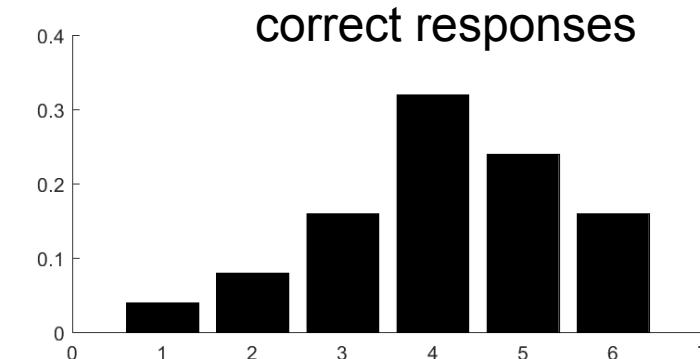
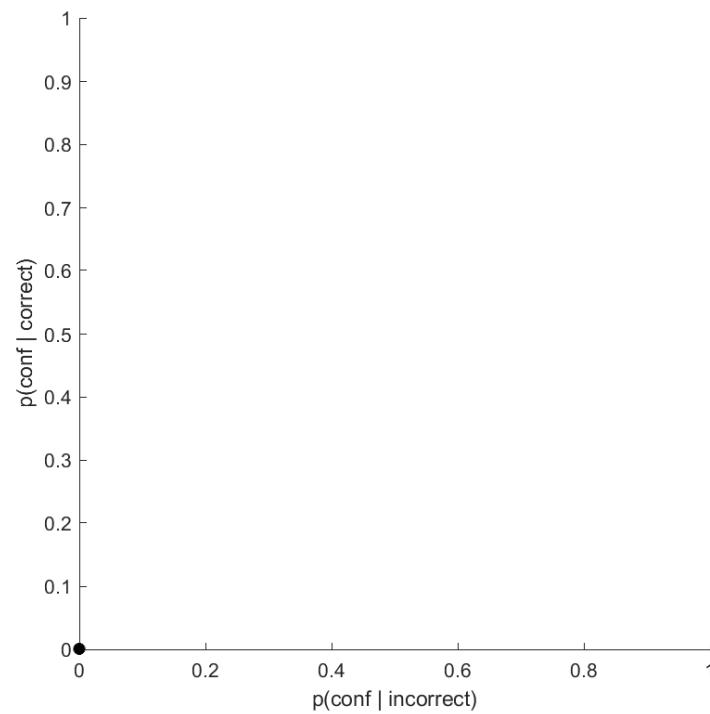


Type 2 ROCs

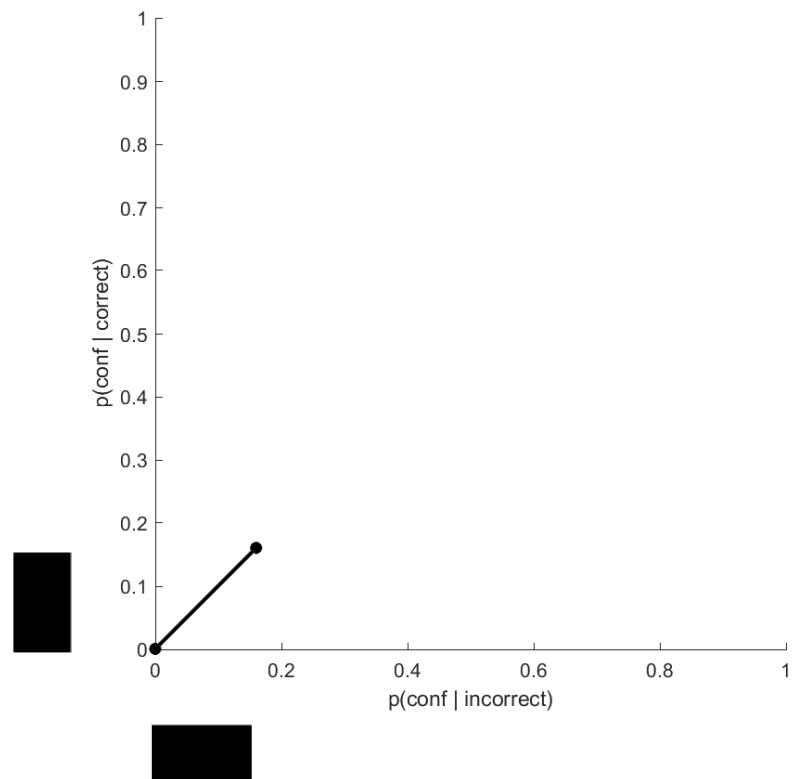


Type 2 ROCs

No metacognition:

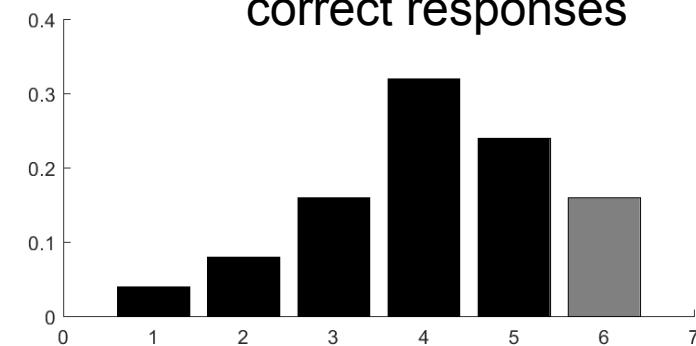


Type 2 ROCs

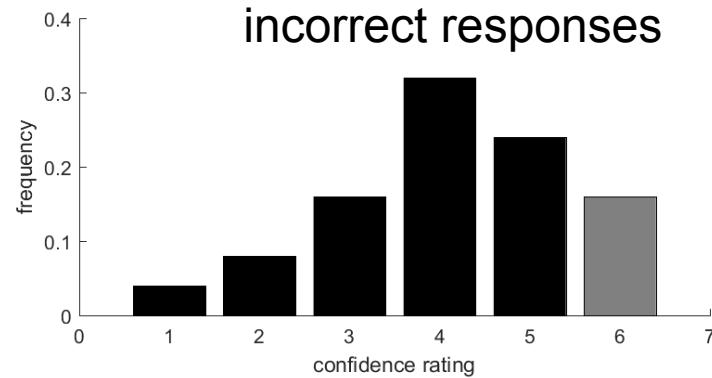


No metacognition:

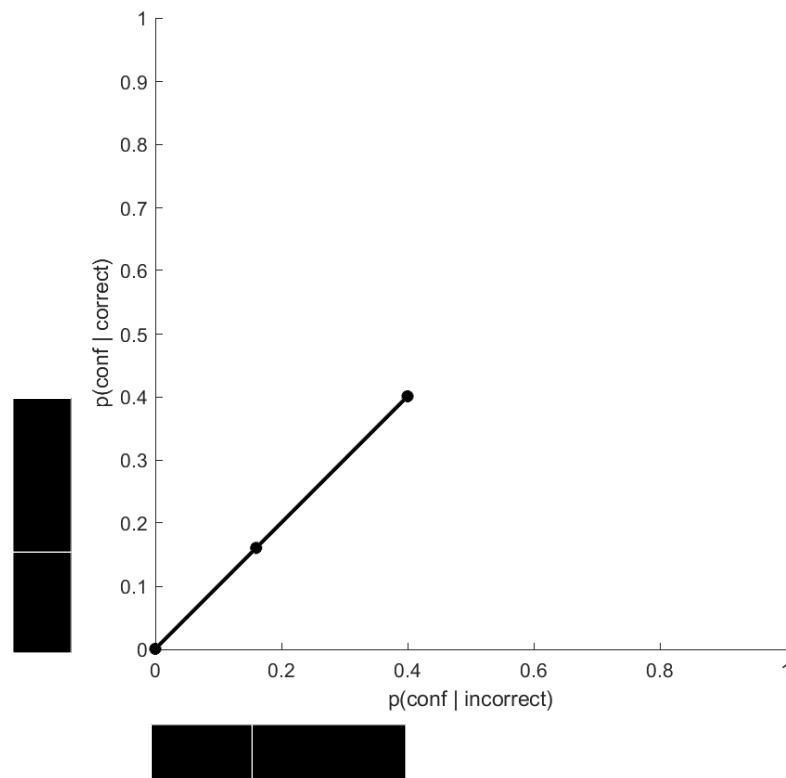
correct responses



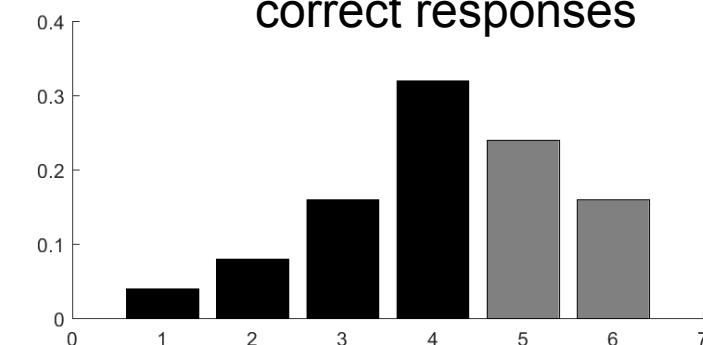
incorrect responses



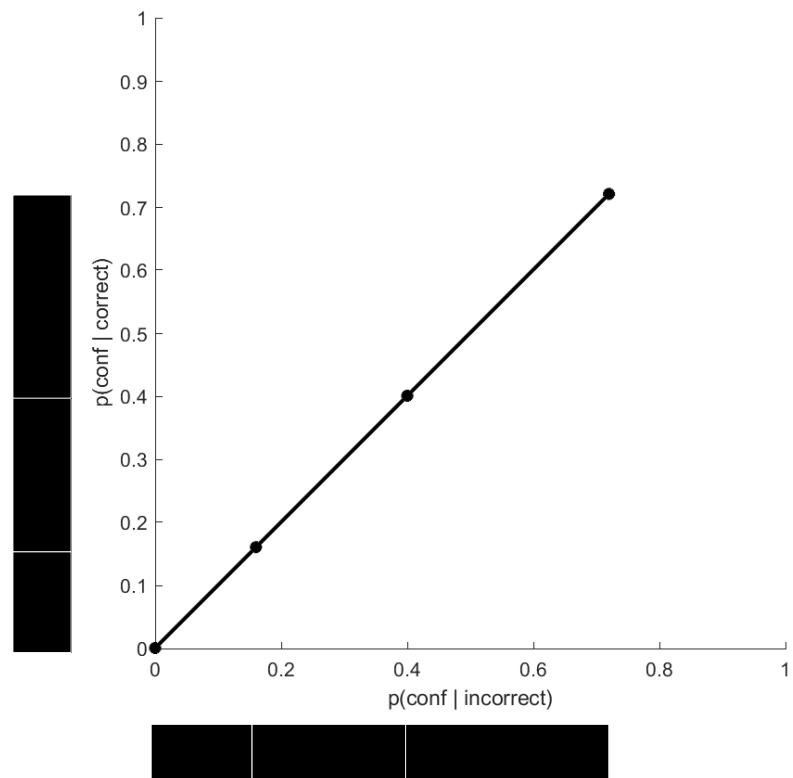
Type 2 ROCs



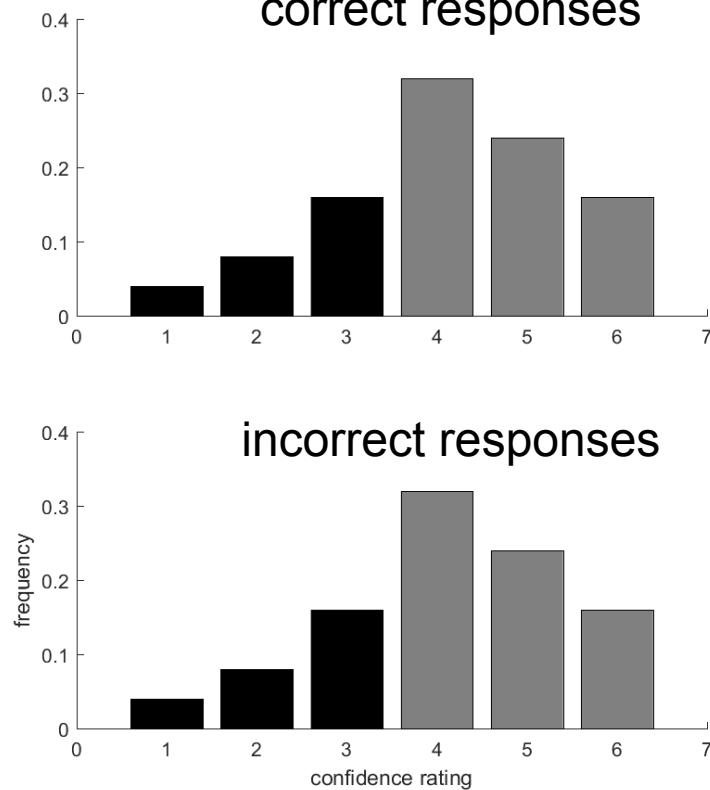
No metacognition:
correct responses



Type 2 ROCs

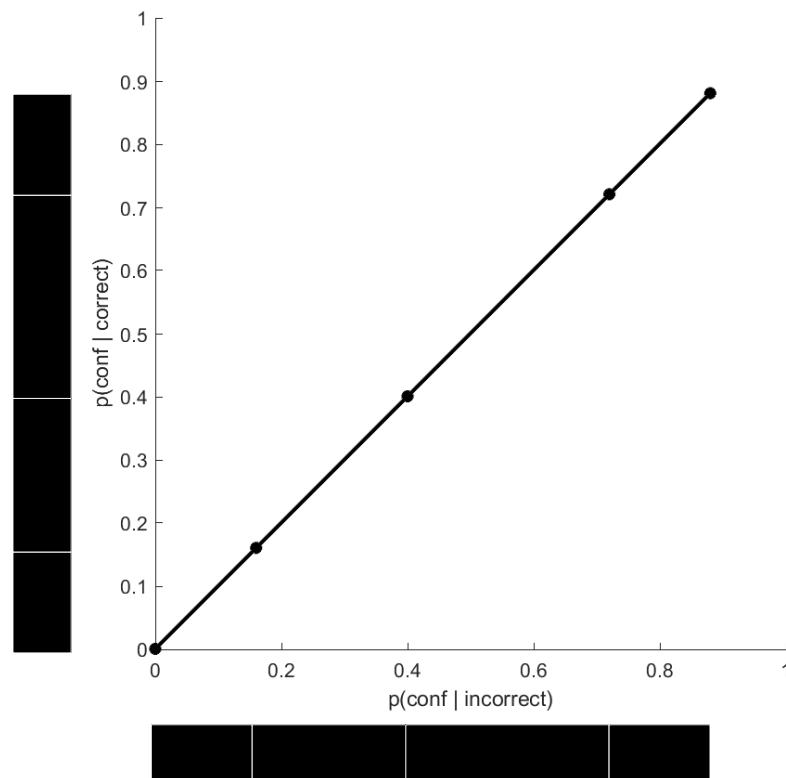


No metacognition:
correct responses

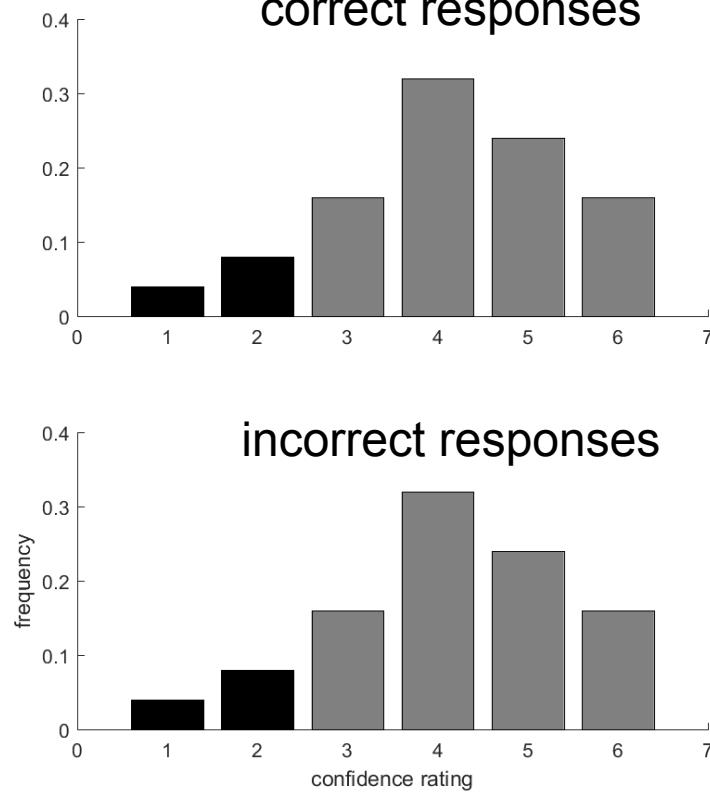


incorrect responses

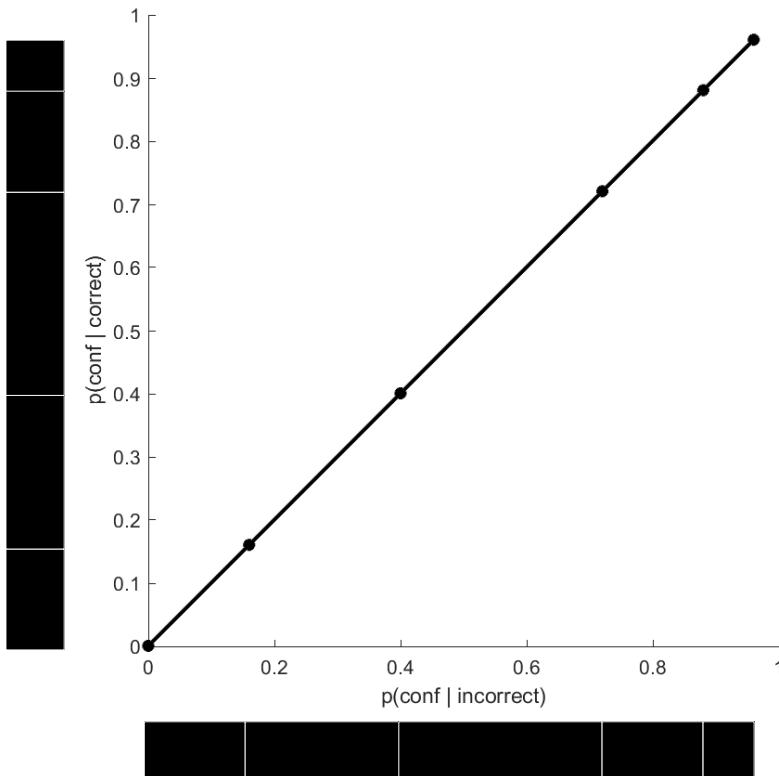
Type 2 ROCs



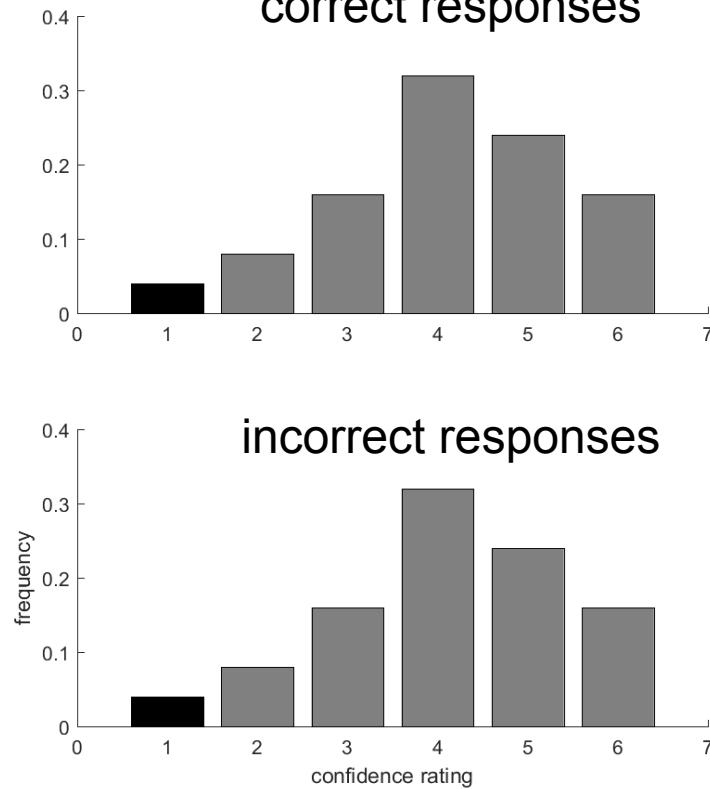
No metacognition:
correct responses



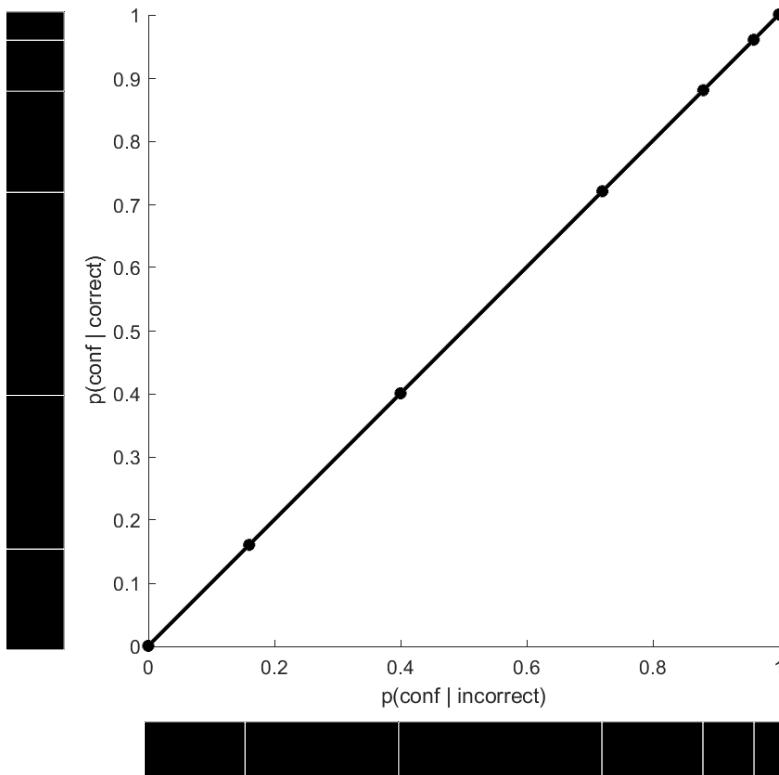
Type 2 ROCs



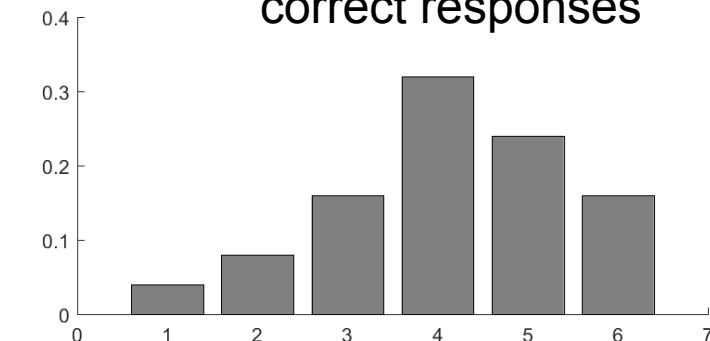
No metacognition:
correct responses



Type 2 ROCs



No metacognition:
correct responses



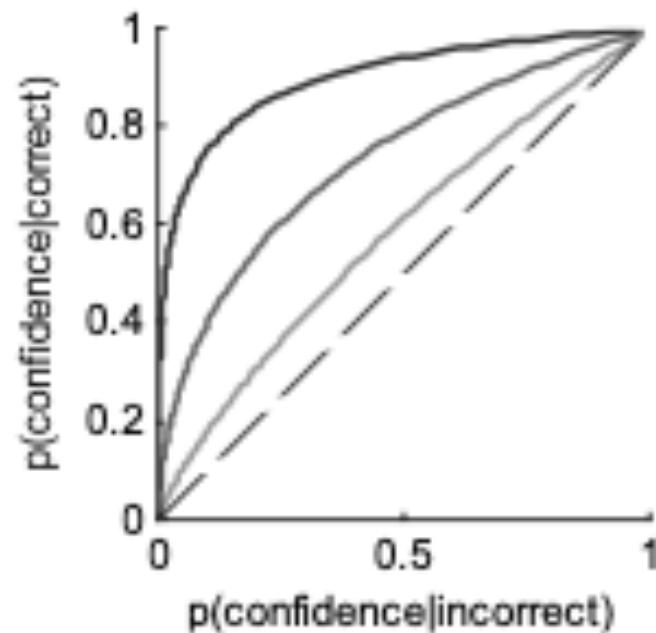
Type 2 ROCs

- Simple measure of metacognitive sensitivity
- Theoretically independent of metacognitive bias (overall confidence)
- **BUT *not* independent of performance...**

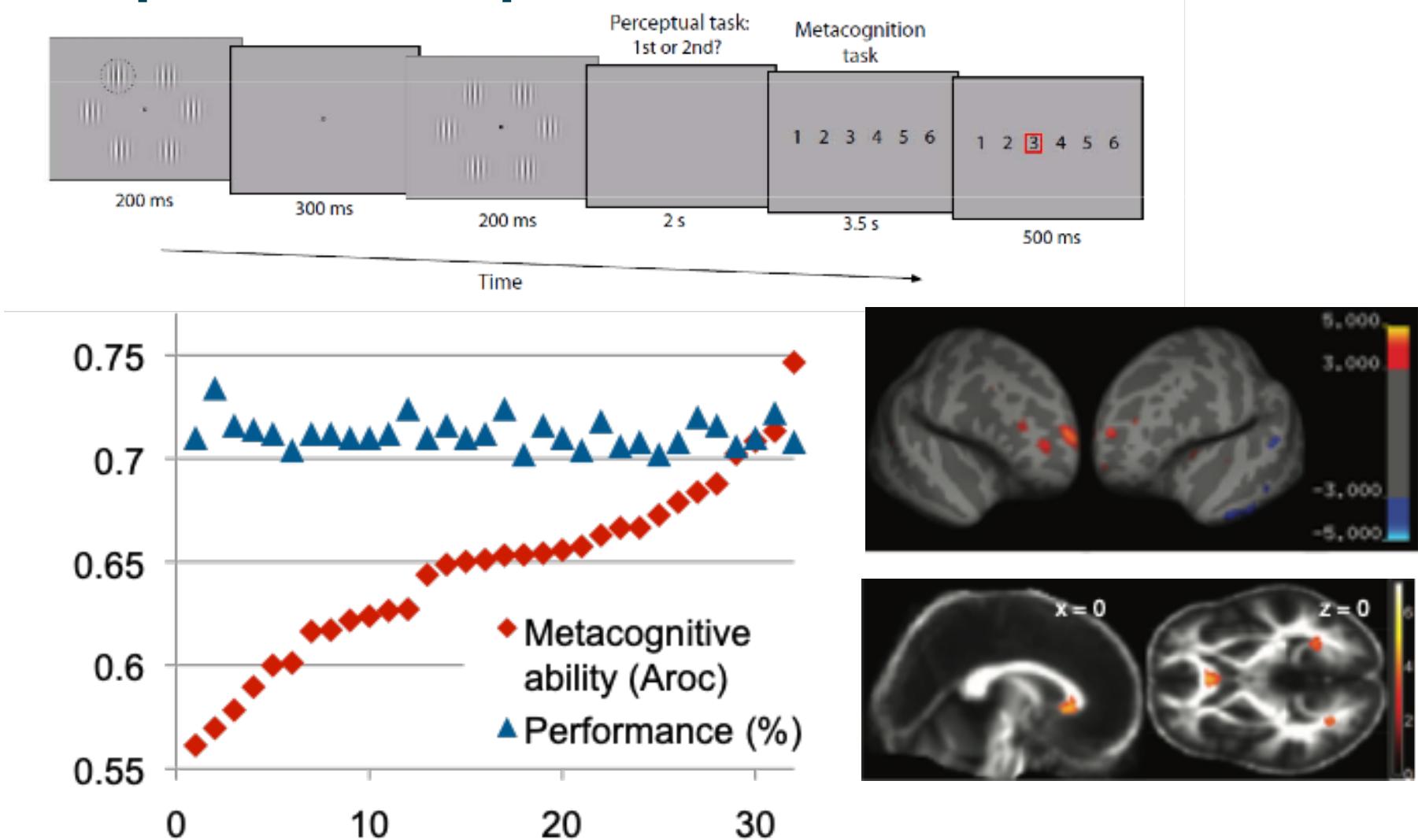
Type 1 performance

- $d' = 0.5$
- $d' = 1.5$
- $d' = 3.0$

Simulated type 2 ROC



Empirical example

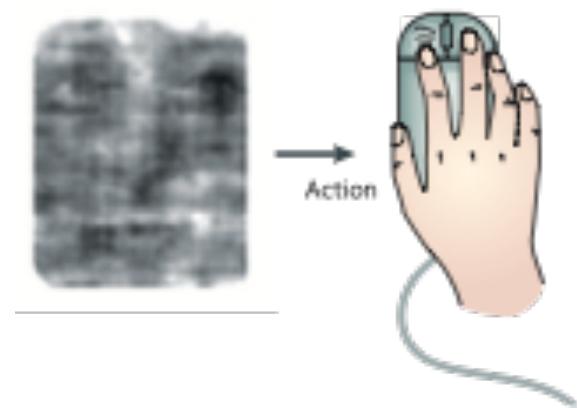
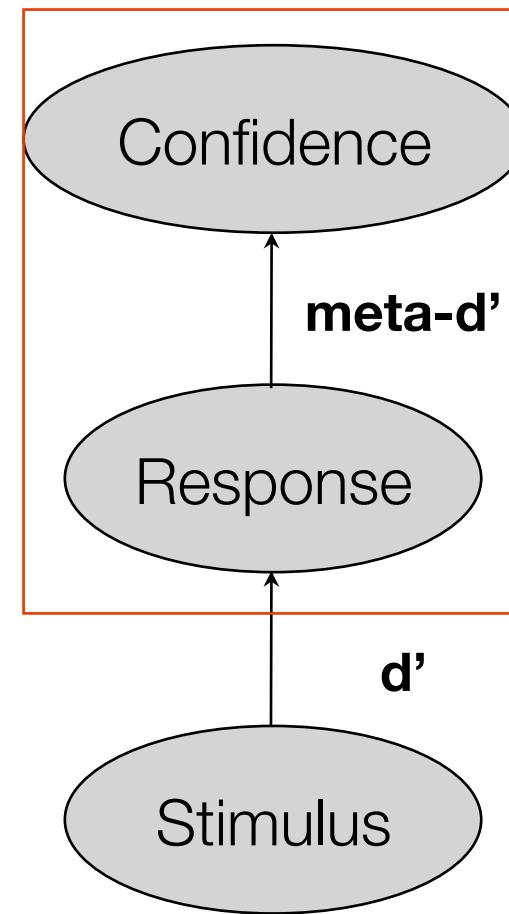


Fleming et al. (2010) *Science*

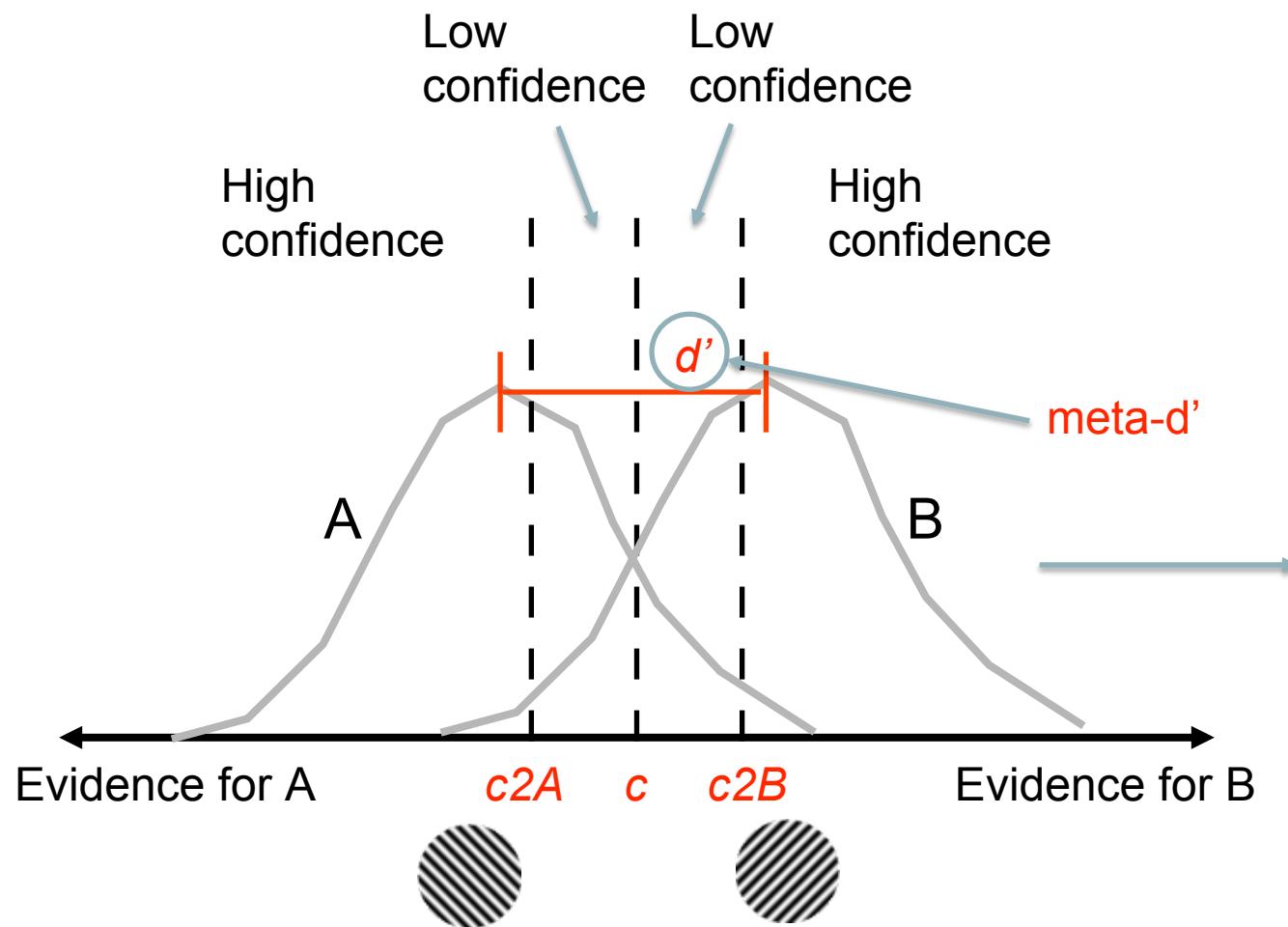
Quantifying metacognition (3) - meta-d'

Metacognitive sensitivity

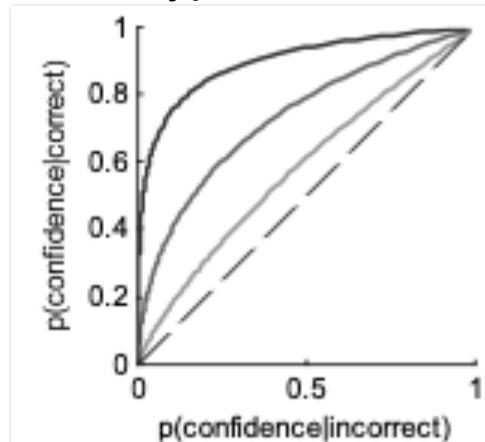
First-order sensitivity



Quantifying metacognition (3) - meta-d'



Type 2 ROC



Find parameter set that best fits subjects' type 2 ROC

The area under each segment of the curve gives a probability of using a given confidence level

Beyond the meta- d' framework

Ongoing efforts to refine estimates of metacognitive ability

- Addition of metacognitive noise over sensory noise: “ReMeta toolbox”:
 - ✓ The model assumes that confidence results from a continuous but noisy and potentially biased transformation of decision values, described by a confidence link function.
 - ✓ A canonical set of metacognitive noise distributions is introduced.
 - ✓ Metacognitive noise and bias parameters correlate with conventional behavioral measures.
 - ✓ But in contrast to conventional measures, metacognitive noise parameters inferred from the model are shown to be independent of type 1 performance – a desirable feature.
- Dependence on response times (Desender et al., 2022 Nat Commun)

Models of metacognition ...

- There is not one method *systematically* better than the other for measuring metacognition
- Each method has pros and cons depending on the nature of your empirical data
- This is currently an active area of research: e.g. continuous refinement of fitting techniques, evaluation of test-retest reliability...

... have been applied in computational psychiatry

Metacognition and psychopathology



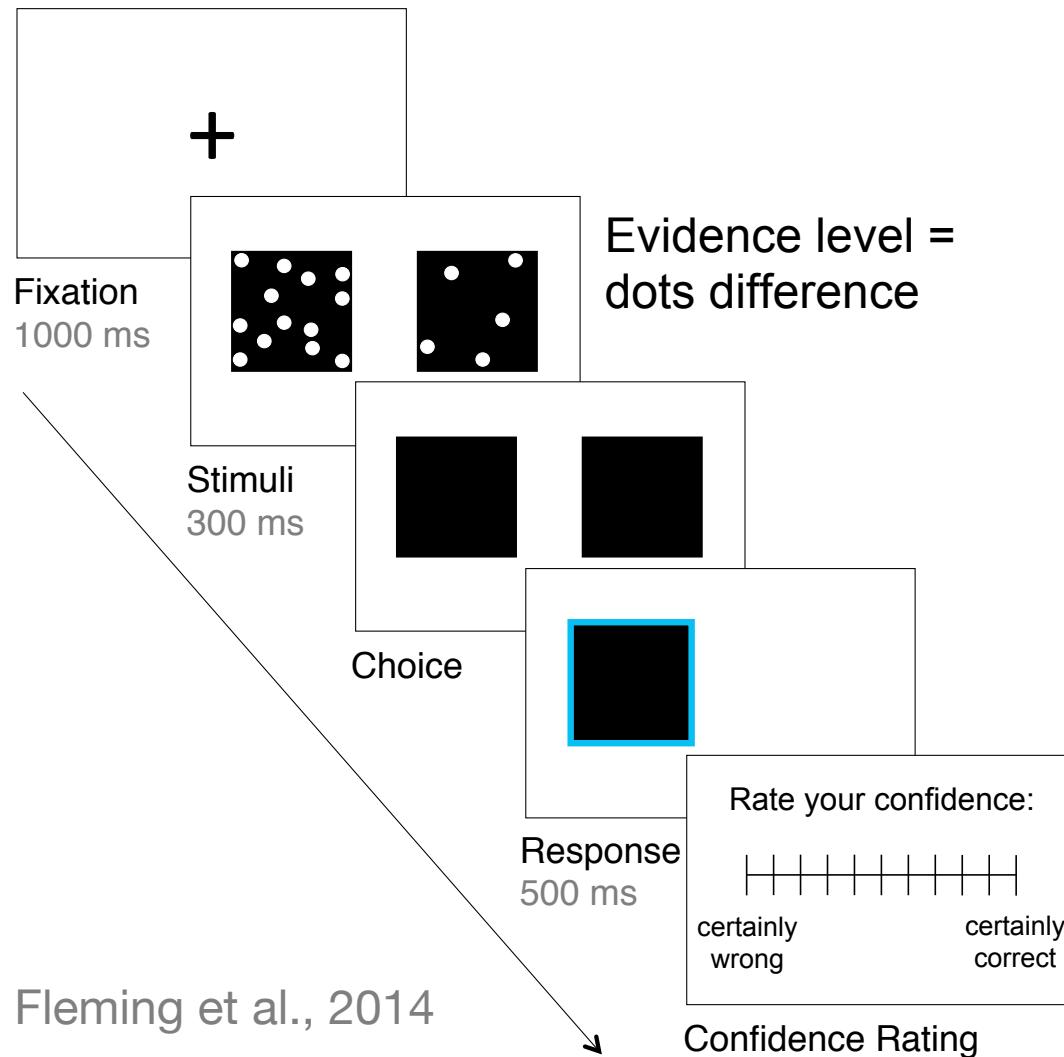
A 'general population' sample
Total N=995 participants

Perceptual
decision-making
task



Self-reported
symptom
questionnaires

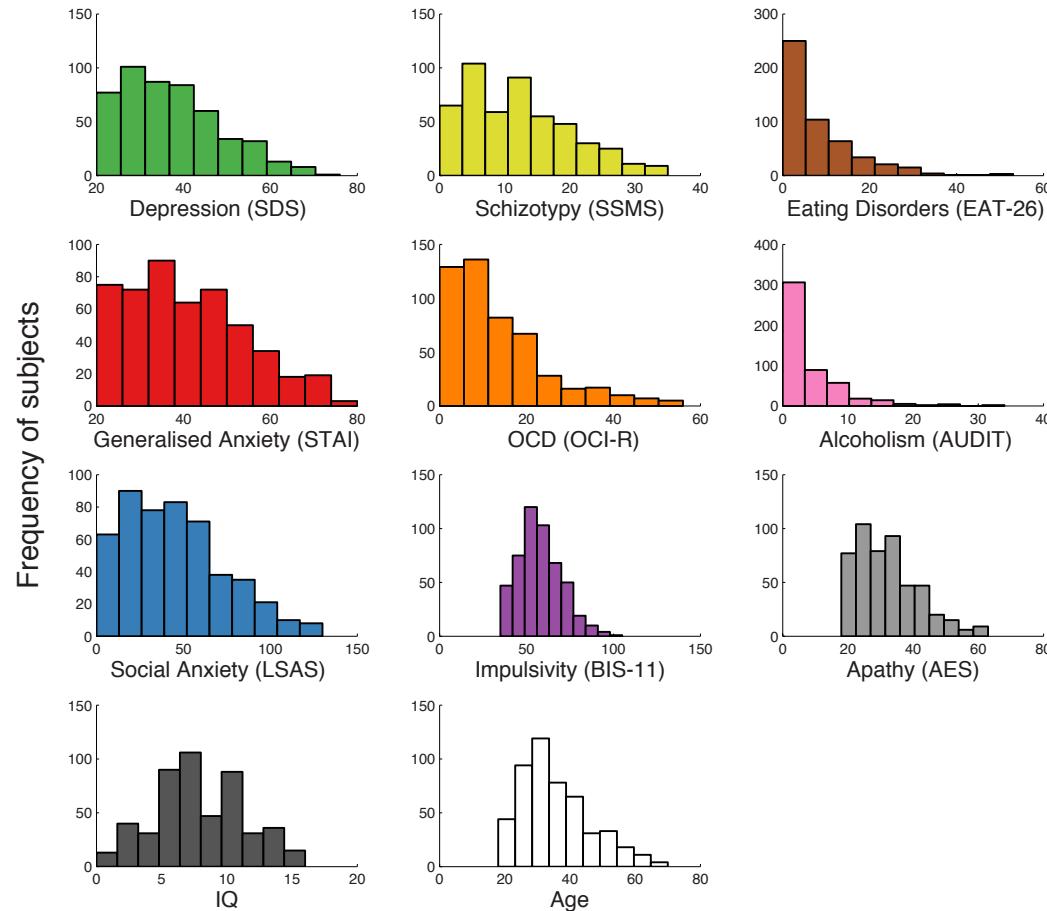
Perceptual decision-making task



QUANTIFY

- **Decision process**
- **Accuracy**
(Drift-diffusion model)
- **Metacognition**
 - ⇒ **Confidence level**
 - ⇒ **Metacognitive efficiency**

Self-reported psychiatric symptoms



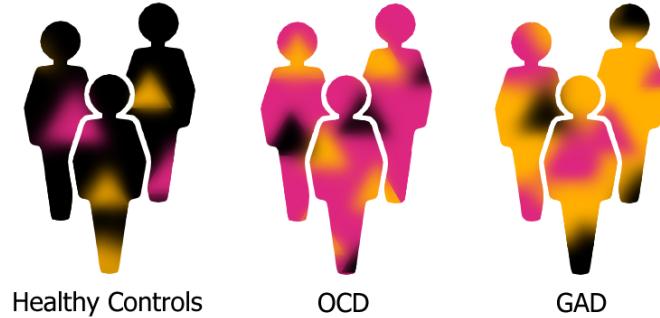
Strong **correlations** between individual questionnaire scores, consistent with **comorbidities** between diagnostic categories

A transdiagnostic approach

A) Assumed Case-control



B) Actual Case-control

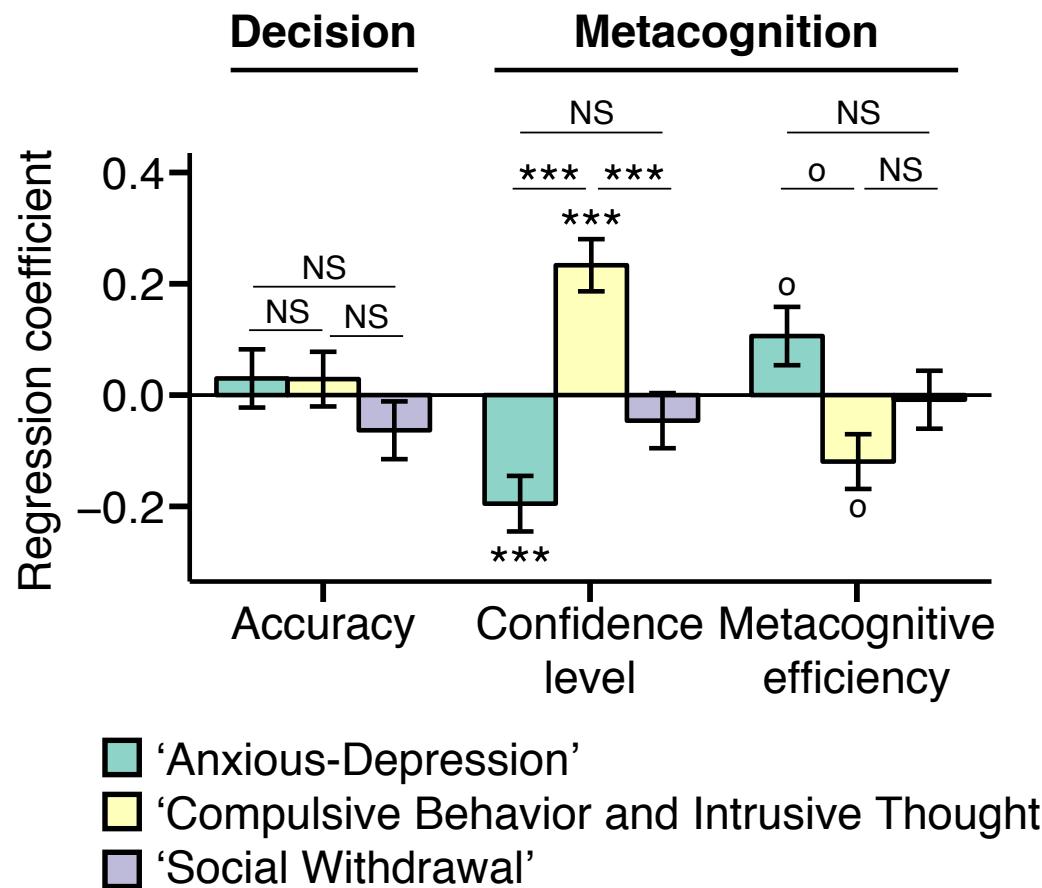


C) Transdiagnostic Symptom Dimensions



Strong **correlations** between individual questionnaire scores, consistent with **comorbidities** between diagnostic categories

Inter-individual variability in metacognition



Anxious/Depression

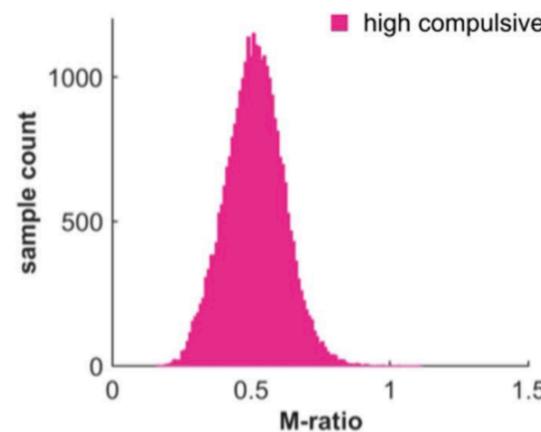
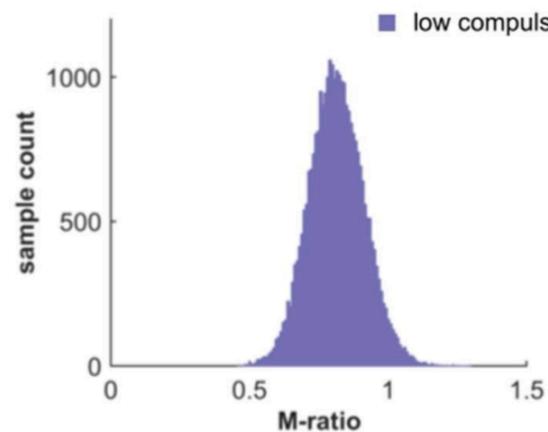
Confidence ↓
Metacognitive efficiency ↑

Compulsive/Intrusive

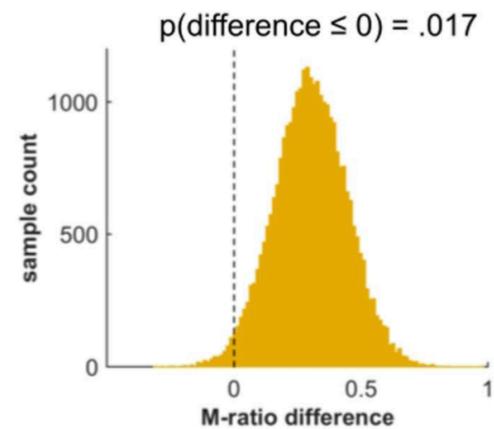
Confidence ↑
Metacognitive efficiency ↓

Metacognition and computational psychiatry

A metacognitive efficiency: posterior group estimates

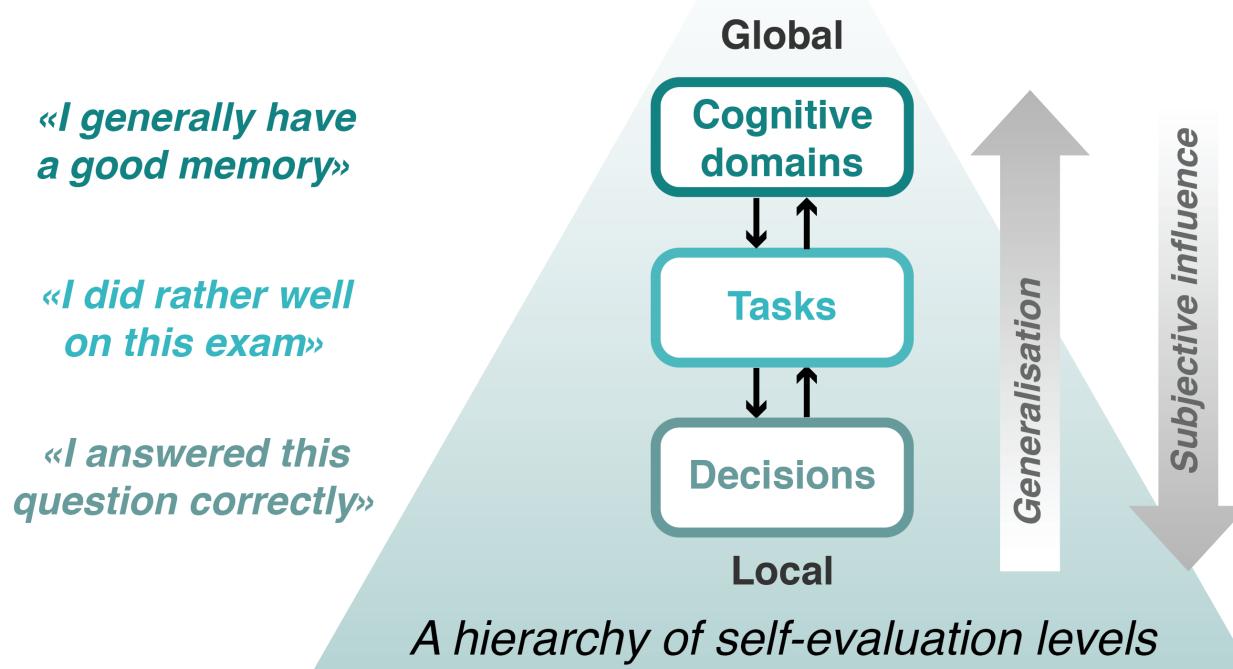


B group posterior difference

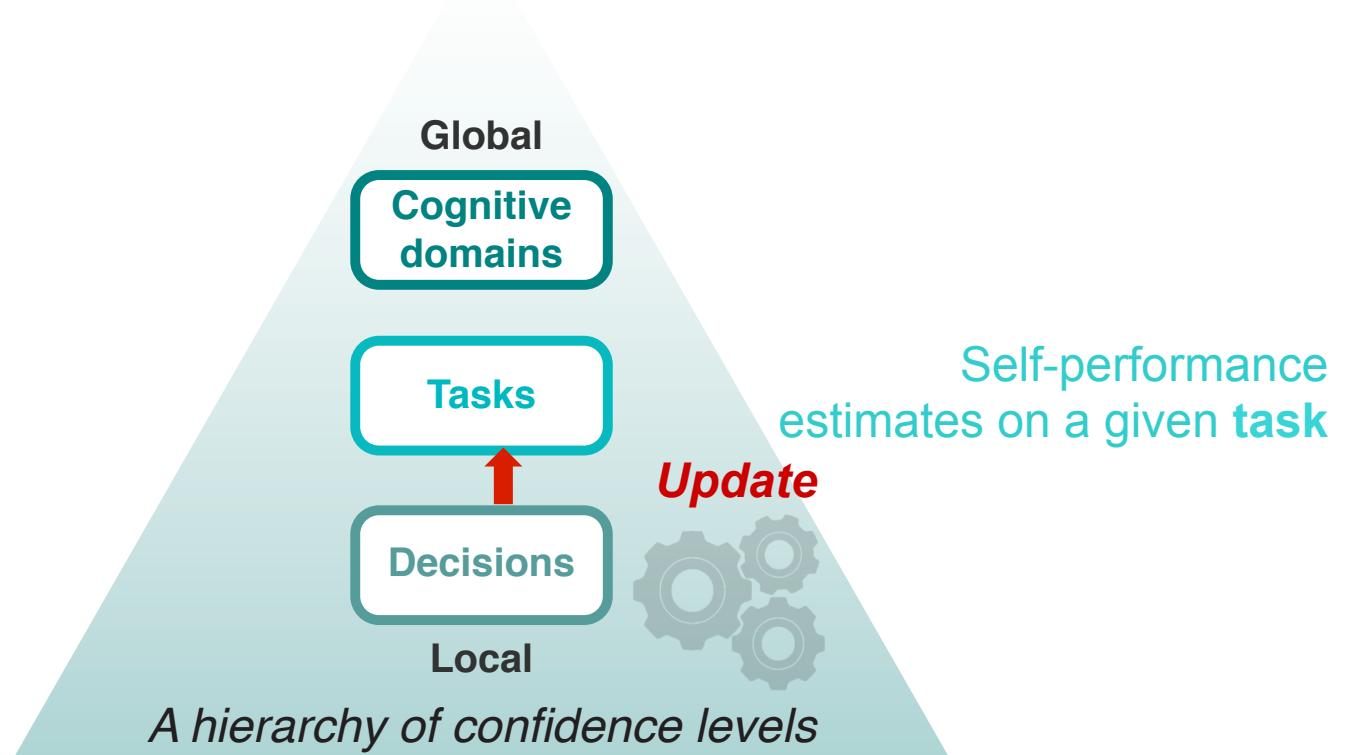


Reduced perceptual metacognitive efficiency in individuals with high compulsion (N=20 per group)

Metacognition operates across a hierarchy of levels



Seow*, Rouault*, Gillan & Fleming (2022) *Biological Psychiatry*



Confidence at the level of task (“global”)

Mini-learning blocks



Global confidence

Measures:

- Choice between tasks (retrospective or prospective)
- Task ratings

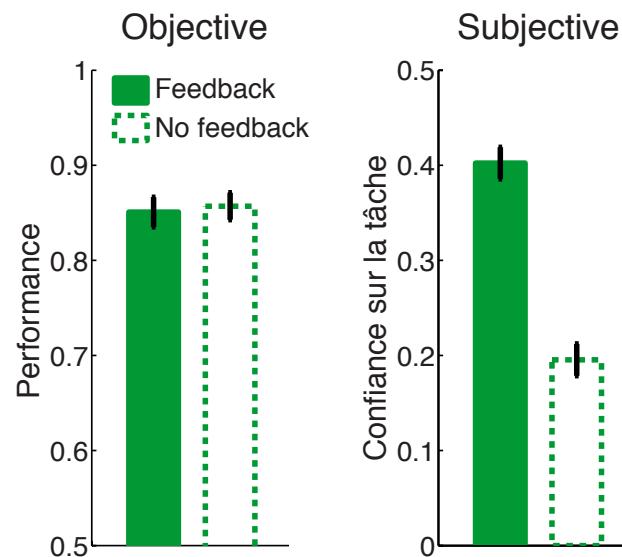
On which task did you do best?



Rouault, Dayan & Fleming, 2019 *Nat Commun*; Rouault & Fleming, 2020 *PNAS*

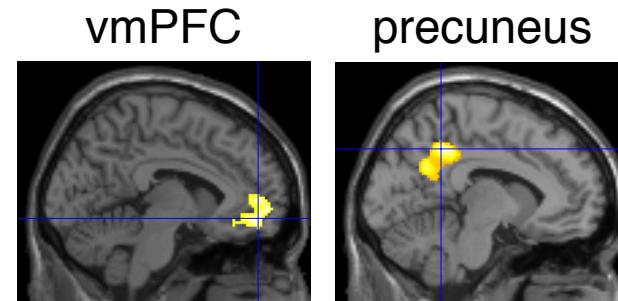
Confidence at the level of task (“global”)

Internal metacognitive evaluation and external feedback influence the formation of self-confidence on a given task

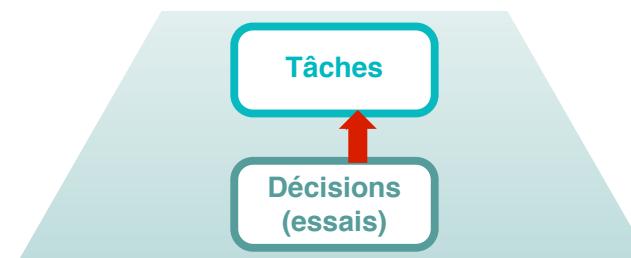


Participants underestimate their abilities in the absence of feedback, despite objective performance remaining unchanged

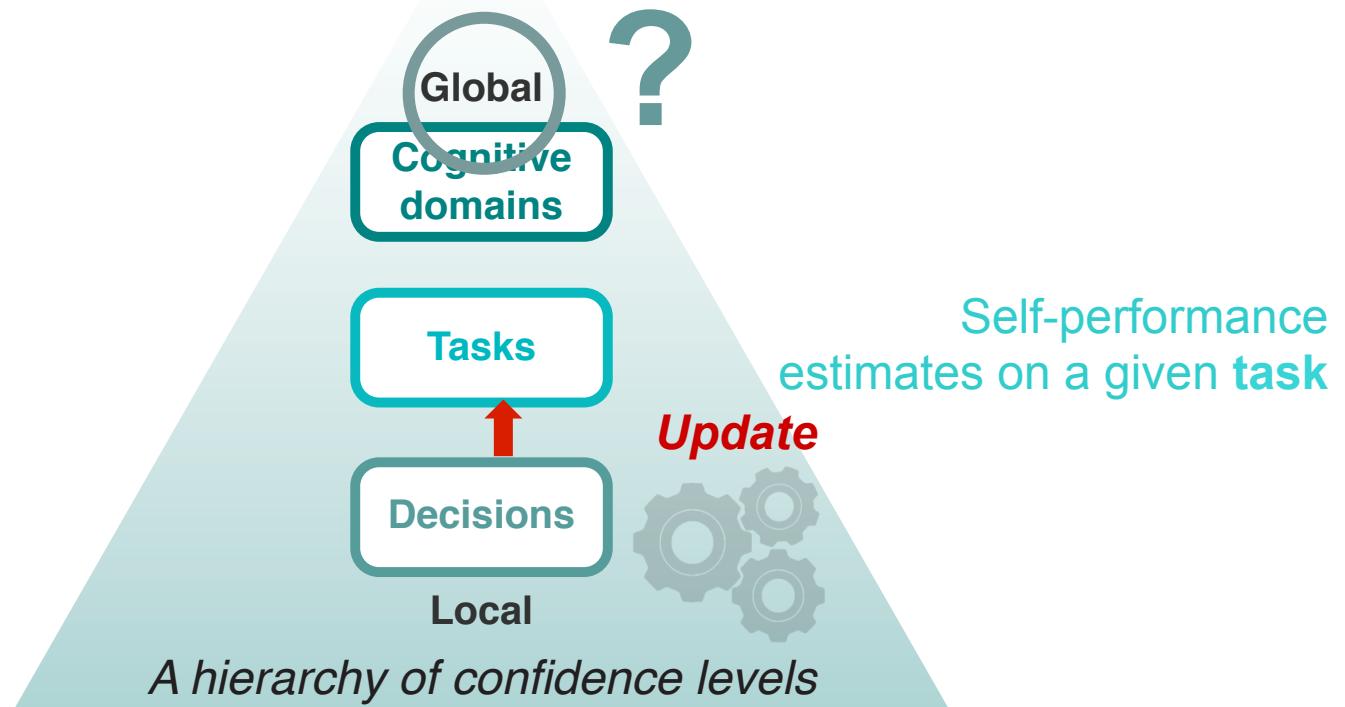
Rouault, Dayan & Fleming, 2019 *Nat Commun*



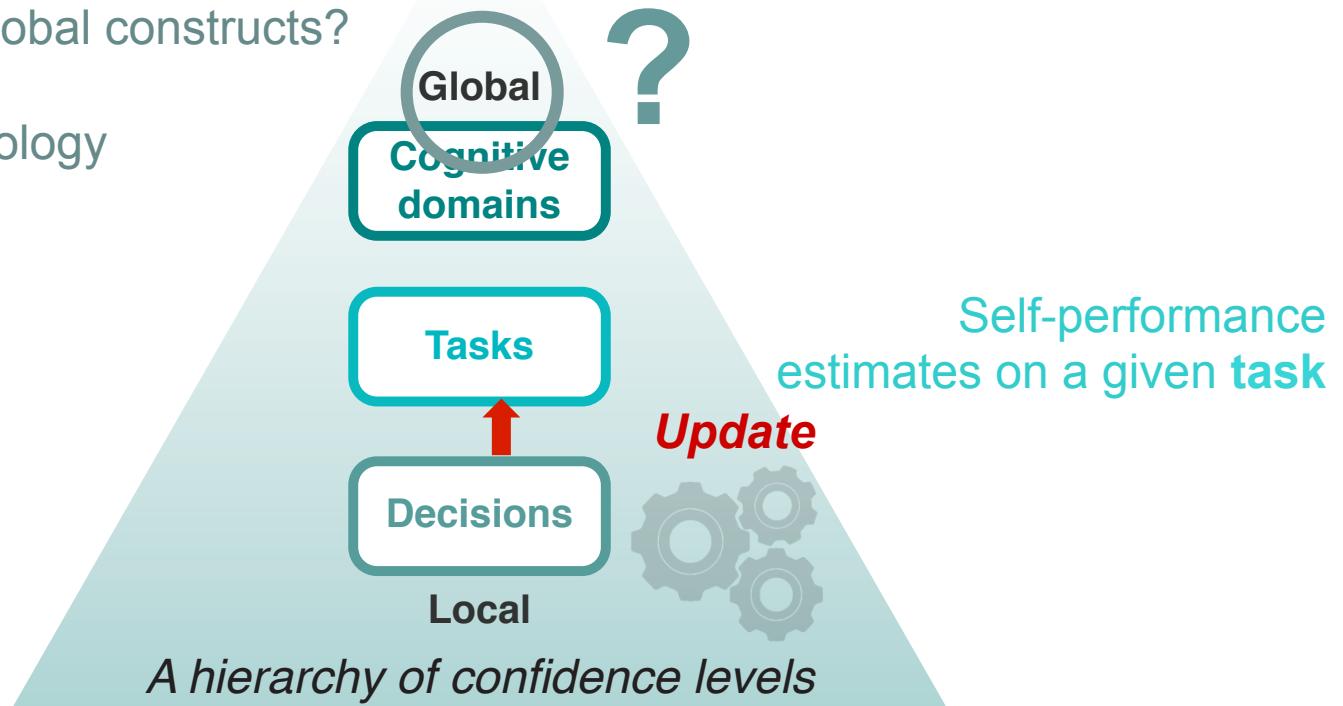
Confidence is signalled across various hierarchical levels across the human brain



Rouault & Fleming, 2020 *PNAS*



Relevance to global constructs?
A. Self-esteem
B. Psychopathology



Self-esteem and the formation of global self-performance estimates

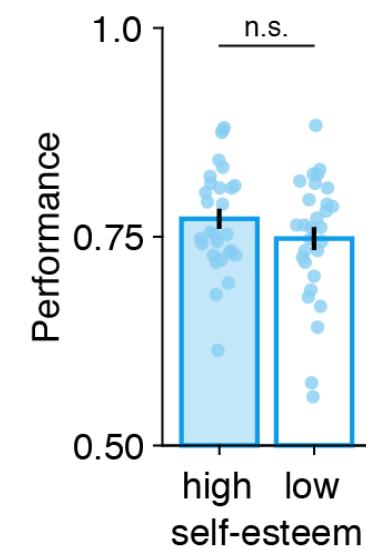
- » High self-esteem is a cornerstone of mental health
Bandura, 1977; Orth et al., 2008; Elliott et al., 1996
- » **Are self-performance estimates on task relevant for understanding global constructs such as self-esteem?**

Self-esteem and the formation of global self-performance estimates

a



b



ANOVA on **task ratings**:
Main effect of self-esteem

ANOVA on **performance**:
No main effect of self-esteem

B. Psychopathology

Metacognition and mental health symptoms



Prolific

N=489 participants

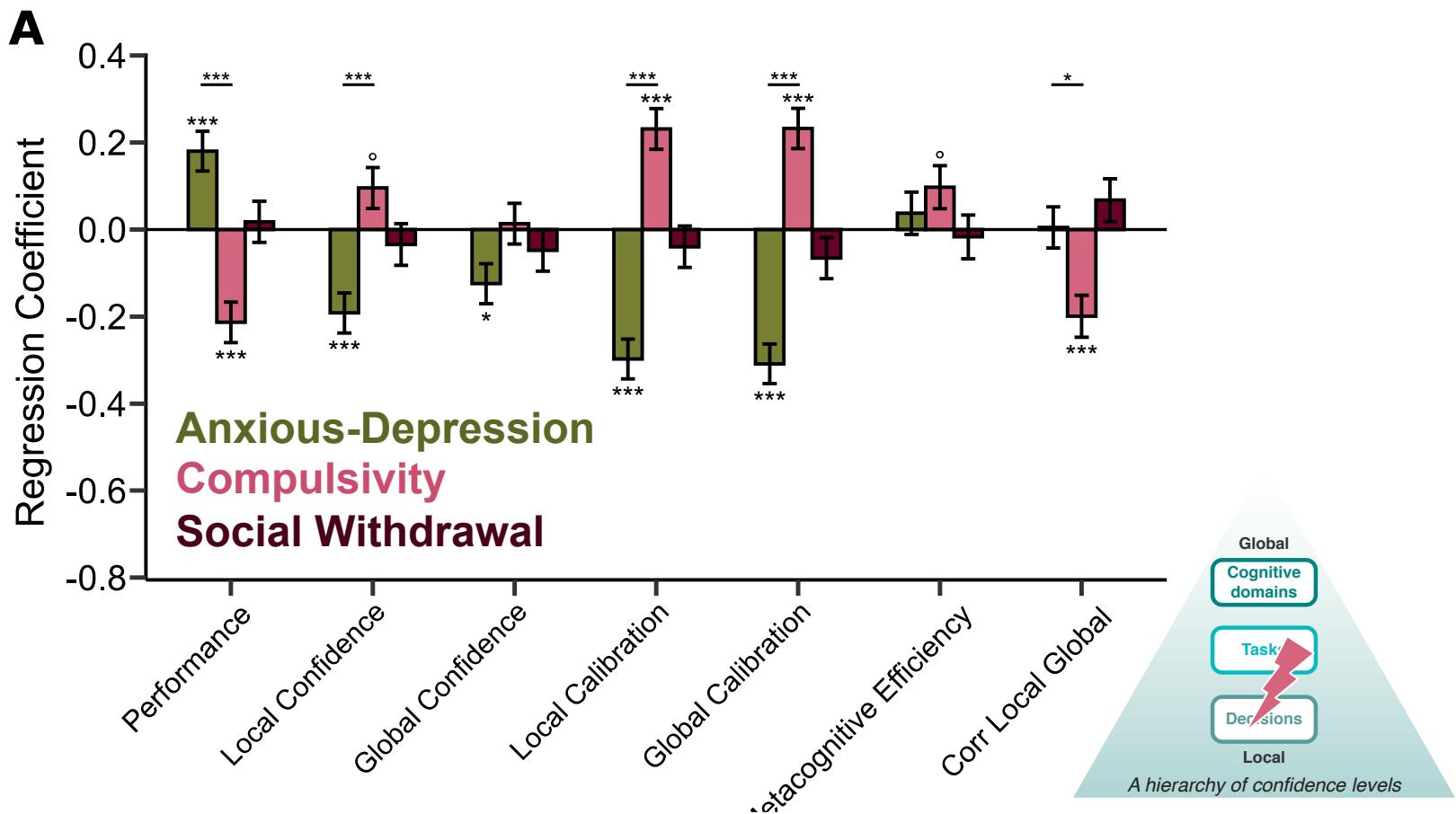
Local-Global
metacognition
task



Self-reported
symptom
questionnaires

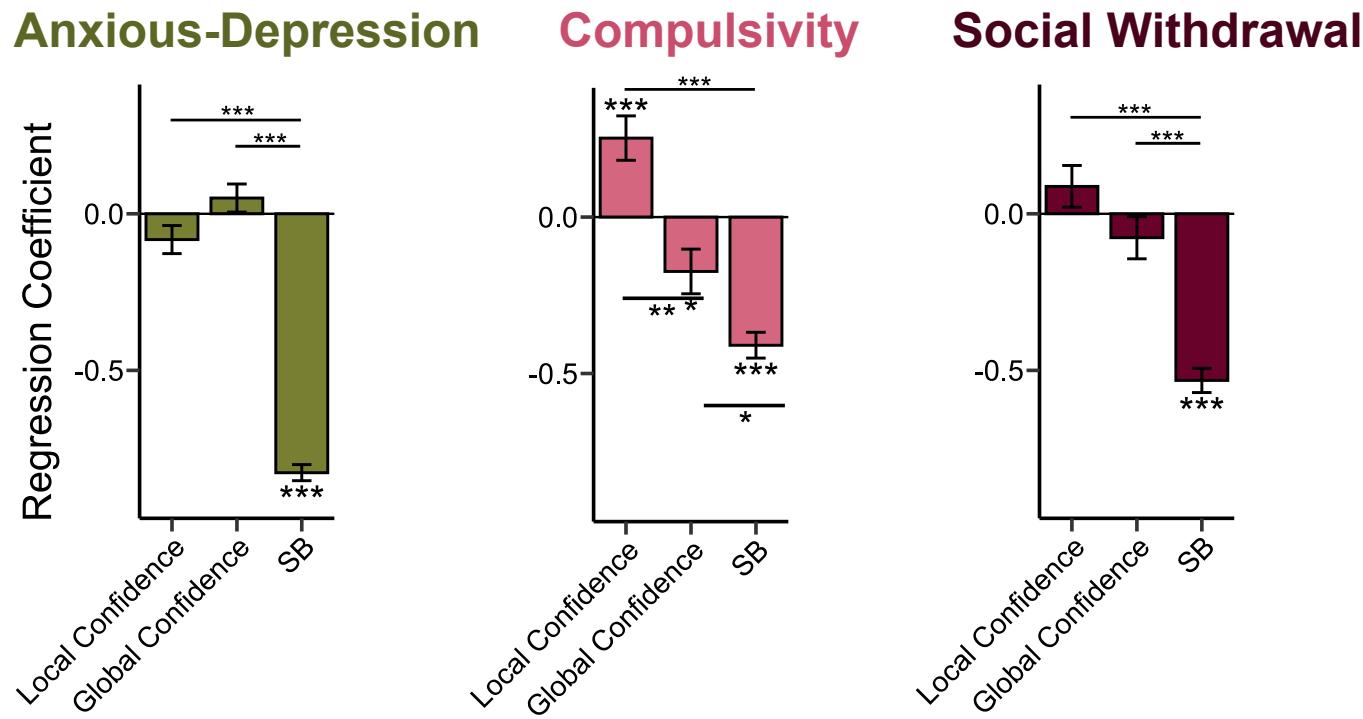


A hierarchy of metacognitive evaluations



Global self-beliefs more strongly related to fluctuations in mental health symptoms

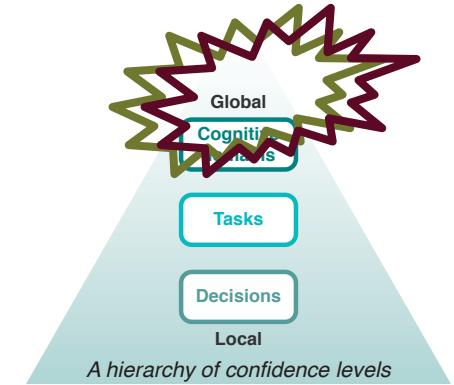
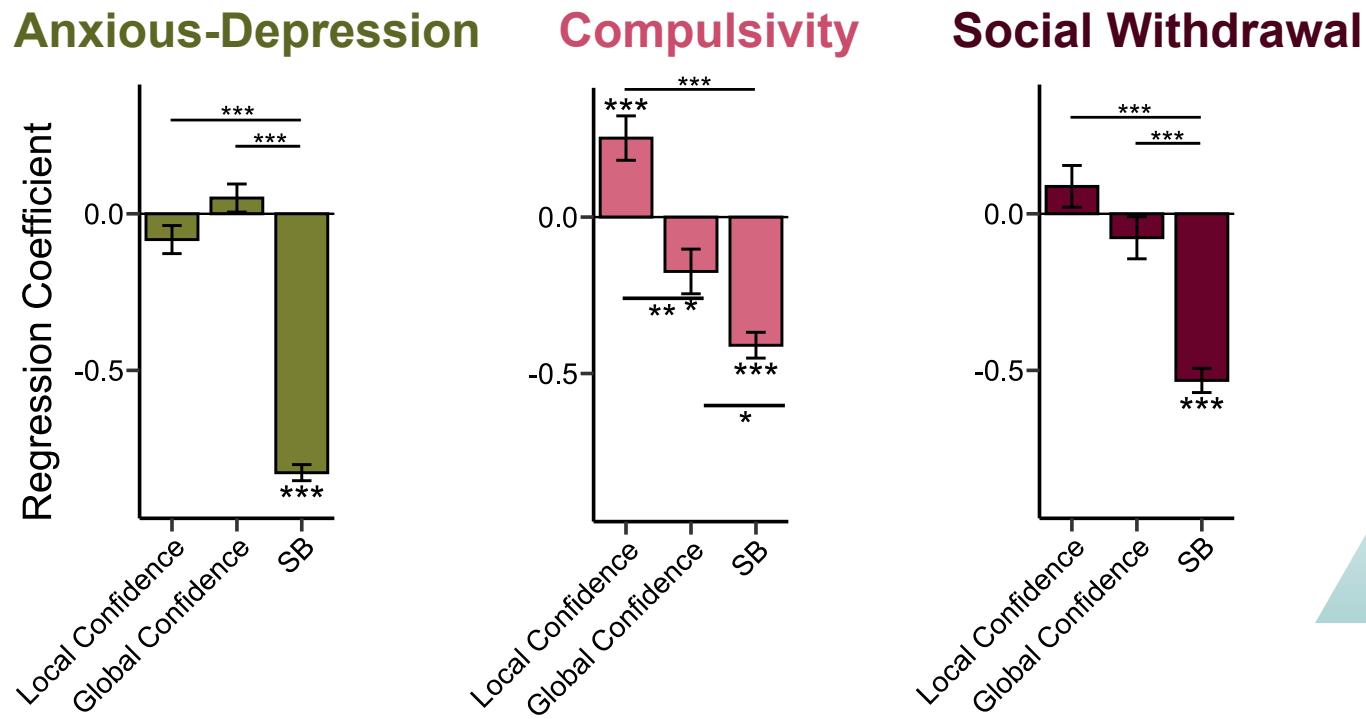
“Self-Belief” (SB) dimension: PC1 of autonomy, mastery, self-efficacy, self-esteem scale⁻



When in competition for explaining variance in symptom scores,
global aspects of confidence contribute more (“SB” dimension)

Global self-beliefs more strongly related to fluctuations in mental health symptoms

“Self-Belief” (SB) dimension: PC1 of autonomy, mastery, self-efficacy, self-esteem scale⁻



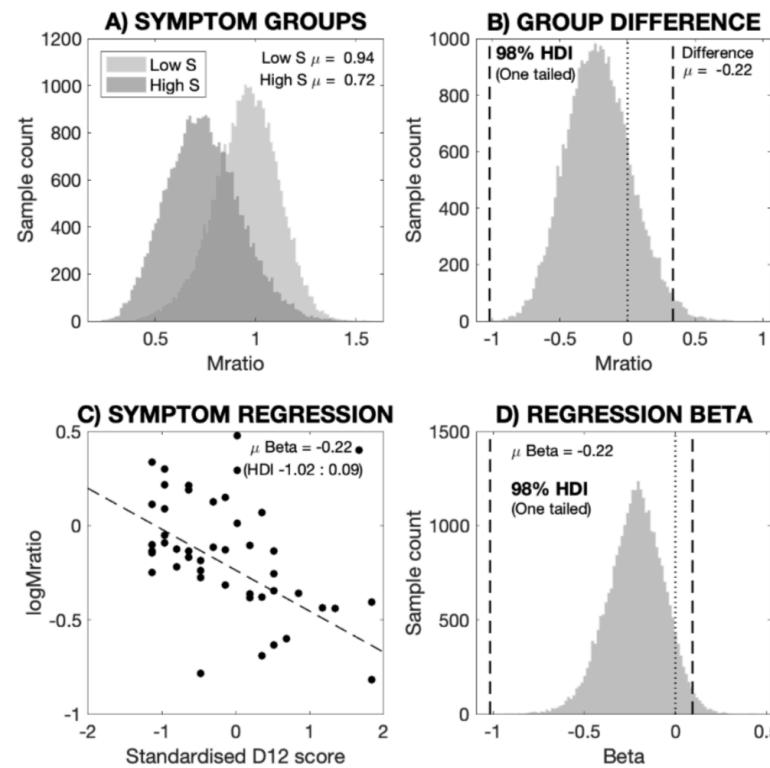
When in competition for explaining variance in symptom scores, global aspects of confidence contribute more (“SB” dimension)

« Psychiatry-informed » prior

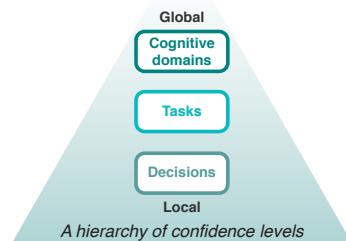
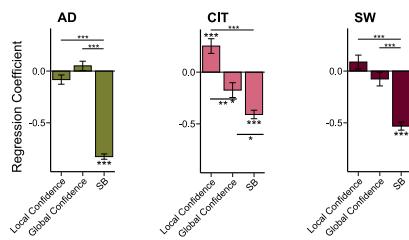
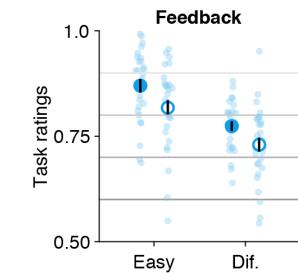
Can we embed trait psychopathology directly into metacognitive efficiency estimation?

Hypothesis: trait characteristics will impact metacognitive behaviour: include as a co-regressor

- Comparison of high and low symptom groups (asthma) in an interoception breathing task:



Conclusions



- Self-beliefs formation may be related to global constructs such as self-esteem
- **Metacognitive profiles** relates to mental health symptom dimensions differently **at different hierarchical levels**
- **Global self-beliefs may be closer to functional and subjective symptoms** experienced by psychiatric and neurological patients

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Dimensional psychiatry

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Transdiagnostic self-beliefs

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Thank you for your attention