

Journal of
Cognitive Neuroscience

**Performing a motor action enhances social reward
processing and modulates the neural processing of
predictive cues**

Journal:	<i>Journal of Cognitive Neuroscience</i>
Manuscript ID	JOCN-2023-0263.R2
Manuscript Type:	Original
Date Submitted by the Author:	n/a
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Keywords:	Reward processing, Feedback related negativity, associative learning

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7 **Performing a motor action enhances social reward processing and modulates**
8 **the neural processing of predictive cues**
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Abstract

Associative learning affects many areas of human behaviour. Recently, we showed that the neural response to monetary reward is enhanced by performing an action, suggesting interactions between neural systems controlling motor behaviour and reward processing. Given many psychiatric disorders are associated with social anhedonia, a key open question is whether such effects generalise to social rewards, and in how far they affect associative learning. We developed a novel task in which participants (n = 66) received social reward feedback and social punishment either by pressing a button or waiting. Predictive cues were linked to feedback valence with 80% accuracy. Using EEG, we measured the neural response to both predictive cues and social feedback. We found enhanced reward positivity for social reward preceded by an action, and an enhanced N2 for cues predicting negative feedback. Cue-locked P3 amplitude was reduced for cues associated with negative feedback in passive trials only, showing a modulation of outcome anticipation by performing a motor action. This was supported by connectivity analyses showing stronger directed theta synchronization, in line with increased top-down modulation of attention, in active compared to passive trials. These findings suggest that actively obtaining social feedback enhances reward sensitivity and modulates outcome anticipation.

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3 Predicting, processing, and learning from rewards are key components of motivated
4 behaviour. Associative learning is a central aspect of reward-based decision-making,
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6 with studies showing interactions between Pavlovian (Stimulus-reward) and
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8 instrumental (action-reward) learning. Specifically, several studies in animals and
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10 humans have shown that existing pavlovian associations can influence instrumental
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12 learning (Cartoni et al., 2016), in that it is easier for subjects to learn approach-
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14 reward and avoidance-non-punishment associations, than the reverse (i.e. learning
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16 to make an approach response in order to avoid punishment, or an avoidance
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18 response to gain a reward (Guitart-Masip et al., 2012)).
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24 Recently, we presented evidence that in turn, performing a motor action (a central
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26 component of instrumental behaviour) can influence reward processing, a key aspect
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28 of pavlovian learning (Bikute et al., 2022). Participants showed a stronger reward-
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30 related response to monetary rewards, when the reward presentation was
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32 immediately preceded by a button press, compared to a passive condition. Crucially,
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34 participants had no control over trial outcomes, precluding the need for instrumental
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36 learning. Further, connectivity analyses showed that performing a motor action
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38 affected the directionality of information flow during the outcome anticipation stage:
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40 whereas we observed top-down directed connectivity (frontal to occipital) in active
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42 trials, in passive trials connectivity was reversed, in line with bottom-up, stimulus-
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44 driven processing (Bikute et al., 2022). This directed connectivity effect was
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46 observed in the theta frequency band, which has been linked to performance
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48 monitoring processes and cognitive control (Cooper et al., 2015; Luft et al., 2013;
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50 Van de Vijver et al., 2011). Higher flow from frontal to posterior areas have been
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52 associated with increased top down control for processing performance outcomes. In
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54 this study, we expect that performing an action will increase the top-down directed
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3 connectivity just before the social feedback in a similar way than it was observed in a
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5 monetary reward task. These findings suggest that activity in neural systems
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7 involved in motor control enhances reactivity in neural systems of reward processing,
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9 which has important implications for our understanding of several mental health
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11 disorders. For example, theories of addiction focus on the acquisition of incentive
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13 salience, i.e. the ability of environmental stimuli to induce craving-type motivational
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15 tendencies (Robinson & Berridge, 2001). If neural systems of reward processing are
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17 sensitized by preceding motor actions, this could for example explain the enhanced
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19 addictiveness of slot-machine style games, compared to other forms of gambling
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21 which have a longer gap between motor actions and game outcomes (Bakken et al.,
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23 2009; MacLaren, 2016). Further, depression is commonly characterized by
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25 symptoms of anhedonia (reduced sensitivity to, and / or motivation to obtain reward)
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27 (Coccarello, 2019), as well as apathy (reduced levels of activity) (Chase, 2011).
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29 Based on our findings (Bikute et al., 2022) one theory might be that apathy might in
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31 fact exacerbate symptoms of anhedonia, due to a lack of motor behaviour reducing
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33 the sensitivity of neural reward systems.
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41 However, before further exploring the implications of these findings for our
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43 understanding of mental health, it is important to distinguish between different types
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45 of rewards. In our previous study we used monetary rewards, which have been
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47 shown to elicit robust and reliable neural responses (Kahnt, 2018). However, many
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49 psychiatric disorders are associated with particular deviations in the processing of
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51 social reward (Ait Oumeziane et al., 2019). Thus, it is important to understand
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53 whether the link between motor actions and reward processing generalizes to social
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55 feedback. The current study investigated the effects of interest in healthy
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57 populations, to form the foundation for studies in clinical samples.
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3 Previous studies have shown that monetary and social rewards are processed by
4 overlapping, but partially distinct neural systems (Gu et al., 2019; Levy & Glimcher,
5 2012; Rademacher et al., 2010). Many studies (e.g. Banica et al., 2022; Distefano et
6 al., 2018; Pegg et al., 2021, 2022) exploring the neural response to monetary and
7 social reward in clinical and healthy populations have utilised EEG to measure
8 event-related potentials (ERPs). ERP components of particular interest are the
9 Reward-related positivity (RewP) reflecting the neural response to reward (Holroyd
10 et al., 2008), and the feedback-related negativity (FRN), calculated as the difference
11 in the neural response to negative (i.e. punishment) vs. positive (reward) feedback
12 (Miltner et al., 1997; San Martín, 2012). Both components are measured between
13 200-350ms post outcome onset, at fronto-central sites, and are believed to reflect
14 sensitivity to feedback or action outcomes. In fact, while the FRN is traditionally seen
15 as a neural response to negative feedback, its typical negative-going amplitude can
16 be observed as a consequence of a positive deflection in response to reward, which
17 is reduced in response to negative outcomes or non-reward (Foti et al., 2011). As
18 such, at least in some task setups, FRN (calculated as the punishment-reward
19 difference) and RewP can reflect a joint, reward-driven neural process.

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22 Another outcome-locked component of interest is the P3, which is thought to reflect
23 motivational aspects of outcome processing (Glazer et al., 2018; San Martín, 2012).

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25 While these ERP components are consistently observed for both monetary and
26 social rewards, some studies find stronger neural responses to monetary than social
27 reward feedback (Ethridge et al., 2017; Wang et al., 2020). However, in line with
28 specific deficits in social reward processing in mental health disorders, Zhang et al.
29 (2020) found reduced FRN and P3 amplitudes in participants with depression
30 compared to controls for social, but not monetary rewards. Similarly, adolescents

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3 who had experienced peer victimization – an important risk factor for later
4 depression – showed reduced RewP in response to signals of social acceptance
5 compared to control adolescents, but no difference in the neural response to
6 monetary reward (Rappaport et al., 2019). In contrast, acute, mild forms of
7 experimentally induced social exclusion enhanced the RewP in response to social
8 (but not monetary) rewards (Xu et al., 2022).
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11 While at the group level in non-clinical populations neural responses to monetary
12 and social reward tend to be similar (Distefano et al., 2018), individual differences in
13 domain-specific (e.g. predominantly social) anhedonia are associated with
14 corresponding domain-specific reductions in neural reward sensitivity (Banica et al.,
15 2022). In line with this, research shows specifically reduced social reward sensitivity
16 in participants with depression linked to the experience of social conflict (Hill et al.,
17 2023). However, this relationship seems to be complex considering that depressive
18 symptoms were found to be associated with an interaction between low reward
19 responsiveness and high rejection sensitivity in a non-clinical population (Pegg et al.,
20 2021).
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24 These findings suggest that the distinction between monetary and social rewards is
25 crucial when studying links between reward processing and mental health, as group
26 differences can be specific to one reward type. Thus, in the current study, we aimed
27 to explore whether our previous findings of motor behaviour enhancing reward
28 processing generalize to social rewards. This will be crucial for future models of links
29 between action performance and outcome processing in general associative
30 learning, as well as in the development and maintenance of mental health disorders.
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32 A potential added benefit when using social rather than monetary feedback in reward
33 processing research, is that issues of subjectivity associated with monetary value
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3 can be avoided. Monetary rewards will be of greater subjective value for participants
4 with low or no income (as is often the case in studying student populations),
5 compared to groups of interest with stable income (Ferdinand & Czernochowski,
6 2018). Where sensitivity to social feedback varies between populations, in many
7 cases this will be an effect of interest rather than a confound.
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11 Besides its exclusive focus on monetary reward, a further limitation of our previous
12 study was that cues signalling the likelihood of positive vs. negative outcomes were
13 conflated with cues signalling the need for a motor action. Thus, we could not study
14 whether the neural response to reward cues differed for active vs. passive trials,
15 independently of the motor preparation seen in active trials. Thus, a secondary aim
16 of the current study was to address this issue by separating outcome cues from
17 action cues. This allowed us to study whether cue-locked ERPs differed for cues
18 predicting reward and punishment in active vs. passive trials.
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34 Several components of interest have been identified for predictive cues in reward
35 learning tasks (Glazer et al., 2018): the early negative N2 component is commonly
36 found to be sensitive to the valence of predictive cues, with more negative
37 amplitudes found for cues predicting punishment compared to reward (Dunning &
38 Hajcak, 2007; Pornpattananangkul & Nusslock, 2015). The cue-locked P3
39 component is believed to reflect attentional processes (Glazer et al., 2018) with
40 evidence for enhanced amplitude in response to cues that predict either win or loss,
41 compared to neutral cues (Novak & Foti, 2015), though effects can be stronger for
42 reward cues than loss cues (Pfabigan et al., 2014).
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54 Thus, to study the neural processing of both reward-cues and outcomes for social
55 rewards, we modified our previously developed task, such that participants
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3 experienced social reward feedback (a smiling face) or social punishment (an
4 unhappy face). Two conditions were randomised on a trial-wise basis: an active
5 condition, in which the outcome was immediately preceded by a button press, and a
6 passive condition, in which the outcome was preceded by a short waiting period.
7
8 This allowed us to test whether similarly to monetary reward, performing a motor
9 action in the absence of instrumental choice enhances the neural sensitivity to social
10 reward. Each trial was preceded by a cue, which deterministically predicted trial type
11 (active vs. passive) and probabilistically predicted trial outcome. This allowed us to
12 test whether participants formed stimulus-outcome associations (reflected in
13 differential neural responses to positive vs. negative cues), and whether this differed
14 for active vs. passive trials.
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18 Based on the above findings, we formed three hypotheses: H1: Outcome processing
19 – reflected in RewP and FRN amplitudes – is enhanced for outcomes in active
20 compared to passive trials. H2: As participants learn to associated predictive cues
21 with outcome probabilities, cue-locked N2 amplitude is enhanced for negative
22 compared to positive cues, with a stronger effect for active trials. H3: cue-locked P3
23 amplitude is enhanced in response to cues associated with active trials, compared to
24 passive trials, regardless of cue valence. H4: theta phase synchronization from
25 frontal to posterior areas (top-down) will increase preceding the presentation of
26 social feedback in active compared to passive trials whereas in passive trials, we will
27 observe the reverse: a stronger flow from posterior to frontal areas (bottom-up
28 modulation).
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58 **Methods**

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Participants

76 participants took part in this study. The sample size was determined based a separate study for which data was collected (see procedures below), which analysed hyperscanning data, thus requiring a larger sample. Two datasets were incomplete due to technical failure during recording, and a further 8 datasets were excluded based on artefact rejection criteria (see EEG processing below). Thus, 66 datasets were included in the analysis. Based on the effect size observed in our previous study ($d=.38$), a sample of $n=56$ was required to achieve 80% power in a two-tailed t-test with $\alpha<.05$.

Participants were recruited from local student populations via posters, email, and word of mouth. All participants were healthy adults (20 male, 56 female; age 18-33; due to experimenter error, age was only recorded for 39 participants, with a mean age of 22 and a standard deviation of 2.55). No data on ethnicity was collected. The study was approved by the local ethics committee (PSY2022-33).

Unexpected Visitor Task

We used an adapted version of the task published in (Bikute et al., 2022). As a narrative for this task, participants were instructed to imagine that they would be paying unannounced visits to the houses of four different friends. Upon arrival, they would either find the door to the house open, or closed, in the latter case they should 'ring the doorbell' by pressing the spacebar on a keyboard. Their friend would then 'answer the door' and either be happy about their unexpected visit (i.e. smiling) or unhappy. Participants were not instructed to imagine specific friends.

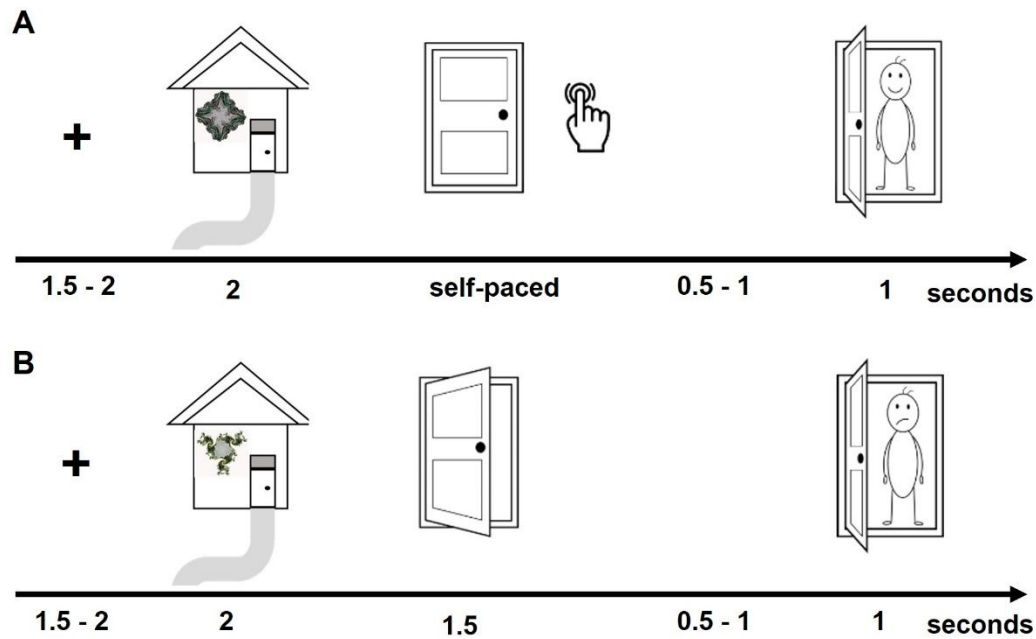


Figure 1: task outline. Figure shows example trial outlines, with an active trial with positive outcome in 1A, and a passive trial with negative outcome in 1B.

The trial outline is shown in figure 1. At the beginning of each trial, participants saw the drawing of a house, marked by a squared fractal image. This was presented for 2 seconds, followed by the presentation of the drawing of a door. Either, an open door was shown for 1.5 seconds, or a closed door was shown, until participants pressed the spacebar of a standard computer keyboard. Following this, a blank screen was shown for 0.5-1 seconds, followed by the outcome presentation for 1 seconds. The outcome consisted of the drawing of a person standing in an open doorway, either smiling or showing an unhappy expression. The inter trial interval was 1.5-2 seconds.

The four trial types (active-happy friend; active-unhappy friend; passive-happy friend; passive-unhappy friend) were mixed randomly. There were 4 different fractals presented on the houses: a fractal always shown in active trials, and in 80% of trials

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3 followed by a positive outcome ('active-happy'); a fractal always shown in active
4 trials, and in 80% of trials followed by a negative outcome ('active-unhappy'), and the
5 corresponding fractals for passive trials ('passive-happy'; 'passive-unhappy'). Due to
6 a programming error, allocation of the different fractals to the experimental
7 conditions was not counterbalanced, which we controlled for in our cue-locked ERP
8 analyses (see results section for detail).
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18 Participants completed a total of 120 trials (30 trials per condition), split up into two
19 blocks with a short break in between.
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21 22 23 *Procedures*

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26 Participants took part in this study in pairs, as the session also involved collecting
27 data for an unrelated hyperscanning study. After providing informed consent and
28 setting up the EEG systems and caps, participants completed a task unrelated to this
29 study. This involved participants completing socio-economic decision-making tasks
30 with and without eye contact, for about 20 minutes. Participants then received written
31 instructions for the Unexpected Visitor Task. This task was completed individually,
32 and eye contact between participants was prevented by blocking the view between
33 participants with their computer monitors. Thus, participants were not communicating
34 during the task, and while they began the task at the same time, they moved through
35 it at their individual pace. Therefore, we did not conduct pairwise analyses for this
36 task.
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52 After completing the Unexpected Visitor Task, participants completed other tasks
53 and questionnaires not reported here. At the end of the session, which in total lasted
54 about 2 hours, participants were debriefed about the study aims and reimbursed for
55 their participation with payment (£8 per hour).
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EEG recording and signal processing

EEG signal was recorded using an 20-channel starstim system using saline based conductive gel. Eighteen electrodes were positioned on the scalp based on the standard 10-20 positions while 2 electrodes were positioned on the earlobes using ear clips.

The EEG signal was re-referenced offline to the averaged signal of the two earlobes.

The continuous signal was then highpass filtered at 0.5Hz and lowpass filtered at 20Hz. Epochs were created around the onsets of cues, i.e. the house stimulus at the beginning of each trial (50ms pre stimulus – 1000ms post stimulus) and the onset of the outcome, i.e. the appearance of the friend (50ms pre stimulus – 1000ms post stimulus), and references to the pre-stimulus period. Independent component analysis was used to identify and remove eye blink and eye movement artefacts. Then, remaining artefacts were identified using a 100mV threshold, and epochs with artefacts excluded from analysis. Participants with >20% of removed trials were excluded from further analysis (n = 8).

Planned ERP analyses

Epochs for the cue processing were averaged according to the 4 cue types (active-‘happy’; active-‘unhappy’; passive-‘happy’; passive-‘unhappy’). As cue-based ERPs do not universally distinguish between reward- and punishment-associated cues, we averaged ERPs across all 4 task conditions (positive & negative valence, as well as active & passive trials) at electrode CZ, to determine ERP time windows (figure 2A). Electrode CZ was chosen as we had no strong a priori hypotheses as to whether N2- or P3-type components would be more sensitive to task condition, and while cue-locked N2 is typically observed at fronto-central locations, P3 topography tends to be

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3 variable with centro-parietal distribution (Grazer et al., 2018). This showed three
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5 components of interest: a cue-based N2 which peaked at 282ms, and for which we
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7 analysed the average amplitude between 250-330ms; a cue-based P3, which
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9 peaked at 346 and for which we analysed the average amplitude from 330-460ms;
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11 and a second positive deflection peaking at 602ms. This resembled a Late Positive
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13 Potential (LPP) and was analysed at 560-690ms. We analysed the three ERPs in
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15 2x2 ANOVAs with the within-subject factors Condition (active vs. passive) vs
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17 associated cue value (good vs bad).
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22 To replicate and expand our ERP analyses from (Bikute et al., 2022), epochs for
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24 outcome processing were averaged based on the four trial types (active-happy
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26 friend; active-unhappy friend; passive-happy friend; passive-unhappy friend). Based
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28 on our own and others' previous findings, we focused this analysis on electrode FZ,
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30 as FCZ was not included in the electrode grid. To establish the time window for FRN
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32 analysis, we computed the average FRN (unhappy – happy friend) at electrode FZ,
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34 averaged across task conditions (figure 3A). This showed the maximum peak at
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36 228ms, and we averaged the amplitude between 210-270ms. We then entered mean
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38 amplitudes for this time window into a 2x2 ANOVA with the within-subject factors
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40 outcome (happy vs. unhappy) and condition (active vs. passive).
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46 *Directed Connectivity analysis*

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49 We compared the directed connectivity between passive and active trials based on
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51 the findings of our previous study (Bikute et al., 2022). First, we measured directed
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53 connectivity using the *Phase Slope Index* (PSI), which is a robust measure of
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55 directed phase synchronization between two channels (Nolte et al., 2008) in the
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57 theta frequency band (4-8Hz) in the period preceding the presentation of the social
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3 feedback, which is where we expected the strongest changes. Second, we extracted
4 the PSI values for each condition (passive, active, negative, and positive feedback)
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6 in the time window before and after the feedback in the clusters we found in our
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8 previous study (Bikute et al., 2022). In the current study, we tested whether the same
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10 findings would replicate to social feedback: reverse phase synchronization direction,
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12 from front to back (top-down) for active trials, and back to front (bottom-up) for
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14 passive trials just before the feedback (-300ms to feedback). Since we used a lower
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16 density system (18-channels) we selected the channels which were significant in
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18 each cluster. For cluster one (C1, active cluster in our previous paper), we calculated
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20 the average PSI from all the frontal electrodes significant in the previous cluster
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22 (F3,F7,Fz,F4,F8, Fp1,Fp2) to the lateral posterior areas (T7,T8,P3,P4, P8). We did
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24 not select specific significant electrode pairs but we simply averaged the all frontal to
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26 lateral posterior connections in these electrodes (mainly due to the slightly different
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28 electrode montages). We did the same for cluster two in our paper (C2, passive
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30 cluster), we calculated the connectivity from mid-posterior (Oz, Pz, P4) to frontal
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32 (Fz,F3,F4,F7). This approach of averaging across multiple electrodes was chosen to
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34 allow for a direct comparison of results to our previous findings, and to avoid issues
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36 of multiple comparison. We then entered them in a 2 (*outcome: happy vs. unhappy*
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38 *friend*) x 2 (*condition: active vs. passive*) ANOVA for each cluster separately. Based
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40 on our previous findings, we expected a main effect of condition but no interaction
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42 with outcome, for both clusters.
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55 Results

56 Cue-locked ERPs

We analysed three components of interest at electrode CZ: a cue-based N2 between 250-330ms, an early P3 (330-460ms) and a late P3 component (560-690ms; figure 2A). We analysed the three ERPs in 2x2 ANOVAs with the within-subject factors Valence (positive vs. negative) and Condition (active vs. passive; **table 1**).

Table 1: test statistics for planned ERP analyses

Cue-Locked at CZ	df	F-Value	p-value	Partial Eta-sq
<i>N2, 250-330ms</i>				
Valence	1,65	6.04	.017	.085
Condition	1,65	2.18	.145	.032
Valence*Condition	1,65	2.17	.146	.032
<i>P3, 330-460ms</i>				
Valence	1,65	2.81	.098	.041
Condition	1,65	1.41	.239	.021
Valence*Condition	1,65	4.56	.036	.066
<i>Late PP, 560-690ms</i>				
Valence	1,65	.02	.902	<.001
Action	1,65	2.04	.158	.030
Valence*Condition	1,65	0.52	.473	.008
Cue-Locked at PZ				
<i>P3, 330-460ms</i>				
Valence	1,65	5.11	.027	.073
Condition	1,65	<.01	.996	<.001
Valence*Condition	1,65	3.82	.055	.056
<i>Late PP, 560-690ms</i>				
Valence	1,65	<.01	.984	<.001
Action	1,65	0.57	.451	.009
Valence*Condition	1,65	0.05	.832	.001
Outcome-locked at FZ				
<i>FRN, 210-270ms</i>				
Condition	1,65	2.40	.127	.036
Outcome	1,65	.07	.791	.001
Condition*Outcome	1,65	4.74	.033	.068

For the N2, we found a significant effect of Valence, but no effect of Condition, and no Valence x Condition interaction (table 1). Across conditions, the N2 amplitude

was more negative for stimuli associated with negative outcomes ($M = 1.25$, $SD = 4.21$) than for stimuli associated with positive outcomes ($M = 2.02$, $SD = 4.16$; $t_{65} = 2.46$, $p = .017$; figure 2B).

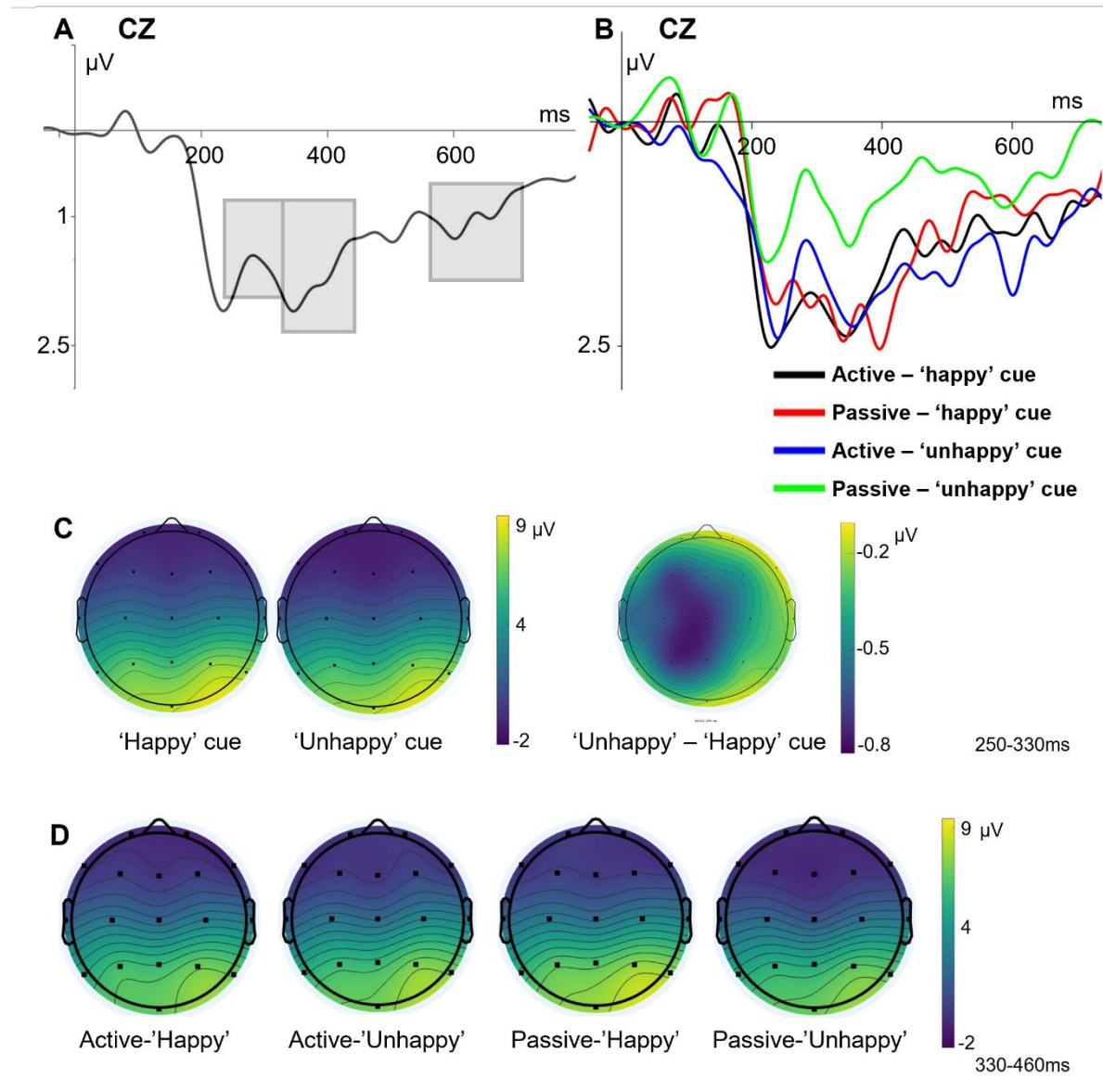


Figure 2: Cue-locked ERPs at electrode CZ. 2A shows cue-locked average amplitude across all conditions. 2B shows amplitudes separately for the 4 experimental conditions. Topographical maps are shown for the N2 time range (2C) and the early P3 time range (2D).

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3 For the P3, we found no main effect of Valence and no main effect of Condition, but
4 a significant Valence x Condition interaction (table 1). Post-hoc analyses (table 2)
5 showed a reduced P3 amplitude for passive cues associated with negative outcomes
6 (M = .90, SD = 4.14), compared to the other stimuli (Active – ‘unhappy’ M = 1.93, SD
7 = 4.83; Passive – ‘happy’ M = 2.09, SD = 4.57; Active – ‘happy’ M = 1.79, SD = 4.34;
8 figure 2B).

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17 Electrode CZ was chosen a priori, but P3 and LPP components are observed with
18 topographies varying between centro-parietal locations. Thus, we conducted post-
19 hoc t-tests comparing P3 and LPP amplitudes between CZ and PZ. This showed a
20 stronger P3 amplitude at PZ (M = 5.64; SD = 4.24) than CZ (M = 1.68; SD = 3.01; t_{65}
21 = 12.11, $p < .001$). We thus repeated the same 2x2 ANOVA as above for electrode
22 PZ, showing a main effect of valence, no effect of condition, and the
23 valence*condition interaction approaching significance (**table 1**). For the LPP, there
24 was also a significant difference with a more positive amplitude at PZ (M = 2.97; SD
25 = 3.0) than CZ (M = 1.04; SD = 2.81; $t_{65} = 9.28$, $p < .001$). The corresponding
26 ANOVA for PZ showed no significant effects (**table 1**).

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41 **Table 2: post-hoc comparison test statistics for cue-locked ERPs**

Comparison	df	t-value	p-value
<i>Passive ‘unhappy’ VS Active ‘unhappy’</i>	65	-2.62	.011
<i>Passive ‘unhappy’ VS Passive ‘happy’</i>	65	-2.90	.006
<i>Passive ‘unhappy’ VS Active ‘happy’</i>	65	-2.08	.042

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51 For the LPP, we found no significant effect for Valence or Condition, nor a significant
52 Valence x Condition interaction.

53 54 55 56 Control analyses

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3 As the cue stimuli had not been randomized across conditions, we ran a check
4 whether stimulus properties themselves could have elicited differing N2 amplitudes.
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6 To test this, we calculated N2 amplitudes for 'Happy' and 'Unhappy' cues (collapsed
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8 across active and passive conditions) for the first half of the task only, when
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10 participants had had less opportunity to learn the associated stimulus values. This
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12 showed no significant difference in amplitude between 'Happy' (M = 1.75; SD = 4.79)
13
14 and 'Unhappy' (M = 1.53, SD = 4.79) cues ($t_{65} = 0.53$, $p = .600$).
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20 In contrast, analysing the second half of the task only, showed the expected
21
22 difference in amplitude between 'Happy' (M = 2.23, SD = 4.32) and 'Unhappy' (M =
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24 0.93, SD = 4.28) cues ($t_{65} = 2.82$, $p = .006$).
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27 *Outcome-locked ERPs*

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29 For the FRN time window of 210-270ms, the 2x2 ANOVA with the within-subject
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31 factors outcome (happy vs. unhappy friend) and condition (active vs. passive)
32
33 showed no significant effect for Outcome, nor Condition, but a significant Condition x
34
35 Outcome interaction (**table 1**). As can be seen in **figure 3**, this interaction was due to
36
37 a pronounced RewP signal that was present in the active, but not the passive
38
39 condition, reflected in a significantly more positive signal for positive (happy friend)
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41 outcomes (figure 3C) in active (M = 2.88, SD = 4.24) compared to passive trials (M =
42
43 1.67, SD = 3.65; $t_{65} = 2.52$, $p = .014$), but no difference between active (M = 2.18, SD
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45 = 4.45) and passive (M = 2.23, SD = 3.05) conditions for negative (unhappy friend)
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47 outcomes ($t_{65} = -.11$, $p = .913$; figure 3D). Post-hoc power analysis for the main
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49 comparison of interest (active-positive vs. passive-positive; cohen's $d = .311$) showed
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51 a critical t-value of $t=1.67$ and achieved power of $1-\beta=.804$ for a one-sided t-test with
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60 $p<.05$.

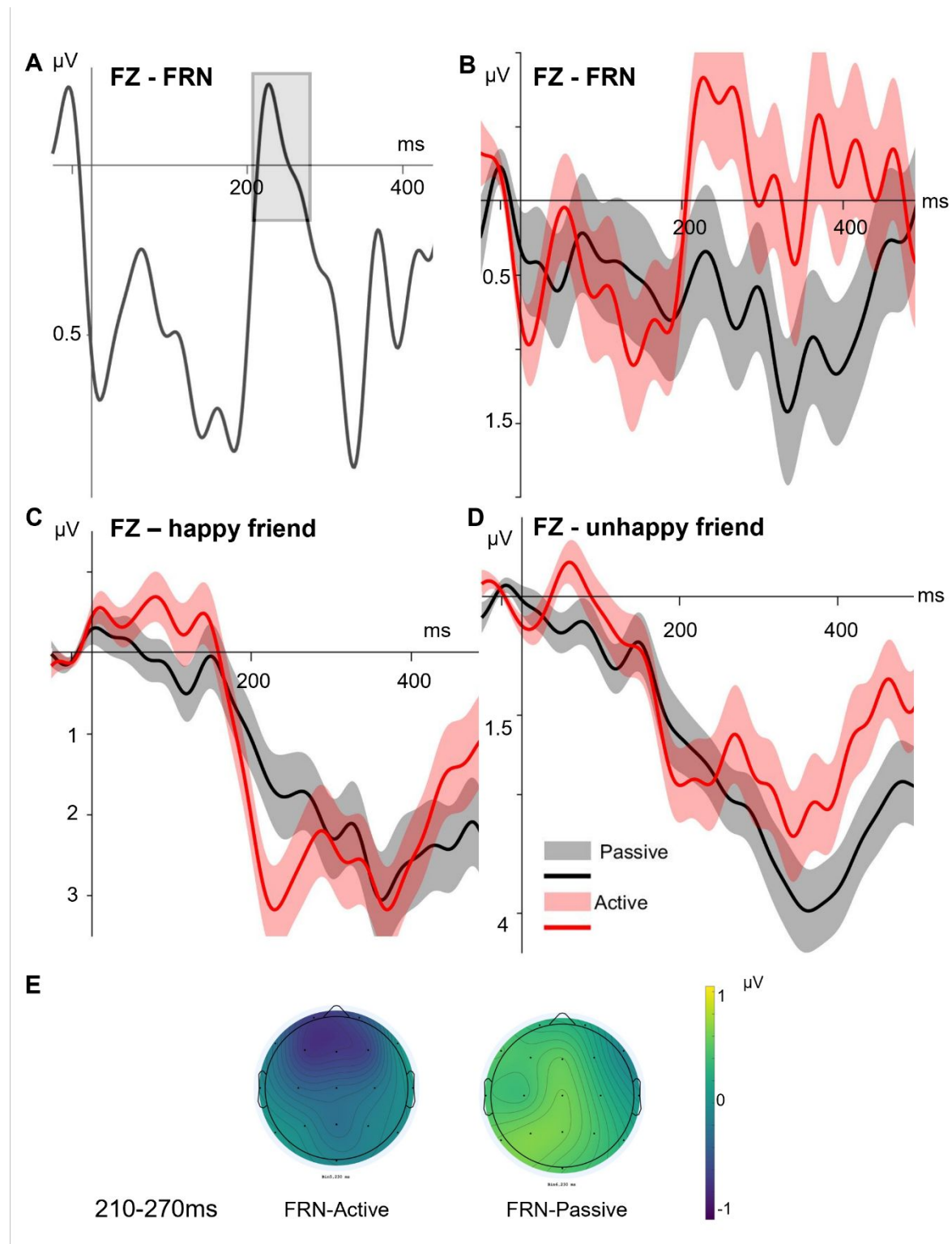


Figure 3: Outcome-locked ERPs at electrode FZ. 3A shows FRN amplitude (unhappy friend – happy friend amplitude) across active and passive trials, FRN for active and passive conditions is shown in 3B. 3C shows the average amplitude for positive outcomes (happy friend) for active and passive trials, amplitudes for

negative outcomes (unhappy friend) are shown in 3D. 3E shows the topographical maps for the FRN amplitudes (unhappy – happy friend ERPs).

Exploratory analyses

To explore ERPs of interest beyond the FRN, we averaged the outcome-locked signal across all task conditions and inspected the signal at electrodes FZ, Cz and PZ, which showed primarily a P3-like component which was strongest at PZ (figure 4A). Based on the ERP shown for electrode PZ, we selected the time window of 290-480ms for the primary P3 ERP. We then entered the average amplitudes for this time-window into a 2x2 repeated measures ANOVA, as for the FRN analysis (table 3).

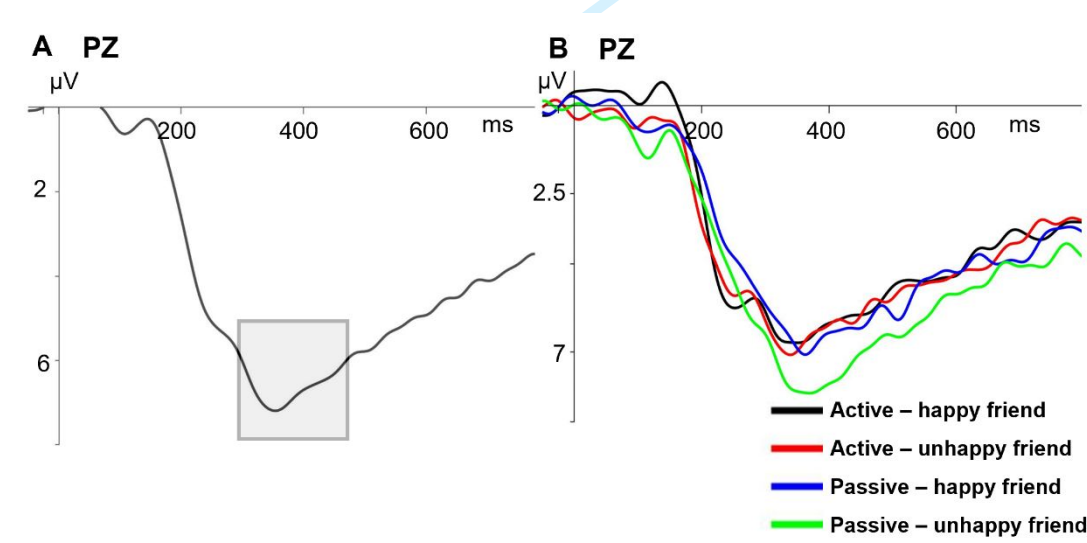


Figure 4: Outcome-locked ERPs at electrode PZ. 4A shows average amplitude across all conditions. 4B shows outcome-locked amplitudes for the 4 conditions.

This showed a main effect of Condition and a main effect of Outcome. While the Condition*Outcome interaction was not significant, as is evident in figure 4B, the main effects were primarily driven by an increased P3 amplitude in the Passive-Unhappy friend condition.

Table 3: test statistics for outcome-locked exploratory analyses

Outcome-locked at PZ	df	F-Value	p-value	Partial Eta-sq
<i>P3, 290-480ms</i>				
Condition	1,65	4.26	.043	.062
Outcome	1,65	4.03	.049	.058
Condition*Action	1,65	3.64	.061	.053

Directed Connectivity analyses

We entered the theta PSI values for cluster 1 (from frontal to posterior) in a 2 (condition: active vs. passive) x 2 (outcome: happy vs. unhappy friend) ANOVA in order to replicate our previous findings showing that active trials are associated with the opposite direction of theta synchronization compared to passive trials. We expected higher flow from frontal to posterior areas in the active compared to the passive feedback trials. For cluster 1, we observed a significant main effect of condition ($F(1,65) = 7.81, p = .007, \text{partial eta squared} = .107$) but no effect of outcome ($F(1,65) = .73, p = .395, \text{partial eta squared} = .011$) nor interaction ($F(1,65) = 1.52, p = .222, \text{partial eta squared} = .023$). On Figure 5A, it is clear that this effect can be explained by a higher phase synchronization (theta PSI) from frontal to posterior areas in the active, compared to the passive conditions.

For cluster 2, we also observed a significant main effect of condition ($F(1,65) = 4.53, p = .037, \text{partial eta squared} = .065$), but no effect of outcome ($F(1,65) = 1.49, p = .227, \text{partial eta squared} = .022$) nor interaction ($F(1,65) = .72, p = .398, \text{partial eta squared} = .022$).

$squared = .011$). On Figure 5B, it is possible to see that these effects might not being driven by strong bottom-up connectivity in the passive trials, but by the difference in flow direction between the two (as the highest value is negative, for active negative trials), since there is a partial overlap in the electrode pairs.

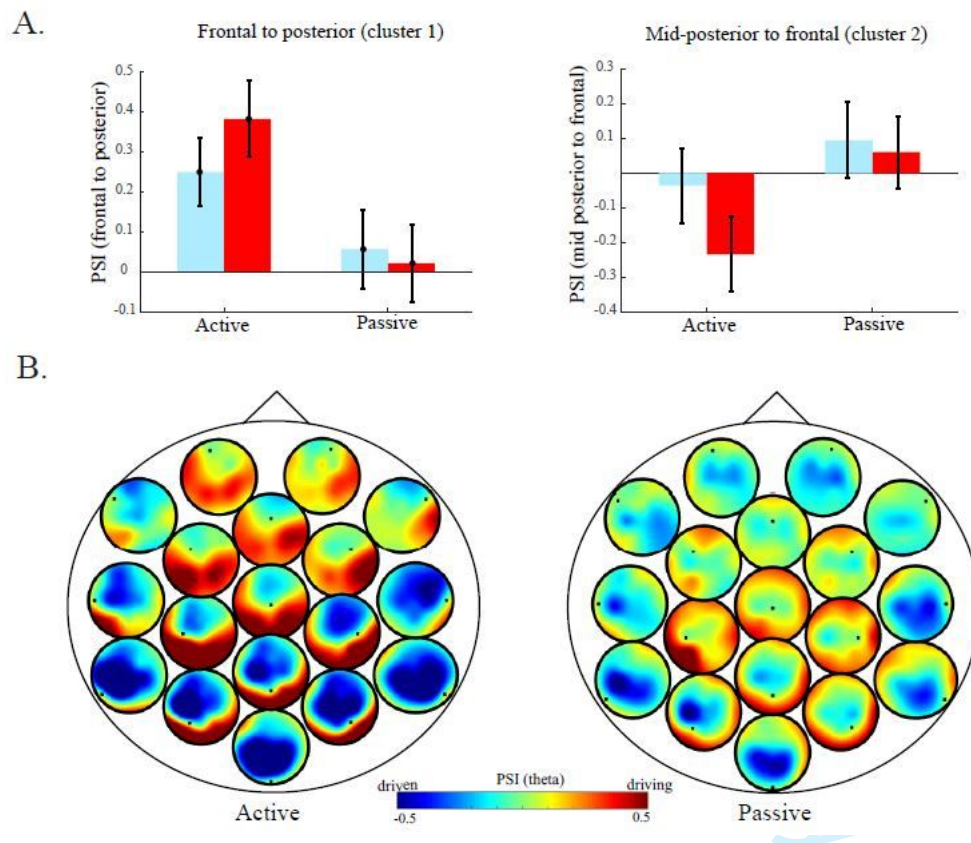


Figure 5. Directed connectivity in the theta frequency range (4-8Hz). A. Mean PSI values from frontal to posterior regions (cluster 1: higher values mean higher top-down flux) and from mid-posterior to frontal regions (cluster 2: higher values mean higher bottom-up flux). B. Topographical distribution of the directed synchronization values (all-to-all) in active (left-hand side) and passive (right-hand side) trials (-300msecs to feedback). Each individual topoplot display the synchronization between that particular electrode (displayed as a dot) and all the

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3 others, whilst red colours represent the regions where this electrode is driving,
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5 whereas blue colours represent areas which this electrode is being driven by.
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10 **Discussion**

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13 In this study, we investigated whether performing a motor action enhances the
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15 neural processing of social reward, and whether this in turn affects the processing of
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17 predictive cues. In line with previous findings on the processing of monetary rewards,
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19 we found that after performing a button press, compared to a passive waiting period,
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21 the reward positivity (RewP) signal in response to positive social feedback was
22
23 enhanced. We further found a stronger N2 component in response to predictive cues
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25 associated with negative feedback, compared to positive cues, and a reduced P3
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27 component in response to passive cues associated with negative feedback. Finally,
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29 we found that active trials were associated with higher phase synchronization from
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31 the frontal to the posterior areas (top-down modulation) just before the presentation
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33 of the social feedback, which replicates the findings from our previous study using
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35 monetary rewards.
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45 *Performing a motor action enhances the neural sensitivity to social feedback*

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47 Our core finding of an enhanced RewP in active trials is in line with our previous
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49 findings for monetary win outcomes (Bikute et al., 2022). Thus, at the neural level,
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51 participants appeared to be more sensitive to social feedback when they had brought
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53 about that response through their own motor behaviour. As in our previous study,
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55 participants had no active control over the outcome in a given trial, as they only had
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57 one button to press. Thus, performing a motor action enhances the neural
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3 processing of social feedback above and beyond any effects of active choice or
4 instrumental learning. We replicated our previous findings showing that performing a
5 motor action increases theta synchronization from frontal to posterior areas, which
6 could suggest a stronger level of top-down modulation just before the outcome is
7 presented. This increase in top-down control might increase people's attention to the
8 outcomes and therefore modulate the neural responses to them. However, in
9 passive trials, we did not observe the same bottom-up (posterior to frontal) cluster as
10 in our previous study. The direction of the theta synchronization preceding feedback
11 was not reversed in passive trials during the social feedback task. This could
12 suggest that perhaps social feedback is associated with higher top-down modulation
13 preceding feedback, although this requires a further study directly comparing social
14 and monetary feedback.

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17 Previous studies have similarly shown a reduced reward positivity for task conditions
18 in which participants made no overt actions (Hassall et al., 2019; Stewardson &
19 Sambrook, 2021; Yeung et al., 2005). However, in these studies, blocked designs
20 were used. In such designs, attentional processes arguably would be expected to
21 greatly affect participants' outcome monitoring, as they'd be aware that no response
22 is required for several minutes. In Hassall et al.'s study, there was also no learning
23 incentive as cues did not predict outcomes, thus likely further reducing attention in
24 passive blocks. In line with this, this study showed overall reduced ERP amplitudes
25 to outcome presentation, including P300 (Hassall et al., 2019). In contrast, using a
26 trial-wise design, we find a specific reduction in reward positivity in response to
27 passively presented rewarding stimuli.

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30 Links between motor behaviour and neural sensitivity to social reward could have
31 important implications for our understanding of mental health disorders associated

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3 with social anhedonia (Feng et al., 2020; Kupferberg et al., 2016; Rey et al., 2009;
4 Yang et al., 2022). Future studies should explore whether reduced sense of agency
5 – i.e. reduced feelings of action control – observed in depression are associated with
6 a reduced impact of motor behaviour on social reward processing, opening up new
7 avenues for understanding causes and potential treatments for depression-related
8 symptoms of social anhedonia, a key transdiagnostic symptom of mental health
9 disorders (Porcelli et al., 2019).

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12 In an exploratory analysis, we further found an enhanced P3 amplitude for passive
13 trials, which appeared most pronounced for negative outcomes. Given the
14 observation of reduced P3 amplitude in response to passive-negative predictive
15 cues, a possible explanation for this finding is that a lack of associative learning for
16 this condition lead to more unpredicted outcomes, as discussed below.
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20 21 22 *Predictive cues acquire associated valence*

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25 In line with previous research (Glazer et al., 2018), we found that predictive cues
26 presented ahead of the action or waiting period were processed differently
27 depending on their associated value. Specifically, we found an enhanced N2
28 amplitude for cues predicting negative social feedback with 80% accuracy. Most
29 importantly, this finding suggests that despite outcomes being uncontrollable and of
30 no real-life consequence to participants, participants learned associations between
31 predictive cues and social feedback. This was the case for both active and passive
32 trials, suggesting that participants did not disengage attentionally from passive trials.
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35 Yet, for the early P3 component, we found an interaction of condition and valence, in
36 that amplitude was reduced for passive cues associated with negative feedback,
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3 compared to all other conditions. This finding is in line with our observation of
4 enhanced P3 amplitude in response to negative feedback in passive trials: as
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6 participants showed a reduced response to predictive cues, the actual outcome may
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8 have been more surprising, eliciting a larger P3. It is possible that cues associated
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10 with the passive waiting period elicited a transient disengagement from the task,
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12 which could be at least partially counteracted by the anticipation of positive social
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14 feedback. However, given these findings were based on post-hoc analyses and not
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16 predicted in our hypotheses, they require replication before strong conclusions can
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18 be drawn.
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23 24 *Feedback processing and reward learning*

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27 A question of theoretical relevance is whether positive feedback in the absence of a
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29 motor action can be considered a reward. This depends on whether reward is
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31 defined as an affective state or the ability of a stimulus to enhance the likelihood of a
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33 behaviour (Schultz, 2017; White, 2011), thus requiring the occurrence of a preceding
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35 action. The current research is predominantly concerned with the formation of
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37 stimulus-outcome associations. Thus, while a positive stimulus following a neutral
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39 cue might not be classified as a reward in passive trials according to reinforcement-
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41 based definitions of reward, we do find that participants form stimulus-outcome
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43 associations in this condition. As such, the neural processing of positive feedback
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45 serves similar functions in active and passive trials but appears to be enhanced by
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47 preceding motor behaviour.
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56 *Limitations and outlook*

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3 The stimuli we used in this study were non-naturalistic, and highly simplified line
4 drawings. While this excluded potential confounds of naturalistic stimuli, such as
5 gender, ethnicity, and perceived attractiveness of presented faces, it reduces the
6 external validity of the task. Nevertheless, our findings show that even minimalistic
7 social feedback is sufficient for associative learning, and that motor behaviour
8 enhanced the processing of symbolised social reward. It remains to be show
9 whether this effect is preserved, enhanced, or attenuated for more naturalistic
10 stimuli.
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15 Further, the mapping of predictive cues onto conditions was not randomized due to a
16 programming error. Thus, cue-locked findings need to be interpreted with caution.
17 However, post-hoc N2 analysis showed that valence-based effects only emerged
18 during later task stages, suggesting that they were driven by associated value, rather
19 than inherent stimulus properties.
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24 Future studies should aim to replicate these findings with more varied and natural
25 feedback stimuli, as well as investigating the role of sense of agency in effects of
26 motor action on reward processing. Further, the development of paradigms to test
27 differences in associated value on a behavioural level will be needed to assess real-
28 life implications of our findings for our understanding of social anhedonia.
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33 Future studies should further test the link between depressive symptoms or
34 anhedonia and social reward sensitivity. As the current study was not sufficiently
35 powered to test for interindividual differences, we did not assess participants'
36 depression or anhedonia symptoms. Thus, while all participants were generally
37 healthy according to self-report, we cannot exclude the possibility of existing
38 symptoms affecting our findings.
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Conclusions

We found that performing a motor action enhances the neural response to social reward, suggesting that actively bringing about positive social outcomes might be more impactful than incidentally encountering them. Further, we found P3 amplitude to be reduced for cues associated with negative feedback in passive trials, but enhanced for passively obtained negative outcomes. Together, our findings suggest a tight link between motor control and reward processing, with implications for associative learning based on social feedback.

Acknowledgments

We would like to thank Amanda Nicole Brown, Sean William Hayes, Abilash Kanesalingam, and Alice Elizabeth Victoria Wing for help with the data collection.

Author contributions

CDBL: designed study, analysed data, wrote manuscript; IA: collected data, analysed data, revised manuscript; FB: designed study, analysed data, wrote manuscript.

Data availability

Fully anonymised ERP data will be made available on OSF upon publication. Raw data are available upon request.

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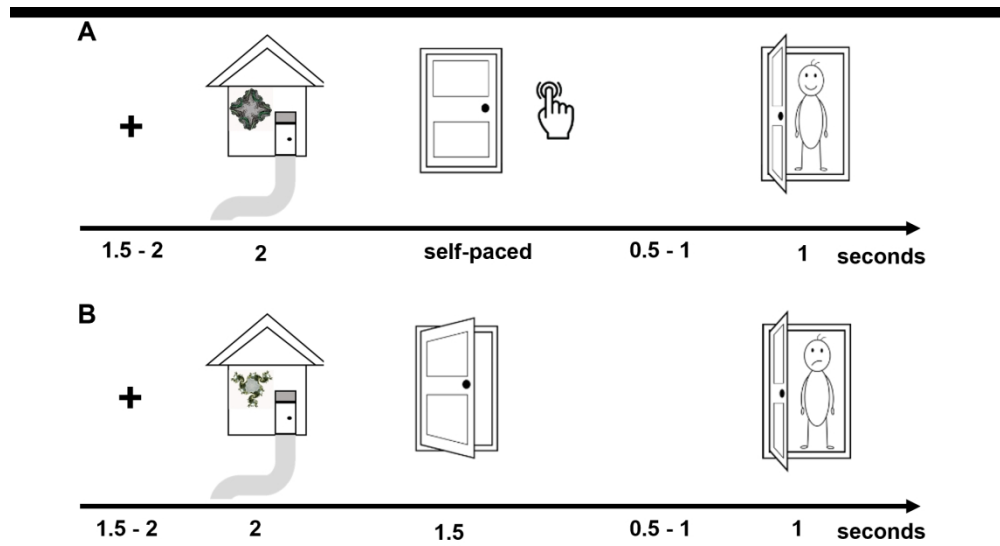


Figure 1: task outline. Figure shows example trial outlines, with an active trial with positive outcome in 1A, and a passive trial with negative outcome in 1B.

160x88mm (330 x 330 DPI)

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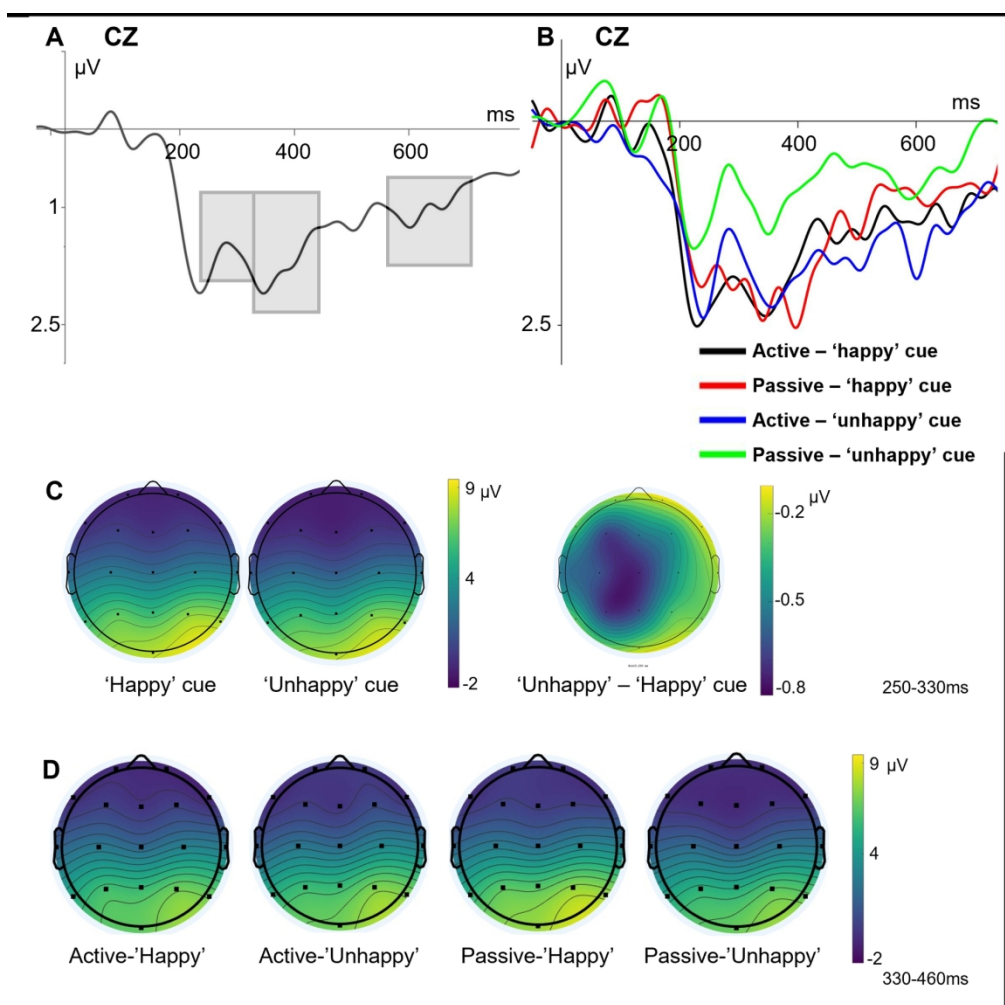


Figure 2: Cue-locked ERPs at electrode CZ. 2A shows cue-locked average amplitude across all conditions. 2B shows amplitudes separately for the 4 experimental conditions. Topographical maps are shown for the N2 time range (2C) and the early P3 time range (2D).

164x163mm (300 x 300 DPI)

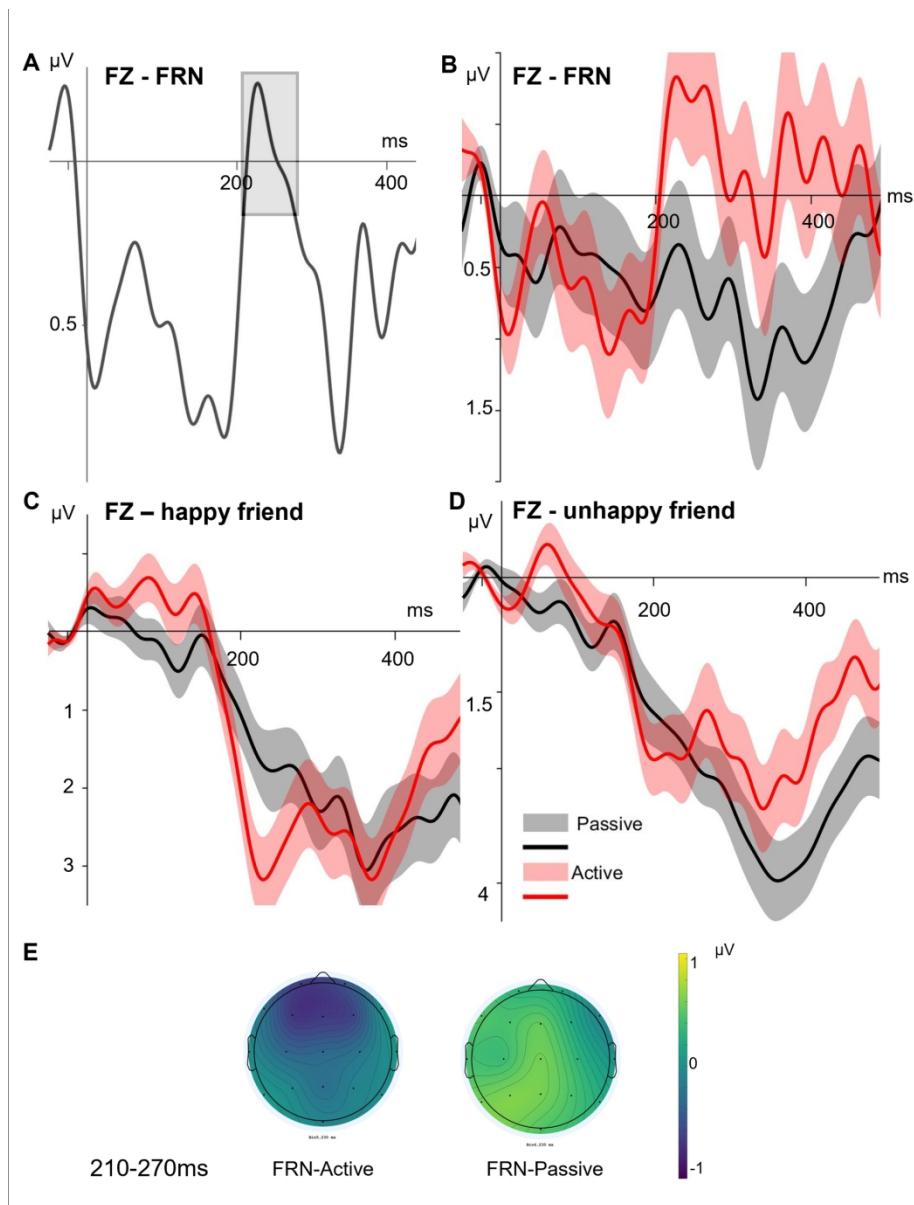


Figure 3: Outcome-locked ERPs at electrode FZ. 3A shows FRN amplitude (unhappy friend – happy friend amplitude) across active and passive trials, FRN for active and passive conditions is shown in 3B. 3C shows the average amplitude for positive outcomes (happy friend) for active and passive trials, amplitudes for negative outcomes (unhappy friend) are shown in 3D. 3E shows the topographical maps for the FRN amplitudes (unhappy – happy friend ERPs).

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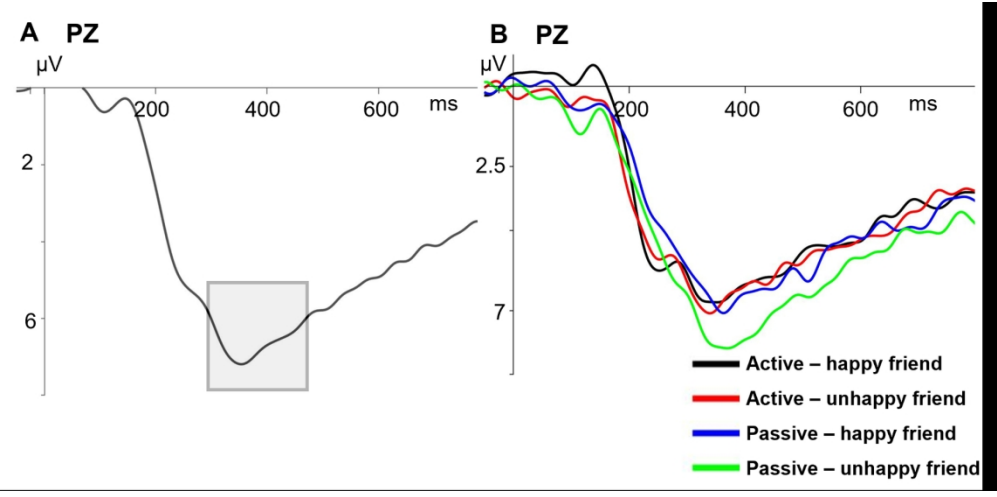
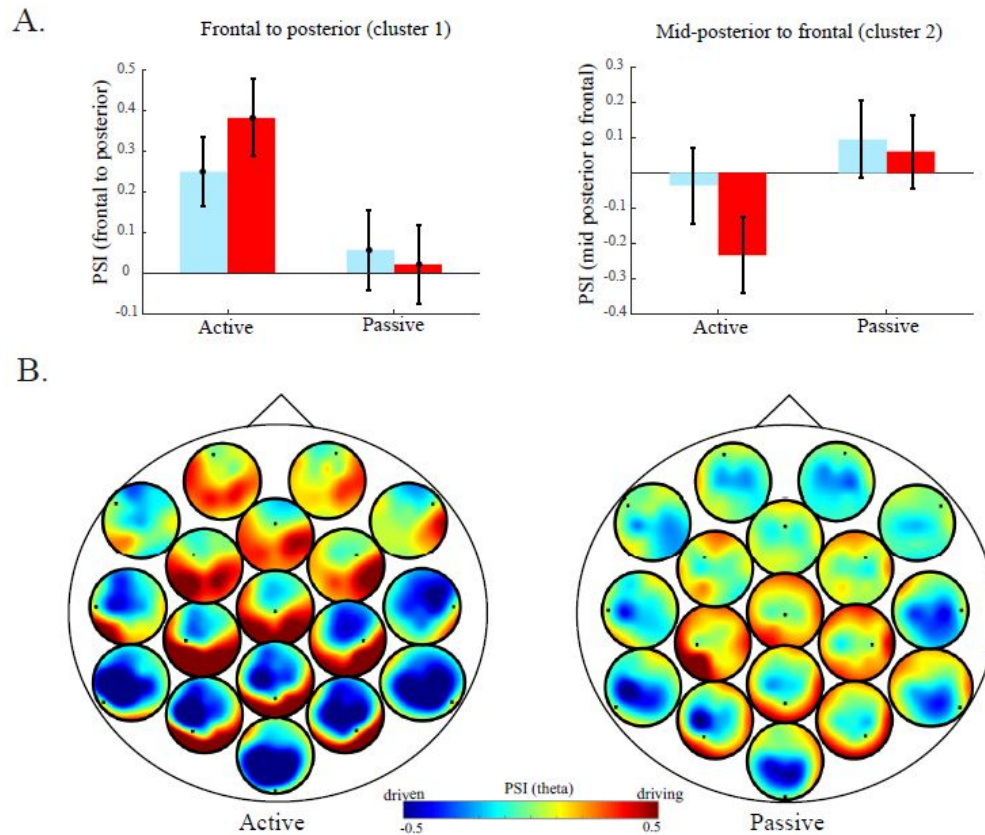


Figure 4: Outcome-locked ERPs at electrode PZ. 4A shows average amplitude across all conditions. 4B shows outcome-locked amplitudes for the 4 conditions.

162x79mm (300 x 300 DPI)



34 Figure 5. Directed connectivity in the theta frequency range (4-8Hz). A. Mean PSI values from frontal to
35 posterior regions (cluster 1: higher values mean higher top-down flux) and from mid-posterior to frontal
36 regions (cluster 2: higher values mean higher bottom-up flux). B. Topographical distribution of the directed
37 synchronization values (all-to-all) in active (left-hand side) and passive (right-hand side) trials (-300msecs
38 to feedback). Each individual topoplot display the synchronization between that particular electrode
39 (displayed as a dot) and all the others, whilst red colours represent the regions where this electrode is
40 driving, whereas blue colours represent areas which this electrode is being driven by.

41 129x110mm (144 x 144 DPI)

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