

ADAPTING HFMCA TO GRAPH DATA: SELF-SUPERVISED LEARNING FOR GENERALIZABLE FMRI REPRESENTATIONS

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ABSTRACT

Functional magnetic resonance imaging (fMRI) analysis faces significant challenges due to limited dataset sizes and domain variability between studies. Traditional self-supervised learning methods inspired by computer vision often rely on positive and negative sample pairs, which can be problematic for neuroimaging data where defining appropriate contrasts is non-trivial. We propose adapting a recently developed Hierarchical Functional Maximal Correlation Algorithm (HFMCA) to graph-structured fMRI data, providing a theoretically grounded approach that measures statistical dependence via density ratio decomposition in a reproducing kernel Hilbert space (RKHS), and applies HFMCA-based pretraining to learn robust and generalizable representations. Evaluations across five neuroimaging datasets demonstrate that our adapted method produces competitive embeddings for various classification tasks and enables effective knowledge transfer to unseen datasets. Codebase and supplementary material can be found here: <https://github.com/fr30/mri-eigenencoder>

Index Terms— HFMCA, self-supervised learning, graph transformer, fMRI, representation learning

1. INTRODUCTION

Functional magnetic resonance imaging (fMRI) provides crucial insights into human brain dynamics, with resting-state functional connectivity serving as an important biomarker for neurological and psychiatric conditions [1–3]. Yet, deep learning applications face major challenges due to limited dataset sizes, heterogeneous preprocessing protocols, and persistent domain shifts across scanning centers.

Contrastive self-supervised learning (SSL) has offered promising solutions by adapting approaches from computer vision to neuroimaging data [4–7]. While some methods operate directly on temporal blood oxygen level-dependent (BOLD) signals [4, 6], graph-based approaches that model functional connectivity matrices offer distinct advantages for neuroimaging applications. Functional connectivity graphs provide a more structured and interpretable representation of

brain organisation, capturing pairwise statistical dependencies between brain regions whilst reducing the dimensionality and complexity of the raw temporal signal space. Additionally, graph-based augmentations such as node sampling and edge perturbation preserve the underlying network topology.

A recently proposed **Hierarchical Functional Maximal Correlation Algorithm (HFMCA)** [8], originally used for image data, provides a theoretically principled approach with strong potential to address these neuroimaging-specific challenges. Unlike contrastive methods that rely on explicit positive–negative sample construction [9, 10], HFMCA measures statistical dependence between low- and high-level features across multiple views without being limited to traditional two-view frameworks [11, 12]. This multi-view capability enables the capture of richer hierarchical dependencies, leading to greater feature diversity and more generalizable representations. HFMCA operates on graph-structured connectivity rather than raw BOLD signals, leveraging brain network topology to integrate complementary neural views for neuroimaging representation learning.

Contributions: (1) We adapt HFMCA to graph-structured fMRI data, marking its first application and extension to brain connectivity networks; (2) We demonstrate that HFMCA-pretrained encoders produce competitive embeddings for neuroimaging classification tasks across diverse datasets; (3) We show effective transfer learning capabilities, particularly under limited labelled data; (4) We evaluate neural scaling laws for fMRI graph encoders, showing that naive pretraining data scaling may induce negative transfer.

2. BACKGROUND

2.1. Functional Maximal Correlation Algorithm

The Functional Maximal Correlation Algorithm [8] measures statistical dependence between random variables X and Y through their probability distributions. For distributions $p(X)$ and $p(Y)$, statistical dependence is characterised by:

$$\rho(X, Y) := \frac{p(X, Y)}{p(X)p(Y)}. \quad (1)$$

FMCA approximates this dependence by decomposing it into eigenvalues σ_k and corresponding orthogonal eigenfunctions:

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$$\rho(X, Y) = \frac{p(X, Y)}{p(X)p(Y)} \approx \sum_k \sqrt{\sigma_k} \varphi_k(X) \psi_k(Y) \quad (2)$$

$$\mathbb{E}_X[\varphi_k(X)\varphi_{k'}(X)] = \mathbb{E}_Y[\psi_k(Y)\psi_{k'}(Y)] = \begin{cases} 1, & k = k' \\ 0, & k \neq k' \end{cases} \quad (3)$$

Two neural network encoders $f_\theta : \mathcal{X} \rightarrow \mathbb{R}^K$ and $g_\omega : \mathcal{Y} \rightarrow \mathbb{R}^K$ approximate the eigenfunctions φ and ψ respectively. The autocorrelation matrices are computed as:

$$R_F = \mathbb{E}_X[f_\theta(X)f_\theta^\top(X)], \quad R_G = \mathbb{E}_Y[g_\omega(Y)g_\omega^\top(Y)] \quad (4)$$

$$P_{FG} = \mathbb{E}_{X,Y}[f_\theta(X)g_\omega^\top(Y)] \quad (5)$$

The joint autocorrelation matrix combines these components:

$$R_{FG} = \begin{bmatrix} R_F & P_{FG} \\ P_{FG}^\top & R_G \end{bmatrix} \quad (6)$$

The FMCA objective maximises statistical dependence by minimising:

$$\mathcal{L}_{FMCA} = \log \det R_{FG} - \log \det R_F - \log \det R_G \quad (7)$$

This formulation encourages orthogonal feature learning (maximising $\log \det R_F$ and $\log \det R_G$) while aligning representations between views (minimising $\log \det R_{FG}$).

Recently, FMCA has been employed in self-supervised image representation learning via hierarchical mutual information maximization [8], and in cross-modal representation learning for EEG and EMG [13]. These applications demonstrate FMCA’s capacity to capture statistical dependencies across different data modalities and feature hierarchies. We extend this framework to develop a self-supervised learning scheme for functional correlation matrix graphs, where the encoder learns semantically meaningful latent representations of brain connectivity patterns.

3. METHODS

3.1. Problem formulation

Given a small labelled clinical dataset $D_c = \{(X_i, Y_i)\}_{i=1}^{N_c}$ and a large population dataset $D_p = \{X_j\}_{j=1}^{N_p}$ with $N_p \gg N_c$, each subject is represented by a functional connectivity matrix $X_i \in \mathbb{R}^{|V| \times |V|}$, computed over $|V|$ atlas-defined brain regions. Each X_i encodes the pairwise statistical dependencies of regional BOLD signals and is modelled as a weighted graph on $|V|$ nodes. The clinical label $Y_i \in \{0, 1\}$ indicates a binary diagnosis assigned by clinicians for a specific disorder. The objective is to learn a predictive model $f : \mathbb{R}^{|V| \times |V|} \rightarrow \{0, 1\}$ defined on the clinical dataset. Training f directly on D_c is susceptible to overfitting due to the limited sample size and variability in labels and data quality.

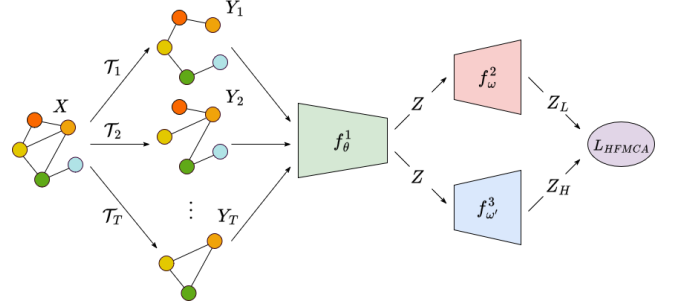


Fig. 1. HFMCAs learns representations by maximising the statistical dependence between low- and high-level features of the graph. Each subsampling augmentation (e.g., random walk sampling) is processed through a shared backbone f_θ^1 , producing low-level features. These features are either projected individually through a local head $Z^L = [f_\omega^2 \circ f_\theta^1(Y_1) \dots f_\omega^2 \circ f_\theta^1(Y_T)]$ or jointly aggregated through a high-level head $Z^H = \sum_i^T f_\omega^3 \circ f_\theta^1(Y_i)$. In pretraining, both projection heads are used to enforce multi-view consistency, while only the backbone is retained for downstream tasks.

To address this, we pretrain a neural encoder f_θ^1 on D_p with a self-supervised objective to obtain semantically meaningful latent representations Z from connectivity graphs, which are then fine-tuned on D_c for diagnostic prediction.

3.2. Graph Construction from fMRI Data

We preprocess resting-state fMRI recordings by parcellating each subject’s brain into 116 anatomical regions using the AAL116 atlas [14]. For each region of interest, we extract mean BOLD time series and compute Pearson correlation coefficients between all region pairs, yielding symmetric 116×116 functional connectivity matrices. To build graphs for neural network processing, we retain the top $\frac{|V|^2}{400}$ correlation coefficients as edges, using connectivity values as node features. That is, for each network G , the feature of node k is defined as $X_k = [\rho_{k1}, \dots, \rho_{k|V|}]^T \in \mathbb{R}^{|V|}$, where ρ_{kq} is the Pearson correlation between BOLD signals at nodes k and q .

3.3. Hierarchical FMCA with Graphs

Motivated by the original framework developed for image classification [8], we extend HFMCAs to graph-structured fMRI data. HFMCAs models dependencies between hierarchical feature representations of brain regions rather than pairwise correlations between different data views. Given a source graph X and T augmentations $Y = \{Y_1, Y_2, \dots, Y_T\}$ where $Y_i = \mathcal{T}_i(X)$, the method defines:

Low-level features: $Z^L = \{Z_t^L\}_{t=1}^T$ from individual augmentation representations Z .

High-level features: Z^H from aggregated augmentation

representations Z .

The hierarchical dependence is modelled as:

$$\rho(Z^L, Z^H) = \frac{p(Z^L, Z^H)}{p(Z^L)p(Z^H)}. \quad (8)$$

Three network components extract these features: backbone encoder f_θ^1 , and projection heads f_ω^2 and f_ω^3 (Figure 1). For each brain connectivity graph X with augmentations $Y = \{Y_1, \dots, Y_L\}$, where $Y_i = T_i(X)$, the set of embeddings is defined as $Z = \{f_\theta^1(Y_1), \dots, f_\theta^1(Y_T)\}$. These features are passed through the projection heads:

Low-level projection: $Z_L = [f_\omega^2 \circ f_\theta^1(Y_1) \dots f_\omega^2 \circ f_\theta^1(Y_T)]$,

High-level projection: $Z_H = \sum_{i=1}^T f_{\omega_i}^3 \circ f_\theta^1(Y_i)$.

The hierarchical autocorrelation matrices become:

$$R_L = \mathbb{E}[Z^L(Z^L)^\top], \quad R_H = \mathbb{E}[Z^H(Z^H)^\top], \quad (9)$$

$$P_{LH} = \mathbb{E}[Z^L(Z^H)^\top], \quad R_{LH} = \begin{bmatrix} R_L & P_{LH} \\ P_{LH}^\top & R_H \end{bmatrix}. \quad (10)$$

The training objective minimises:

$$\mathcal{L}_{HFMCA} = \log \det R_{LH} - \log \det R_L - \log \det R_H. \quad (11)$$

Our augmentation strategy employs graph-specific transformations including random walk sampling, node dropping, feature masking, and edge removal. After pretraining, projection heads are discarded and only the backbone encoder f_θ^1 is retained for downstream classification tasks.

3.4. Graph Transformer Architecture

We employ a Graph Transformer backbone based on the GPS architecture [15], which combines local neighbourhood information via message-passing with global attention mechanisms. The architecture incorporates Random Walk Positional Encodings [16] to preserve structural relationships between brain regions. After processing through multiple transformer layers, node embeddings are aggregated using global mean pooling to produce graph-level representations.

4. EXPERIMENTS

4.1. Datasets and Tasks

We evaluate our approach on five neuroimaging datasets representing diverse classification challenges:

REST [17]: Major Depressive Disorder and sex classification (1642 subjects; 51.6% Healthy/MDD ratio; 61.0% Male/Female ratio)

ABIDE [18]: Autism Spectrum Disorder classification (866 subjects; 53.6% Healthy/ASD ratio)

BSNIP [19]: Schizophrenia (SZ) and Bipolar Disorder with Psychosis (BP) (1464 subjects; 43.7%/34.2%/22.1%

Model	REST (MDD)	REST (Sex)	ABIDE
Majority class	51.6 ± 0.0	61.0 ± 0.0	53.6 ± 0.0
Baseline _F	55.5 ± 1.0	64.8 ± 1.1	53.5 ± 1.6
VICReg _F	56.6 ± 1.0	65.4 ± 0.5	53.5 ± 1.3
BT _F	57.3 ± 0.6	64.7 ± 0.7	53.5 ± 1.7
SimCLR _F	55.9 ± 0.9	<u>65.9 ± 0.7</u>	<u>54.0 ± 1.0</u>
HFMCA _F	57.4 ± 0.9	66.6 ± 1.3	54.7 ± 1.5

Table 1. Classification accuracy (%) with frozen encoders on datasets seen during pretraining.

Model	REST (MDD)	REST (Sex)	ABIDE
Majority class	51.6 ± 0.0	61.0 ± 0.0	53.6 ± 0.0
Baseline	58.8 ± 1.2	<u>68.3 ± 0.4</u>	54.9 ± 1.8
VICReg	58.7 ± 1.0	<u>65.5 ± 1.4</u>	52.9 ± 1.7
BT	59.9 ± 1.4	65.2 ± 1.5	53.5 ± 1.0
SimCLR	59.3 ± 1.2	<u>68.4 ± 0.9</u>	56.3 ± 1.3
HFMCA	59.8 ± 1.2	70.3 ± 1.0	56.1 ± 1.6

Table 2. Classification accuracy (%) with unfrozen encoders on previously seen datasets.

Healthy/SZ/BP ratio)

AOMIC [20]: Sex classification (881 subjects; 51.9% Male/Female ratio)

HCP [21]: Sex classification (443 subjects; 55.5% Male/Female ratio) Models are pretrained on REST and ABIDE datasets (2005 subjects total), then evaluated on all datasets including previously unseen ones (BSNIP, AOMIC, HCP).

4.2. Training Protocol and Evaluation

The GPS encoder is equipped with two projection heads required for HFMCA training. We train for 200 epochs using Adam optimiser with learning rate 10^{-3} , weight decay 10^{-6} , and batch size 256. The model is pretrained on a combined REST and ABIDE dataset, comprising approximately 2500 samples. After pretraining, projection heads are discarded and only the backbone encoder is retained for downstream evaluation.

We compare HFMCA against established self-supervised baselines: SimCLR [9], Barlow Twins [11], VICReg [12], and a randomly initialised Baseline. Following standard practice [12, 22], we evaluate both frozen and unfrozen scenarios using nested 5-fold cross-validation with 10 independent runs.

Model	BSNIP	AOMIC (Sex)	HCP (Sex)
Majority class	43.7 ± 0.0	51.9 ± 0.0	55.5 ± 0.0
Baseline _F	47.7 ± 0.9	56.9 ± 1.3	63.0 ± 2.4
VICReg _F	46.4 ± 0.9	60.0 ± 1.5	65.7 ± 1.5
BT _F	46.2 ± 1.2	60.9 ± 0.8	66.0 ± 1.5
SimCLR _F	47.9 ± 0.5	59.2 ± 1.5	66.6 ± 1.5
HFMCA _F	48.7 ± 0.8	59.4 ± 1.1	66.0 ± 1.9

Table 3. Classification accuracy (%) with frozen encoders on previously unseen datasets.

Model	BSNIP	AOMIC (Sex)	HCP (Sex)
Majority class	43.7 ± 0.0	51.9 ± 0.0	55.5 ± 0.0
Baseline	47.8 ± 0.8	62.5 ± 1.8	71.1 ± 2.2
VICReg	47.1 ± 1.0	60.5 ± 1.7	66.0 ± 3.2
BT	47.2 ± 1.2	60.3 ± 1.4	66.1 ± 1.1
SimCLR	48.7 ± 0.6	63.7 ± 1.8	68.2 ± 3.1
HFMCA	48.4 ± 0.8	64.6 ± 1.4	70.2 ± 0.6

Table 4. Zero-shot classification accuracy (%) with unfrozen encoders. In this setting, the pretraining and downstream subjects are strictly disjoint.

4.3. Quality of Learned Representations

To assess representation quality, we evaluate models under two regimes: frozen encoders with a linear classifier (Table 1) and fine-tuned encoders (Table 2). Model comparisons are based on Friedman tests computed over ranks. Under frozen evaluation, the test does not detect statistically significant differences ($p = 0.48$). However, when fine-tuned, differences become significant ($p = 0.02$), indicating that HFMCA provides a stronger initialization for downstream optimization while maintaining consistent performance across runs.

4.4. Transfer Learning Evaluation

To evaluate transferability, we fine-tune both frozen and unfrozen HFMCA variants on tasks outside the pretraining datasets (Tables 3 and 4). Following the same rank-based statistical framework, HFMCA consistently outperforms random initialization (*Baseline*) and remains competitive with other methods. Notably, HFMCA achieves more stable performance on average, exhibiting lower variance across experimental runs. This suggests that while frozen performance is statistically similar across encoders, HFMCA’s learned weights offer a more robust starting point for OOD transfer.

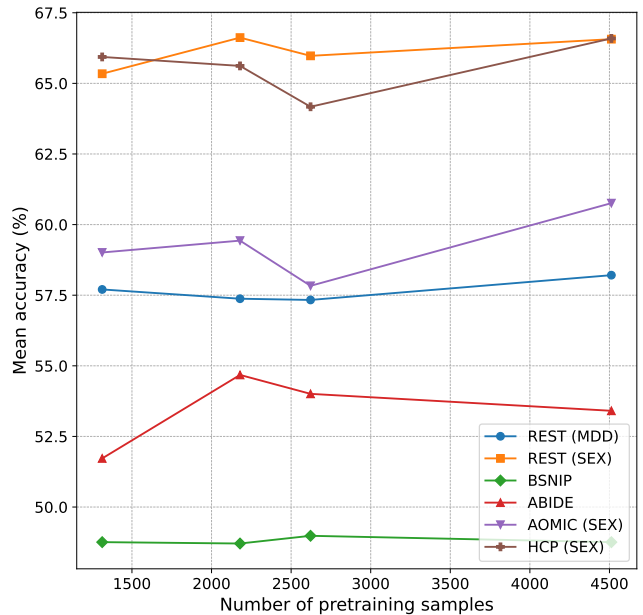


Fig. 2. Classification accuracy (%) with frozen encoders on progressively larger pretraining datasets.

4.5. Scaling Laws

To investigate whether pretraining performance scales with dataset size, we pretrained HFMCA encoders on progressively larger datasets, ranging from 1313 subjects (**REST**) up to 4512 subjects (**REST + ABIDE + HCP + BSNIP**). Each encoder was evaluated using frozen linear heads across all downstream tasks following the protocol from Section 4.3. Figure 2 shows that contrary to established scaling laws [23, 24], performance does not improve monotonically with increased data volume. Performance peaks with REST + ABIDE but declines when adding HCP and BSNIP datasets. This aligns with recent findings that naive scaling can produce negative transfer effects in graph foundation models [25, 26].

5. CONCLUSION

We successfully extended HFMCA to graph-structured fMRI data, providing a theoretically principled approach to self-supervised representation learning. Our method achieves competitive performance across five neuroimaging datasets. The demonstrated transfer learning capabilities and stable training make HFMCA particularly suitable for neuroimaging applications. Future work should explore larger-scale datasets and investigate HFMCA as a component of foundational models for brain imaging. Even though the initial scaling law analysis suggests greater complexity compared to text and vision domains, the framework and transferability indicate important contributions toward generalizable computational models of brain function.

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