

Structural and effective brain connectivity underlying biological motion detection

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The perception of actions underwrites a wide range of socio-cognitive functions. Previous neuroimaging and lesion studies identified several components of the brain network for visual biological motion (BM) processing, but interactions among these components and their relationship to behavior remain little understood. Here, using a recently developed integrative analysis of structural and effective connectivity derived from high angular resolution diffusion imaging (HARDI) and functional magnetic resonance imaging (fMRI), we assess the cerebro-cerebellar network for processing of camouflaged point-light BM. Dynamic causal modeling (DCM) informed by probabilistic tractography indicates that the right superior temporal sulcus (STS) serves as an integrator within the temporal module. However, the STS does not appear to be a “gatekeeper” in the functional integration of the occipito-temporal and frontal regions: The fusiform gyrus (FFG) and middle temporal cortex (MTC) are also connected to the right inferior frontal gyrus (IFG) and insula, indicating multiple parallel pathways. BM-specific loops of effective connectivity are seen between the left lateral cerebellar lobule Crus I and right STS, as well as between the left Crus I and right insula. The prevalence of a structural pathway between the FFG and STS is associated with better BM detection. Moreover, a canonical variate analysis shows that the visual sensitivity to BM is best predicted by BM-specific effective connectivity from the FFG to STS and from the IFG, insula, and STS to the early visual cortex. Overall, the study characterizes the architecture of the cerebro-cerebellar network for BM processing and offers prospects for assessing the social brain.

biological motion | dynamic causal modelling | diffusion tensor imaging | functional MRI | network analysis

Nonverbal social cognition (inferring the intentions and affective and mental states of others based on nonverbal information) predominates in our daily life (1–3). Understanding of bodily expressions represents a key element of social cognition (3–5). Perception of dynamic bodily signals is commonly assessed by point-light biological motion (BM; ref. 6), as it enables one to separate the effects of motion from other attributes such as body shape or facial expressions (Fig. 1). Innate tuning to body motion is seen across species (7, 8). Studies using different imaging modalities, such as functional magnetic resonance imaging (fMRI), positron emission tomography, electroencephalography (EEG), and magnetoencephalography, have unveiled components of the BM processing network. However, communication within this network remains little understood.

The main foci of reported activation are the superior temporal sulcus (STS; refs. 9–19), fusiform gyrus (FFG; refs. 16 and 20–22), middle temporal cortex (MTC; refs. 11 and 20), parietal regions (10, 17, 21, 23), inferior frontal gyrus (IFG; refs. 14 and 24), bilateral insula (14, 25), and the left lateral cerebellum (26). More recently, by using whole-head ultra-high-field 9.4T fMRI and temporal analysis of blood oxygen level-dependent (BOLD) responses, distinct large-scale ensembles of regions (including early visual areas, the precuneus, several temporal and parietal regions, and the right IFG) have been reported to play in unison during different stages of BM processing (27).

The only task-related functional connectivity study of BM processing suggests that the right FFG, MTC, and STS are functionally integrated and that the right STS exclusively entertains connectivity with the right insula and IFG (28). These findings may speak to a right temporal BM processing module comprising the FFG, MTC, and STS. Furthermore, they imply a “gatekeeper” role for the STS. This means that the STS receives preprocessed information from the FFG and MTC, but is the only region in communication with higher-order brain areas. This agrees with the current conceptualization of the STS as the cornerstone of the BM processing network (3, 15). However, the role of the FFG and MTC in BM processing remains unclear. The FFG exhibits strong responses not only to faces but also to static and dynamic bodies, leading to a designation of fusiform face and body areas (20, 29, 30). The MTC harbors both V5/MT+, crucial for global motion processing (31), and the extrastriate body area, preferentially activated by bodies (32). Even the V5/MT+ is reported to be specifically tuned to body parts compared with objects (33).

Here, we assessed how BM processing modulates the causal interactions within the temporal module to infer the pattern of connectivity among the FFG, MTC, and STS. Second, we evaluated whether BM modulates the FFG and MTC outputs to the STS solely (i.e., a “gatekeeper” architecture) or also the FFG/MTC effective connectivity with other higher-order regions, thus indicating functional roles of the FFG and MTC beyond preprocessing for the STS. Finally,

Significance

Visual perception of body motion is of substantial value for social cognition and everyday life. By using an integrative approach to brain connectivity, the study sheds light on architecture and functional principles of the underlying cerebro-cerebellar network. This circuitry is organized in a parallel rather than hierarchical fashion. This may explain why body-language reading is rather resilient to focal brain damage but severely affected in neuropsychiatric conditions with distributed network alterations. Furthermore, visual sensitivity to body motion is best predicted by specific top-down feedback to the early visual cortex, as well as functional communication (effective connectivity) and presence of white-matter pathways between the right fusiform gyrus and superior temporal sulcus. The findings allow better understanding of the social brain.

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The authors declare no conflict of interest.

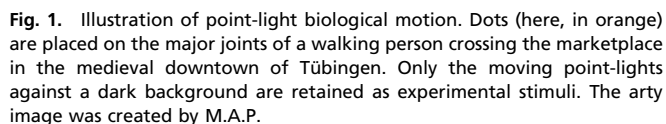
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Integration of Structural and Effective Connectivity. For analysis of effective connectivity, DCMs including the right FFG, MTC, STS, insula, IFG, and the left lateral cerebellar lobule Crus I were created (*Materials and Methods* and Fig. 2*G*). A region in the early visual cortex [occipital cortex (OCC); $x = 18, y = -94, z = 0$] activated by both types of stimuli compared with baseline ($P < 0.05$, FWE corrected) was also included to provide a single, neurobiologically plausible entry point for the driving visual input.

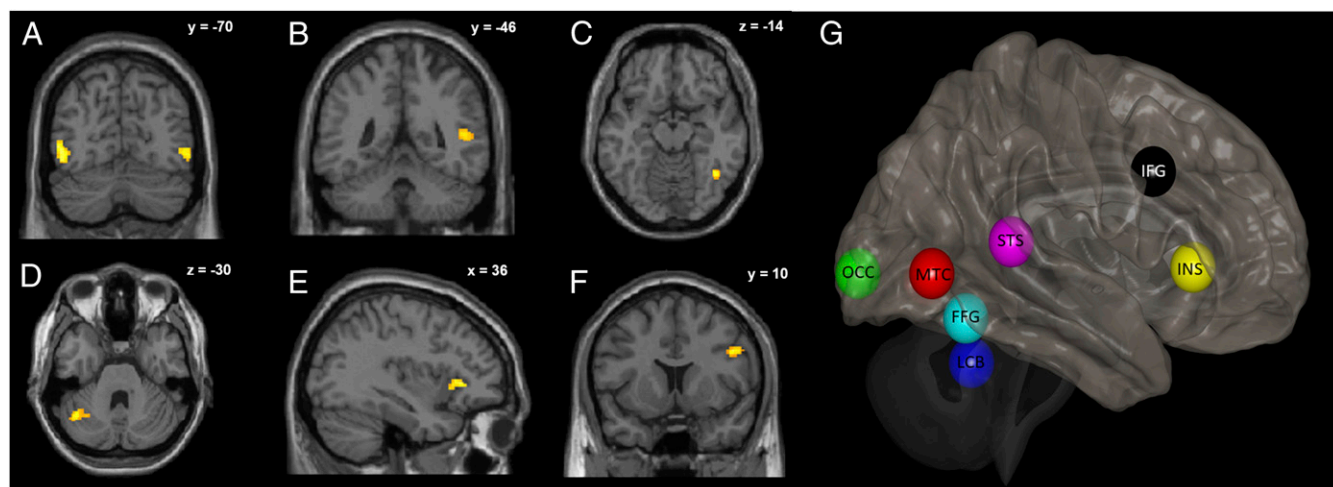


Fig. 2. Brain activity during perception of camouflaged BM. (A–F) Regions showing higher BOLD responses for walker-present compared with walker-absent displays ($P < 0.05$, FWE whole-brain corrected for multiple comparisons) are located in the bilateral MTC (A), right STS (B), right FFG (C), left lateral cerebellar lobule Crus I (LCB) (D), right anterior insula (INS) (E), and right IFG (F). Activation clusters are overlaid on the MNI T1 template, and slice positions in MNI space are provided in the right upper corner. (G) Location of the seven network nodes (including early visual cortex, OCC) used in probabilistic tractography and DCM. These nodes are overlaid on a 3D brain template.

Probabilistic tractography on the HARDI data returned the strengths of structural connections between these seven network nodes with the same coordinates and radius as specified for DCM. Subsequently, this structural connectivity was integrated in DCM constraining the group-level prior probability for the corresponding between-region effective connections in DCM. As the precise relationship between structural connection strength and prior probability can vary on a study-by-study basis (41), we created 405 different sigmoid mappings from structure to function defined by the hyperparameters α (intercept of the sigmoid), δ (sigmoid slope), and $\Sigma_{y \max}$ (maximum prior second-level probability) and used Bayesian model reduction (43) to select the model with the greatest evidence (i.e., marginal likelihood).

The log evidence of the optimal structurally informed model ($\alpha = 0$, $\delta = 4$, and $\Sigma_{y \max} = 0.5$; *SI Appendix, Fig. S2B*) relative to the uninformed model was 3.43, corresponding to a 97% posterior probability for the structurally informed model (with strong evidence in favor of one model concluded at a posterior probability of 95% or above; ref. 44). Direct structural pathways account for about two-thirds of effective connections within this network, particularly in the temporal module (connectivity between the MTC, FFG, and STS; *SI Appendix, Fig. S2D*).

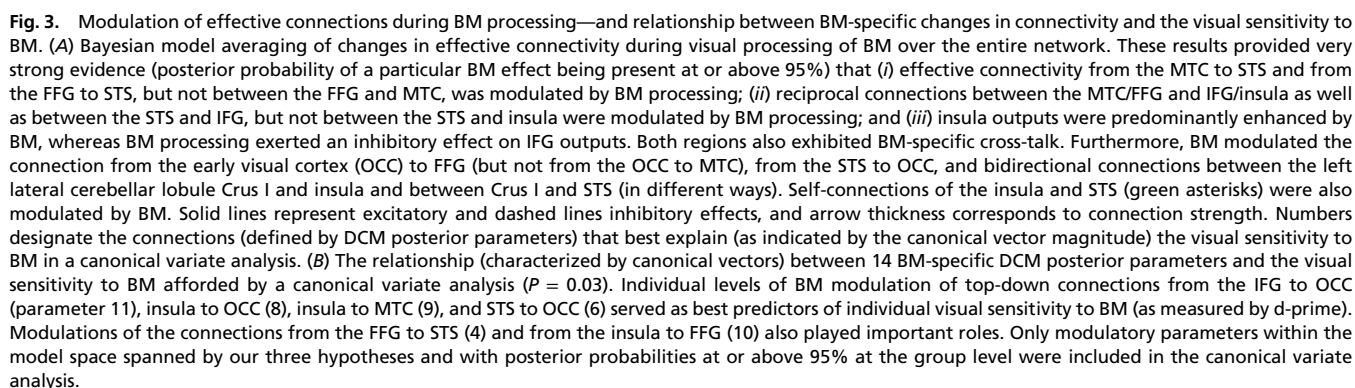
Using this optimal model afforded by the si-PEB procedure (41), we tested three specific hypotheses on how BM modulates effective connectivity within distinct parts of the network: (i) the temporal module (*SI Appendix, Fig. S3*), (ii) its connections to the IFG and insula (*SI Appendix, Fig. S4*), and (iii) top-down connections to the early visual cortex (*SI Appendix, Fig. S5*). All variants of models under each hypothesis (i.e., sets of connections showing BM effects) were specified in terms of prior constraints on modulatory effects of BM, yielding 1,024 models. The evidence for the ensuing models was evaluated by using Bayesian model reduction (43) within and between each set. Subsequently, Bayesian model averaging was used to estimate BM-sensitive changes in effective connectivity throughout the network.

Modulation of Effective Connectivity by Biological Motion in the Temporal Module. First, we asked which connections in the temporal module, and, in particular, between the FFG on one side and the MTC and STS on the other, were selectively modulated by processing of camouflaged BM (*SI Appendix, Fig. S3*). Two equally probable models outperformed the remaining alterna-

tives: model 12 (“only connections from the FFG to MTC and from the FFG to STS are modulated by BM”; family-wise posterior probability 48%) and model 11 (“only the connection from the FFG to STS is modulated by BM”; family-wise posterior probability 44%). Given the pattern of extrinsic connectivity (*SI Appendix, Fig. S2C*), we inferred an absence of effective connectivity from the STS and MTC to the FFG (Fig. 3A). Bayesian model averaging (followed by thresholding at a posterior probability of 95% or above) indicated that BM processing did not significantly modulate the ample baseline effective connection from the FFG to MTC nor the connection from the STS to MTC. Overall, these findings suggest that the STS receives BM-specific afferents from both the FFG and MTC, without substantial BM-specific feedback from the STS or cross-talk between the FFG and MTC. This is consistent with an integrator role of the STS in the temporal module.

Interplay of the Temporal Module with IFG and Insula. We further assessed whether the integrator role of the STS within the temporal module implicates a gatekeeper function (i.e., the STS exclusively directing temporal module output to higher-order regions such as the IFG and insula; *SI Appendix, Fig. S4*). To this end, we compared the evidence for models with exclusive BM-specific modulation of effective connectivity between the STS and IFG/insula with evidence for models where effective connections linking the IFG and insula with the MTC, FFG, and/or STS were also modulated. Bayesian model reduction clearly indicated that the optimal model was equipped with BM-specific modulation of all connections between the MTC, FFG, and STS on one hand and the IFG and insula on the other (model 1; family-wise posterior probability 100%). These results do not speak in favor of a gatekeeper role of the STS, but rather underline significant contributions of the FFG and MTC to the network. In parallel to the STS, both these areas exhibit BM-specific projections to higher-order regions.

Modulation of Top-Down Influences by Biological Motion Processing. Bayesian model reduction yielded a family-wise posterior probability of 100% for models in which BM modulates top-down connections from the IFG, insula, and STS to the early visual cortex (OCC; *SI Appendix, Fig. S5*). Bayesian model averaging indicated divergent profiles of modulation: BM processing had



The Temporal BM Processing Module: All Roads Lead...to the STS? The right posterior STS is considered a cornerstone of the BM network (9–15, 17–19, 46–52). Consequently, the right STS has been put forward as an integrator within and between social brain networks (3). A recent analysis of functional connectivity

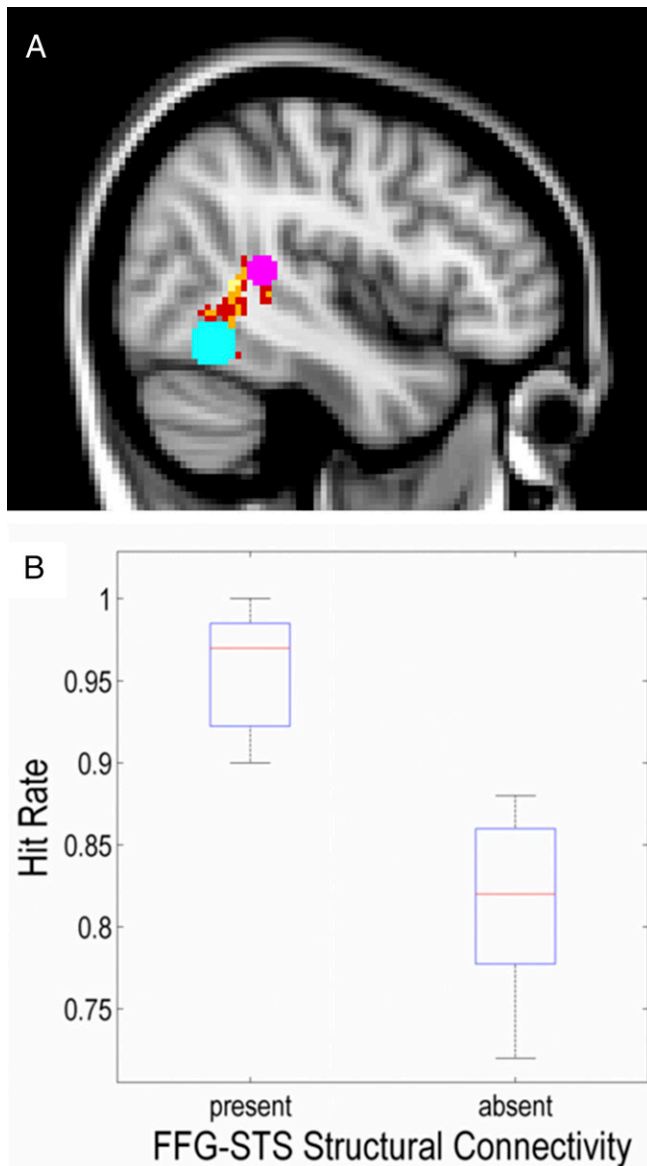


Fig. 4. White-matter pathway between the FFG and STS and relationship between prevalence of significant FFG–STS structural connectivity and detection of camouflaged BM. (A) The group variability map over probabilistic tractography outputs in five participants with significant pathways (at a threshold of 5% of the robust intensity range, corresponding to a confidence interval of 95%) between the STS (purple) and FFG (cyan) illustrates the trajectory of connecting fibers. (B) Subjects with significant structural connectivity between the FFG and STS (left boxplot) have a higher BM detection (hit) rate compared with subjects with nonsignificant FFG–STS connectivity (right boxplot; Mann–Whitney $U = 0$; $P = 0.003$). The median value of each group is represented by the red line. The top and bottom edges of the box indicate the 75th and 25th percentiles, respectively. The whiskers correspond to the highest and lowest hit rates in each group.

during various social perceptual tasks including BM processing supported this view (28). The present DCM analysis confirmed the integrative role of the STS in the temporal module, by indicating specific modulation of the effective connections from the FFG and MTC to the STS during BM processing.

The STS Is Not a Gatekeeper of the Temporal Module. Bayesian model comparison revealed BM-specific modulation of effective connectivity between the MTC and FFG on one hand and the

IFG and insula on the other. The data thus indicate BM-specific contributions from the FFG and MTC to the entire network and do not support a gatekeeper function of the STS within the temporal module. Whereas previous research reported activation in the FFG and MTC during BM processing (11, 16, 20–22, 27), their contribution to the network underwriting BM detection remained largely unclear. Patient studies in relatively small groups of individuals with heterogeneous occipito-temporal lesions yielded controversial results as to the eloquence of these brain areas for BM processing (53, 54). One may speculate that the engagement of the FFG and MTC provides form-related information (55, 56), with the extrastriate body area in the MTC believed to be rather involved in the processing of body parts and the FFG in global body form representation (57, 58).

Pathway Between the FFG and STS Is Crucial for BM Detection. Significant associations between behavior on one side, and effective and structural connectivity on the other, point to a particular role of the pathway from the FFG to STS in BM processing. Previous research reported higher BOLD activation in both the STS and FFG accompanied by improvements in the visual sensitivity to camouflaged BM after training (16). Conclusions on effective (40, 59, 60) and structural connectivity (61–64) between the FFG and STS were mainly derived from research on face processing and remained controversial, in particular with respect to detection of a structural pathway. The present findings indicate one-way effective connectivity from the FFG to STS, with the strength of BM-specific modulation on this connection serving as a key predictor for the visual sensitivity to camouflaged BM.

Most important, corresponding structural connectivity was seen in about half of the participants. Given the orientation of the pathway perpendicular to the predominant fiber direction in this region (Fig. 4A), these insights may be attributable to the improved signal-to-noise ratio of the present HARDI dataset, related to the number of gradient directions and b values (65, 66). Moreover, the difference in BM detection (hit rate) between participants with and without measurable FFG–STS fiber pathways points to neurobiological plausibility of individual variability in structural connectivity (62, 63). Altered connectivity between the FFG and STS has been shown to contribute to deficient social perception in individuals with ASD (67). The present findings call for further investigation of the functional contribution of this connection to social cognition.

Top-Down Modulation of the Early Visual Cortex Matters. Strikingly, BM does not only modulate top-down connections from the IFG, insula, and STS to the FFG and MTC, but also to the early visual cortex (Fig. 3A). Furthermore, the strengths of these modulations are among the strongest predictors of the visual sensitivity to BM (Fig. 3B). Previous psychophysical work suggests that processing of camouflaged BM may depend on predictions (e.g., characteristic motion patterns) stored in hierarchically higher processing levels (68, 69). Inhibitory projections from the IFG, and excitatory projections from the STS and insula imply that these nodes may shape BM-specific network activity in different ways.

Under a predictive coding scheme (70), prediction errors in the early visual cortex (such as the discrepancy between predicted and sensed visual input) could be minimized by outputs from the IFG driving activity of inhibitory interneurons (71, 72). Conversely, reliability of sensory information may be enhanced by attentional mechanisms reducing the gain of inhibitory interneurons (73) through feedback from the STS and insula. Such top-down modulation of the early visual cortex is considered indispensable for selective attention (74) and, according to high-resolution 7T fMRI, mainly reaches superficial layers almost exclusively populated by inhibitory interneurons (75). The present

between the cerebro-cerebellar circuitry for BM processing and limbic structures.

The Lateral Cerebellum Interacts with Insula. The BM-specific top-down modulation by the right anterior insula may be related to its putative role as an interface of internal and external body awareness (78), also reflected in the implication of the insula in self-motion awareness (79, 80), imitation (81), the sense of agency (82), anosognosia for hemiparesis (83), and out-of-body illusions (84). Interestingly, the present study indicates that the left lateral cerebellar lobule Crus I also entertains effective connectivity loops with the insula (albeit without evidence for underlying direct structural connectivity) and not only with the STS as previously shown (26). In keeping with an overarching functional hypothesis for the cerebellum (85), the higher-level BM-specific predictions may be fine-tuned by the cerebellum, potentially having subsequent modulatory effects on the entire network via the cortical regions' distributed projections.

Network Approaches Bear Clinical Implications. Clinical evidence for the eloquence of single brain regions in BM perception is sparse, apart from the parieto-occipital white matter (86), IFG, areas adjacent to the parieto-temporal junction (24), and the left lateral cerebellum (87). This relative lack of consistent findings may be due to methodological factors such as heterogeneity of focal lesions and sample size, but may also indicate parallel instead of strictly hierarchical processing of BM. Parallel processing, as demonstrated in the present study, would be consistent with reports of altered visual sensitivity to BM in neuropsychiatric conditions such as autism (88–90) or schizophrenia (91–93), which are associated with more distributed network alterations (94, 95). Indeed, the local efficiency of intrinsic functional networks derived from resting-state fMRI data are related to behavioral variability in BM perception in typically developing participants (96).

In autistic children, fMRI activation for intact compared with scrambled BM in the social brain (including the STS, FFG, amygdala, and insula) predicts the efficacy of social communication interventions (97). The social value of BM is further underlined by reduced visual preference to BM in newborns with high familial risk of autism as opposed to those with a low risk (98). Inclusion of neuroimaging in studies of patients with focal lesions and neuropsychiatric conditions (99, 100) along with integrative network-level analyses such as those implemented in this study may afford a better understanding of aberrant social cognition that could inform clinical care.

Moreover, the methodological approach and data presented here may further promote investigation of the networks for body language reading, as well as their variability (3, 5, 101, 102). Among other factors, gender, presence of neuropsychiatric conditions, and the body language content itself may affect the decoding of intentions and emotions from dynamic point- and full-light bodily stimuli (103–109). Previous data indicate the STS and IFG may be engaged in inferring emotion and personality traits from point-light BM (110, 111). In both typically developing and autistic adults, a positive correlation was found between accuracy in emotion recognition from point-light BM and activity within the right STS (112). In male observers, same-gender full-light BM expressing threat activates a neural circuitry rather similar to the one reported here (104). However, the conceptualization of the networks involved in body language reading remains incomplete. Integrative analyses of structural and effective connectivity and their association to behavior may bridge this gap and shed light on interactions

Conclusions

In summary, the present integrative analysis of structural and effective connectivity suggests that the network for BM processing is organized in a parallel rather than hierarchical manner. This organization of the BM network appears neurobiologically plausible and aligns with recent experimental evidence and conceptual considerations challenging the traditional view of a strictly hierarchical organization of visual processing (113–115). The data highlight the significance of top-down modulations by the insula, STS, and IFG, as well as the pathway from the FFG to STS for veridical processing of BM. This work may inform future patient studies addressing the relationship between network pathology, deficient BM processing, and associated aberrations in social cognition.

Materials and Methods

Participants and Experimental Procedures. Fifteen right-handed, typically developing male subjects (age 26.0 ± 1.04 y) were studied, with normal visual acuity. None had a history of neurological or psychiatric conditions or regular drug intake (medication). The group of participants overlapped with that in previous studies on noncamouflaged BM (26, 116). The fMRI and HARDI data have been used for a methodological illustration of the si-PEB analysis of structural and effective connectivity (41) implemented in the present study. Two subjects had to be discarded from data analysis because of technical problems with stimulus presentation and another one because of failure to follow instructions. Recruitment of participants of the same gender and handedness ensured a homogenous group and thus avoided potential confounds. For example, handedness has been reported to influence lateralization of static face and body processing (117). Hemodynamic response in females fluctuates with menstrual cycle (118), and both hemodynamic and neuromagnetic brain responses to BM appear to be sex-specific (119, 120). The study was approved by the local Ethics Committee of the University of Tübingen Medical School, Germany. Subjects provided informed written consent and received financial compensation for study participation.

The camouflaged point-light BM displays (*SI Appendix, Fig. S1*) were inspired by a previous neuroimaging study (18). In brief, the stimuli consisted of a human walker represented by 11 bright dots on the head and main joints of the body, facing to the right and moving without translation, with a walking speed of ~ 48 cycles per minute and each walking cycle lasting 62 frames (frame duration 20 ms). The point-light walker was simultaneously masked by 33 additional bright moving dots, created by random spatial distribution of three sets of the 11 dots comprising the original walker configuration on the screen, thereby preserving motion characteristics, size, and luminance of the dots. The other stimulus type was a walker-absent display matching the spatial density of the walker-present stimuli, consisting of four scrambled walker sets (in total, 44 dots). Cutting's algorithm (121) was used to create the stimuli, and the software Presentation (Neurobehavioral Systems Inc.) was used to display them. The stimuli were projected onto a screen outside the MRI scanner to be seen by the participants through a tilted mirror installed on the head coil. They subtended a visual angle of $\sim 12^\circ$ vertically and 18° horizontally. Each stimulus was presented for 1,000 ms, interleaved with a fixation cross (also during rest). In a two-alternative forced-choice paradigm, participants had to decide on each trial whether a walker was present or absent, pressing the respective button with their right index finger (with the button order counterbalanced between participants).

MRI Recording and Analysis. A 3T scanner (TimTrio; Siemens Medical Solutions; 12-channel head coil) was used for data acquisition. A 3D T1-weighted magnetization-prepared rapid gradient echo [MPRAGE; 176 sagittal slices, repetition time (TR) = 2,300 ms, echo time (TE) = 2.92 ms, inversion time (TI) = 1,100 ms, voxel size = $1 \times 1 \times 1 \text{ mm}^3$] dataset served as anatomical reference. After field-map acquisition, two echo-planar imaging (EPI) sessions (114 volumes, 56 axial slices, TR = 4,000 ms, TE = 35 ms, in-plane resolution $2 \times 2 \text{ mm}^2$, slice thickness = 2 mm, 1 mm gap) were performed while participants were engaged with the BM task. Stimulus onset intervals were jittered between 4,000 and 8,000 ms in steps of 500 ms, and stimulus order was pseudorandomized, to improve estimation of the event-related response function. In total, 120 stimuli were presented during EPI recording.

(60 trials per condition), with a session duration of 456 s each—containing an initial baseline epoch of 24 s, followed by three event-related epochs of 120 s interleaved with three baseline epochs of 24 s. HARDI data [54 axial slices, TR = 7,800 ms, TE = 108 ms, slice thickness = 2.5 mm, matrix size = 88 × 88, field of view = 216 mm; 64 diffusion gradient directions; b value = 2,600 s/mm²; one volume without diffusion sensitization (b value = 0 s/mm²) per session] were acquired over two sessions, to improve consistency and sensitivity of diffusion parameter estimation.

Structural and fMRI data were preprocessed and normalized with standard procedures implemented in Statistical Parametric Mapping (SPM12; Wellcome Centre for Human Neuroimaging, Institute of Neurology, UCL, <https://www.fil.ion.ucl.ac.uk/spm/>) in MATLAB (MathWorks, Inc.). The preprocessed fMRI data were concatenated over both recording sessions, and a GLM was used for statistical analysis of regionally specific effects.

A single regressor modeled stimulus onsets over the concatenated sessions. The stimulus type was represented by a parametric regressor (positive for stimuli containing a point-light walker; negative for walker-absent stimuli). To account for physiological artifacts, six head motion parameters, white-matter and cerebrospinal fluid time series were included as regressors of no interest. The event-related regressors were then convolved with a hemodynamic response function. Data were high-pass filtered (cutoff frequency of 1/256 Hz), and serial autocorrelations were accounted for by an error term modeled as a first-order autoregressive process with a coefficient of 0.2 mixed with white noise. Subsequently, for the contrasts task (positive first regressor) and walker-present trials (positive parametric regressor), individual whole-brain parameter contrast maps were created and submitted to second-level random-effects analyses in the usual way. The resulting statistical parametric maps were thresholded at $P < 0.05$ (FWE whole-brain corrected for multiple comparisons using random field theory), and activation sites were localized with automated anatomical labeling in SPM (122) and the [NeuroSynth.org](https://neurosynth.org) database (ref. 123; neurosynth.org).

The structural connectivity analysis on the HARDI data were conducted with the FMRIB's Diffusion Toolbox within the FMRIB Software Library (FSL5, Oxford Centre for Functional MRI of the Brain, UK, <https://fsl.fmrib.ox.ac.uk/fsl/fslwiki/>). This analysis is presented in detail elsewhere (41). In brief, Bayesian estimation of diffusion parameters obtained by using sampling techniques with modeling of crossing fibers (BEDPOSTX; ref. 65) on individual normalized HARDI data yielded voxel-wise diffusion parameters. These parameters were used in subsequent probabilistic tractography with crossing fibers (PROBTRACKX; ref. 65; step length = 0.5 mm, number of steps = 2,000, number of pathways = 5,000, curvature threshold = 0.2, modified Euler integration) between the network nodes derived from the fMRI analysis. The nodes were introduced as spherical images with the same coordinates and radius as for DCM (see below). Every node was used as seed for tractography to other regions (targets). For every voxel in the seed, PROBTRACKX provided counts of streamlines connecting this voxel to a voxel in a specific target. Averaging these streamline counts per target across all voxels in the seed afforded a measure of structural connectivity. The procedure was repeated for each combination of seeds and targets in every subject until the individual structural adjacency matrices were complete. Of note, due to absent previous evidence for anatomical connectivity between the left lateral cerebellar lobule Crus I and early visual cortex as well as between this cerebellar region and the FFG, structural connectivity between these nodes was not assessed. The fiber pathways were visually inspected to ensure plausibility. As tractography may yield different results based on which node is used as seed and target, for each pair of nodes, an average for the two-way streamline counts was calculated, resulting in a symmetric weighted structural adjacency matrix per subject, further averaged across all participants to create a second-level matrix. These second-level structural connection strengths were used to constrain second-level PEB estimation on the individual DCMs (*SI Appendix, Fig. S2B*). For analysis of the FFG-ST5 fiber pathway trajectory, the individual tractography outputs were thresholded at 5% of the robust intensity range (corresponding to a 95% confidence interval), and the resulting pathways were converted to individual binary maps that were averaged across subjects, yielding a group variability map (Fig. 4A and ref. 45).

DCM. The DCM nodes were identified based on the fMRI analysis of regionally specific effects. Given previous results on right-hemispheric predominance in BM processing (27, 124, 125) and crossed cerebro-cerebellar communication (26), the five right cortical regions and the left lateral cerebellar lobule Crus I exhibiting increased BOLD activation for walker-present compared with walker-absent stimuli were included in the DCM. A region in the early visual cortex (OCC) showing increased activation during visual stimulation compared with baseline but without differential activation to BM was also included to accommodate

the visual driving input and to assess whether and how early visual cortex is affected by top-down afferents during BM processing.

The group coordinates were used to identify corresponding individual activation maxima (at $P < 0.05$, uncorrected), present in every participant within a maximum distance of 5 mm from the group activation coordinates. Corresponding time series were extracted by computing the first eigenvariate of all activated voxels within an 8-mm sphere centered on each individual maximum. Of note, the time series entering the DCM were prewhitened as per standard SPM preprocessing procedures. This approach ensured that the residuals of the DCM were approximately independent and identically distributed, fulfilling the normality assumptions of the model. Per subject, a one-state, bilinear, and deterministic DCM with mean-centered inputs was specified, with reciprocal connections between all seven nodes, except between the OCC and left cerebellar lobule Crus I, and the FFG and left cerebellar lobule Crus I (in accordance with the structural connectivity analysis). The parametric regressor (walker-present vs. walker-absent trials) was used to modulate all intrinsic (regional self-connections) and extrinsic (between-region) connections. Individual parameters and a second-level model of effective connectivity were estimated with the default SPM12 settings, including a variational Bayes scheme under the Laplace approximation, yielding a multivariate normal density (43, 126). Integration of structural connectivity measures proceeded under the si-PEB approach (41). Bayesian model reduction (43) provided the log-evidences of 405 models representing different mappings from structural connection strength to effective connection probability, in order to determine the optimal constraints on effective connectivity. The second-level PEB and its effective connectivity parameters optimally constrained by structural connectivity were used for subsequent analyses and hypothesis testing.

Bayesian Model Comparison. We used Bayesian model reduction to assess our hypotheses as to specific effects of BM processing on effective connectivity in the network. To this end, we specified models with different modulating effects of BM on effective connectivity in the temporal module, consisting of the MTC, FFG, and ST5 (factor 1; number of hypotheses, $n = 16$); on effective connectivity between the MTC, FFG, and ST5 on one side and the insula and IFG on the other (factor 2; $n = 8$); and on top-down connections from the ST5, insula, and IFG to OCC (factor 3; $n = 8$). The different hypotheses per factor are illustrated in *SI Appendix*. All possible combinations of these factors within the three hypothesis sets resulted in 1,024 models. Bayesian model reduction was used to assess the evidence for each of these models. For each factor, log-evidences for models based on the same hypotheses were grouped in families, and the evidence for each particular hypothesis was assessed by a family-wise analysis (127). Finally, Bayesian model averaging across all 1,024 models furnished the parameters encoding the modulating effects of BM and their posterior probability.

Psychophysical and Canonical Variate Analysis. The visual sensitivity to BM was assessed with the signal detection theory (42). Participants' responses to each trial were first classified as hits (correct detection of a walker), correct rejections (correct detection of a walker-absent trial), misses (no detection despite walker presence), or false alarms (indication of walker presence in its absence). The hit and false-alarm rates were used to calculate individual and group d-prime values representing the visual sensitivity to BM. A canonical variate analysis examined whether and how individual d-prime values were related to individual modulatory DCM parameters. Nonparametric Mann-Whitney *U* tests were used to determine whether d-prime values and hit rates differed between participant groups with and without significant structural connectivity between the FFG and ST5.

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