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- 6 Re-analysing the data from Moffatt et al. (2020): A textbook illustration of the absence of
 vidence fallacy
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Abstract

Moffatt et al. (2020) reported the results of an experiment (N = 26 in the final sample) 15 comparing the facial electromyographic correlates of mental rumination and distraction, 16 following an experimentally induced stressor. Based on the absence of significant difference 17 in the perioral muscular activity between the rumination and distraction conditions, Moffatt et al. (2020) concluded that self-reported inner experience was unrelated to peripheral muscular activity as assessed using surface electromyography. We suggest this conclusion is at best hasty. Indeed, concluding on the absence of an effect based on an 21 under-powered non-significant p-value is strongly problematic/uninformative. Moreover, 22 the relation between self-reports and physiological measures was not directly assessed, but 23 only indirectly inferred from differences (or absence thereof) in group averages. Given the 24 ample inter-individual variability in these measures (as suggested by our reanalysis), we 25 think inferring the individual-level relation between self-reports and physiological measures 26 from group averages is inappropriate. Given these limitations, we conclude that there is 27 limited evidence for the main conclusion put forward by Moffatt et al. (2020) and we suggest ways forward, both from a theoretical and from a methodological perspective. Complete source code, reproducible analyses, and figures are available at 30 https://github.com/lnalborczyk/inner experience EMG.

Keywords: NHST, Bayesian, logical fallacy, reanalysis, inner speech, rumination, electromyography

Wordcount (excluding abstract, references, tables, and figures): 4458

Introduction

The activity of silently talking to oneself or "inner speech" is a foundational ability, allowing oneself to remember, plan, self-motivate or self-regulate (for reviews, see Alderson-Day & Fernyhough, 2015; Lœvenbruck et al., 2018; Perrone-Bertolotti et al., 2014). However, whereas the use inner speech is associated with many adaptive functions in everyday life, inner speech dysfunctions can be identified in multiple psychological disorders. For instance, rumination, broadly defined as unconstructive repetitive thinking about past events and current mood states (Martin & Tesser, 1996), is involved in the onset and maintenance of serious mental disorders such as depression, anxiety, eating disorders or substance abuse (for a review, see Nolen-Hoeksema et al., 2008).

Given the predominantly verbal nature of rumination (e.g., Ehring & Watkins, 2008; 45 Goldwin et al., 2013; Goldwin & Behar, 2012; McLaughlin et al., 2007), we previously 46 proposed to consider rumination as a form of inner speech and to study it using the 47 methods that have been used to study other forms of inner speech, namely, by using surface electromyography and motor interference protocols (e.g., Nalborczyk et al., 2017; Nalborczyk, 2019; Nalborczyk, Perrone-Bertolotti, et al., 2020; Nalborczyk, Banjac, et al., 2020). We first showed that induced rumination was accompanied by increased facial (both over a forehead and a perioral site) muscular activity in comparison to a rest period (Nalborczyk et al., 2017). However, because rumination was only compared to a rest period, it remained uncertain whether this perioral activity was specifically related to (inner) speech processes. Therefore, we ran an extension of this study, in which we compared verbal to non-verbal rumination, which suggested that the facial EMG correlates we have previously identified were not specifically related to the verbal content of the ruminative thoughts (Nalborczyk, Banjac, et al., 2020). We discussed these findings in length and proposed several theoretical interpretations that can account for these results in the discussion section of Nalborczyk, Banjac, et al. (2020) and more extensively in

- Nalborczyk (2019). Although these discussions were blatantly ignored by Moffatt et al. (2020), their experimental design nevertheless had the potential to inform our
- understanding of the involvement of the speech motor system in different varieties of inner
- speech as well as to clarify the relation between the peripheral correlates of inner speech
- and the (self-reported) subjective experience.

The main conclusion from Moffatt et al. (2020) is that inner experience between 66 induced rumination and distraction differs "without a change in electromyographic correlates of inner speech". In other words, they suggest that the subjective experience of inner speech is unrelated (or loosely related) to the electromyographic correlates of inner speech, which are thought to be represented mostly by the EMG amplitude recorded over the OOI and OOS muscles. However, for this in-sample observation to be of interest in an 71 out-of-sample context (i.e., to be informative for other non-observed individuals, or said otherwise, to bring information about the population), this absence of difference has to be based on sufficiently powered sample size (given the target effect size) as well as on reliable measures. This is unlikely to be the case here, for reasons that we will present and discuss in the present article. Moreover, a simple visual exploration of the data reveals important variability between individuals in the main effect of interest. That is, some participants had higher perioral (OOS and OOI) muscular activity in the rumination condition than in the distraction condition, and some other participants showed the reverse pattern. This suggests unexplored variation in the determinants of this effect (e.g., the content of the inner experience). Indeed, the relation between the inner experience and the physiological correlates of inner speech production was only inferred from group averages. However, given the important inter-individual variability, this reasoning appears highly problematic. In the following, we explore each of these limitations and suggests ways forward, both from a theoretical and from a methodological perspective.

Exploring the data

As typical in studies manipulating induced rumination, Moffatt et al. (2020) designed a two-step protocol. First, they aimed to induce a negative mood by asking participants to solve unsolvable or excessively difficult anagram and subtraction tasks. Second, they prompted participants to either ruminate on these (purportedly induced) negative feelings (by asking them to "think about the causes, consequences, and meaning of their current feelings") or to distract themselves (by asking them to "think about a village, city or town that you are particularly familiar with"). Rumination and distraction was manipulated within-subject, with all subjects alternating between rumination and distraction, in a counter-balanced order.

Their final sample of participants, after data exclusion, included 26 participants (data 96 available at https://osf.io/hj7tz/). The EMG data is depicted in Figure 1 by condition 97 (where BAS, DIS, and RUM refer to the baseline, distraction, and rumination conditions, respectively) and by muscle (FRO, OOI, OOS). This figure shows that the average natural logarithm of the EMG peak amplitude recorded over the FRO was at similar levels in the 100 baseline and distraction conditions, but was much higher in the rumination condition. 101 However, the average natural logarithm of the EMG peak amplitude recorded over the OOI 102 and OOS muscles was higher than baseline in both the rumination and distraction 103 conditions, with a slight increase from distraction to rumination (both on the mean and 104 median). 105

To model EMG peak amplitude variations in response to the rumination and distraction inductions, we fitted a Bayesian multivariate regression model with the natural logarithm of the EMG peak amplitude as an outcome and *Condition* (baseline, rumination, distraction) as a categorical predictor. Therefore, the intercept represents the estimated natural logarithm of the EMG peak amplitude in the baseline condition, and the slopes for

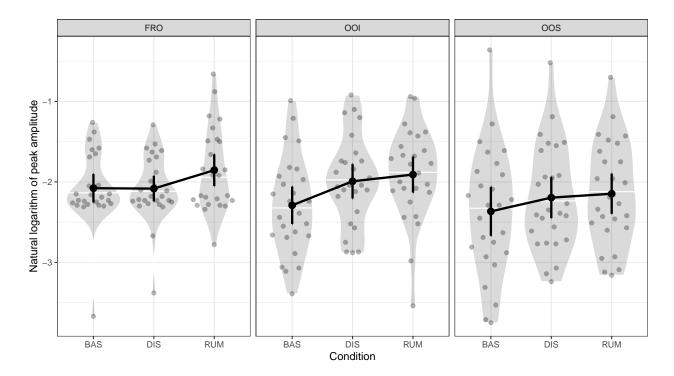


Figure 1. Average natural logarithm of the EMG peak amplitude per muscle and condition. The black dots and intervals represent the by-group average and 95% confidence interval (N = 26). The horizontal white line in the violin plot represents the median. The grey dots represent the individual-level average natural logarithm of the EMG amplitude by muscle and condition.

the rumination and distraction conditions represent deviations from the baseline. These 111 analyses were conducted using the brms package (Bürkner, 2017), an R implementation of 112 Bayesian multilevel models that employs the probabilistic programming language Stan 113 (Carpenter et al., 2017). We ran four chains including each 10.000 iterations and a warmup 114 of 2.000 iterations. Posterior convergence was assessed examining autocorrelation and trace 115 plots, as well as the Gelman-Rubin statistic. Constant effects estimates were summarised 116 via their posterior mean and 95% credible interval. We also report Bayes factors (BFs) 117 computed using the Savage-Dickey method.¹ These BFs can be interpreted as updating 118

¹ This method consists in taking the ratio of the posterior density at the point of interest divided by the prior density at that point (Wagenmakers et al., 2010).

factors, from prior knowledge (what we knew before seeing the data) to posterior
knowledge (what we know after seeing the data). A summary of the estimations from this
model is presented in Table 1. This analysis revealed strong evidence for the hypothesis of
a higher average EMG peak amplitude in the rumination condition as compared to the
baseline condition for both the FRO and OOI muscles. However, the BFs supported the
null hypothesis (i.e., no difference) between the baseline and distraction conditions for the
FRO and were inconclusive for both the OOI and OOS muscles.

Table 1
Estimated value of the natural logarithm of the EMG peak amplitude in each condition and for each muscle.

Term	Estimate	SE	Lower	Upper	Rhat	BF10
FRO_Intercept	-2.076	0.096	-2.266	-1.888	1.000	1.785*10^16
FRO_conditionDIS	-0.006	0.066	-0.136	0.124	1.000	0.068
FRO_conditionRUM	0.223	0.067	0.091	0.354	1.000	19.703
OOS_Intercept	-2.362	0.142	-2.641	-2.085	1.000	4.254*10^14
$OOS_conditionDIS$	0.165	0.111	-0.053	0.384	1.000	0.336
$OOS_conditionRUM$	0.212	0.111	-0.005	0.432	1.000	0.689
OOI_Intercept	-2.284	0.117	-2.514	-2.053	1.001	7.411*10^15
$OOI_conditionDIS$	0.290	0.120	0.054	0.526	1.000	2.006
OOI_conditionRUM	0.371	0.119	0.137	0.603	1.000	12.876

Note. For each effect, the 'Estimate' reports the estimated average value of the natural logarithm of the EMG peak amplitude, followed by its standard error (SE). The 'Lower' and 'Upper' columns contain the lower and upper bounds of the 95% CrI, whereas the 'Rhat' column reports the Gelman-Rubin statistic. The last column reports the BF in favour of the alternative hypothesis (relative to the null hypothesis).

Because the result of a Bayesian analysis is a joint posterior probability over all 126 parameters of the model, we can compute the posterior distribution of the difference 127 between any pair of conditions. In Figure 2 we represent the posterior distribution of the 128 difference in EMG peak amplitude between the rumination and distraction condition for 129 each muscle. This figure reveals that the most probable value for this difference was 130 $\beta = 0.228 \ (95\% \ \text{CrI} \ [0.098, \ 0.357])$ for the FRO muscle, $\beta = 0.081 \ (95\% \ \text{CrI} \ [-0.155, \ 0.324])$ 131 for the FRO muscle, and $\beta = 0.047$ (95% CrI [-0.167, 0.27]) for the OOS muscle. Moreover, 132 comparing the posterior distribution to $\theta = 0$ reveals that there is a probability of 0.753 133 that the average peak EMG amplitude recorded over the OOI is higher in the rumination 134 condition than in the distraction condition (given the model, the priors, and the data from 135 Moffatt et al., 2020). 136

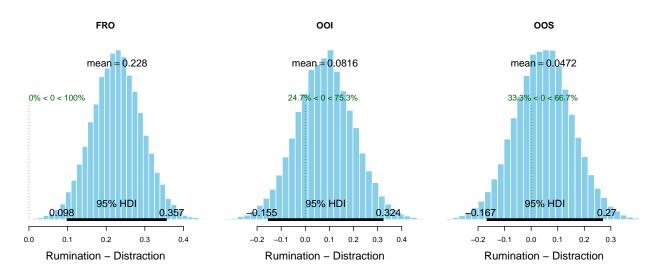


Figure 2. Posterior distribution of the difference in EMG peak amplitude between the rumination and distraction condition for each muscle, along with its mean and 95% credible interval.

Having nuanced some of the conclusions from Moffatt et al. (2020), we now turn to a discussion of the problems related to conclusions that can be made from under-powered non-significant results.

Concluding on the null hypothesis from under-powered null-hypothesis significance tests: what could go wrong?

There is an infamous tradition of conducting and interpreting uninformative null-hypothesis significance tests in Psychology (e.g., Meehl, 1997, 1978, 1990a, 1990b, 1967). By "uninformative", we mean that some null-hypothesis significance tests are simply not diagnostic with regards to the substantive effect of interest (e.g., whether there is a difference between conditions A and B).

As highlighted by several authors (e.g., Cohen, 1994; Pollard & Richardson, 1987; 147 Rouder et al., 2016), concluding that an effect is probably absent solely based on a 148 non-significant p-value is the continuous (i.e., probabilistic) extension of the modus tollens 149 and is not a valid argument (i.e., the conclusion does not follow from the premises). This 150 fallacious argument is also known as the fallacy of acceptance, the absence of evidence 151 fallacy or the argument from ignorance, and proceeds as follows: "If the null hypothesis is 152 true, then this observation should rarely occur. This observation occurred. Therefore, the 153 null hypothesis is false (or has low probability)". In short, this argument is fallacious 154 because it fails to consider the alternative hypothesis. 155

This problem is tackled in modern usages of null-hypothesis significance tests by
ensuring that the claim under scrutiny is submitted to severe tests (e.g., Mayo & Spanos,
2006; Mayo, 2018). In general terms, the strong severity principle states that we have
evidence for a claim to the extent that it survives a stringent scrutiny, that is, to the extent
that it survives severe tests. More precisely, some claim (e.g., $\theta = 0$) is said to be severely
tested if it had great chances of being falsified, was the claim false. When a statistical test
is under-powered (for detecting a given effect size), the claim under scrutiny is not strongly
(severely) tested, hence it not possible to obtain strong or reliable evidence for the claim
(bad test, no evidence).

Anticipating the legitimate critiques on the power of their study, Moffatt et al. (2020) report the results of a (possibly ran a posteriori) power analysis using the effect size reported in Nalborczyk et al. (2017) of d = 0.72. This represents a highly optimistic estimate of the substantive effect of interest (i.e., the difference in the natural logarithm of the EMG peak amplitude between the rumination and distraction conditions) as this effect represents the standardised mean difference in EMG amplitude between a rest and a rumination periods (Nalborczyk et al., 2017).

We suggest the (a priori) power of the study ran by Moffatt et al. (2020) was much 172 lower than suggested by the authors. Indeed, we speculate that the standardised mean 173 difference in EMG peak amplitude between the rumination and distraction conditions may 174 be much weaker than the standardised mean difference in EMG amplitude between the 175 rumination and rest conditions. If we assume that the former is half the size of the latter 176 (which seems reasonable given the high inter-individual variability in such effects, cf. the 177 next section but also Nalborczyk, Grandchamp, et al., 2020), therefore the a priori power 178 of the main statistical test from Moffatt et al. (2020) was around 0.44, meaning that they 179 had less than 1 chance out of 2 to find a significant effect (given that the effect in the 180 population was actually 0.36). 181

```
# A priori power for n = 26 and d = 0.36
library(pwr)
pwr.t.test(
  n = 26, d = 0.72 / 2, sig.level = 0.05,
  type = "one.sample", alternative = "two.sided"
)
```

```
##
One-sample t test power calculation
##
```

```
n = 26
   ##
185
                        d = 0.36
   ##
186
   ##
              sig.level = 0.05
187
                   power = 0.4228455
   ##
188
   ##
            alternative = two.sided
189
```

Once again, anticipating the legitimate critique that the absence of a significant 190 difference is not necessarily "significant" evidence for the absence of an effect, Moffatt et al. 191 (2020) reported the following Bayes factor (BF) analysis: 192

"[...] therefore it is possible that the sample size of the present study lacked 193 sufficient power to detect the effect of rumination on muscle activity. In order to test this, a Bayesian paired samples t-test was conducted for the peak log 195 values of muscle activity between the rumination and distraction conditions. 196 This revealed strong evidence in favour of the alternative hypothesis for the 197 FRO muscle $(B_{10} = 18.79)$, and moderate evidence in favour of the null 198 hypothesis for the OOS ($B_{10} = 0.232$) and OOI ($B_{10} = 0.278$) muscles, 199 according to current guidelines for interpreting Bayes factors [43]." 200

While we appreciate the effort, the current approach poses new problems. First, 201 contrary to what the authors suggest, whereas computing a BF indeed allows assessing the 202 relative evidence for the null, computing a BF (i.e., comparing two models) does not solve 203 at all the problem of low power. More precisely, the sensitivity (i.e., the ability to attain a certain goal) of an experimental design to detect a given effect is an issue for both 205 frequentist and Bayesian statistical tests. To illustrate this point, we present below the 206 results of two simulations. 207

First, we simulated 10.000 datasets (for N = 26) under the assumption of either no 208 effect (i.e., the null hypothesis), an effect size of d = 0.36 (i.e., the supposed target effect 209

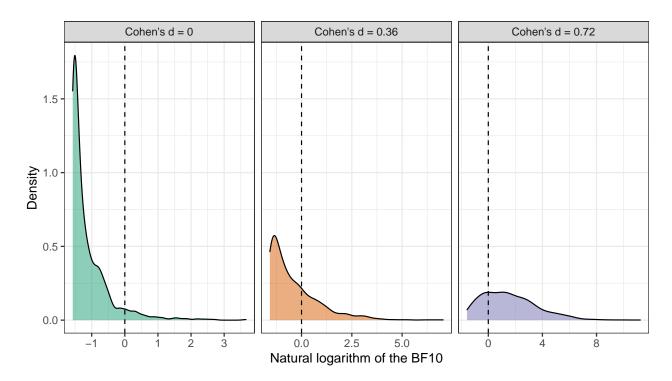


Figure 3. Illustrating the distribution of Bayes factors (also known as the 'Dance of the Bayes factors') in favour of the alternative hypothesis for different effect sizes (N=26). In the left panel, the effect size is fixed to d=0 (i.e., the null hypothesis), in the middle panel, it is fixed to d=0.36 (i.e., the supposed target effect size in Moffatt et al., 2020), and in the right panel, the effect size is fixed to d=0.72 (i.e., the effect size reported in Nalborcayk et al., 2017).

size in Moffatt et al., 2020), or an effect size of d = 0.72 (i.e., the effect size reported in 210 Nalborczyk et al., 2017). As shown in Figure 3, the distribution of BFs computed under 211 each hypothesis reveals important inter-simulation variability. For instance, under the null 212 hypothesis (i.e., when the "true" effect size is d = 0), 6.20% of the computed BFs are above 0 and hence support the alternative hypothesis. When the "true" effect size is of d = 0.36, 71.80% of the BFs are below 0 and hence support the null hypothesis (although the true 215 effect size is actually non-null). When the "true" effect size is of d = 0.72, 26.30% of the 216 BFs are still below 0. In other words, for small sample and effect sizes, BFs have high error 217 rates. 218

Second, we conducted another simulation with the aim of assessing the relation 219 between the sample size and the value of the BF. In the previous section, we fitted a 220 multivariate Bayesian regression model with varying-intercepts by participant and weakly 221 informative priors on the EMG data collected by Moffatt et al. (2020). Using this model, 222 we i) generated new datasets from the posterior predictive distribution of this model and ii) 223 we computed the BF in favour of the alternative hypothesis (BF₁₀) using the BayesFactor 224 package (Morey & Rouder, 2018). We used a "medium" prior (i.e., a scale of 1) on the 225 scale of the Cauchy prior for the alternative hypothesis. We repeated this procedure for 226 varying sample sizes from 20 to 200 participants (by increments of 10 participants) with 227 1000 simulations (i.e., 1000 simulated datasets) for each sample size. 228

As shown in Figure 4, the natural logarithm of the BF in favour of the alternative 229 hypothesis is growing proportionally with sample size. More precisely, whereas BFs 230 computed on small samples (i.e., below 80 participants) support the null hypothesis, BFs 231 computed on larger samples support the alternative hypothesis for all three facial muscles. 232 For instance, the average BF₁₀ computed for the OOI muscle with a sample size of 160 233 participants is of $\exp(2.18) \approx 8.85$, indicating that these data are approximately 8.85 times 234 more likely under the alternative hypothesis than under the null hypothesis. To sum up, 235 this reveals that although at low sample sizes, the BF may provide (weak) evidence for the 236 null hypothesis (relative to the alternative hypothesis), this pattern may very well reverse 237 for higher sample sizes. 238

We should keep in mind some limitations of this analysis, which uses simulated
datasets form the posterior predictive distribution estimated on the data collected by
Moffatt et al. (2020). This analysis resembles to the Bayesian analogue of the frequentist
post-hoc power analysis, which has been much criticised (e.g., Lakens, 2014). A crucial
assumption of the present analysis is that the data from Moffatt et al. (2020) is our best
source of information regarding the main effect of interest. However, the present analysis

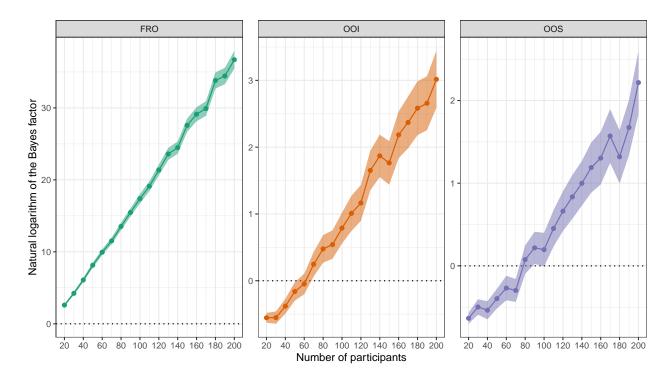


Figure 4. Average natural logarithm of the Bayes factor in favour of the alternative hypothesis, along with its standard error, computed over 1000 datasets of increasing size simulated from the posterior predictive distribution of the varying-intercept multivariate Bayesian regresion model, fitted on the data from Moffatt et al. (2020). A log-BF belows 0 represents evidence for the null hypothesis (relative to the alternative hypothesis) and a log-BF above 0 represents evidence for the alternative hypothesis (relative to the null hypothesis).

also differs from the frequentist post-hoc power analysis on several grounds. First, with the 245 present analysis, we do not aim to assess the ability of our statistical test to pass some 246 dichotomic threshold (e.g., accept/reject). Instead, we aim to assess how the ${\rm BF}_{10}$ (i.e., the 247 evidence for the alternative hypothesis, relative to the null hypothesis) behaves with varying sample sizes. Second, the present analysis relies on the posterior predictive 249 distribution of the model fitted on the data from Moffatt et al. (2020), which naturally 250 incorporates uncertainty about the effect of interest. By simulating datasets of varying 251 sample sizes from the posterior predictive distribution (and by relying on a large number of 252 simulations), uncertainty about the effect size is naturally incorporated into the results of 253

the simulation.

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Within-subject manipulation of rumination and distraction

In Nalborczyk, Banjac, et al. (2020), we manipulated the modality of rumination 256 (whether it is verbal or non-verbal) in a between-subject manner to avoid order effects and 257 to avoid dissipating the effects of the negative mood induction. More precisely, we assumed 258 that inducing rumination after a distraction condition in a within-subject manner would 259 dissipate the effects of the mood induction and therefore reduce the impact of the rumination induction. In contrast to this approach, Moffatt et al. (2020) asked participants to ruminate and then distract themselves (or reciprocally), after an induced stressor (an induced failure). In Figure 5, we depict again the EMG data, this time 263 grouped by the order in which the participants went through the rumination and 264 distraction conditions. This figure reveals some potentially interesting differences between 265 the two groups of participants. For instance, the participants that first went through the 266 rumination condition (in green) seem to show a higher increase in the average EMG peak 267 amplitude recorded over the FRO muscle from baseline than the participants that first 268 went through the distraction condition (in orange). 269

Anticipating again that the order of the within-subject conditions may be an issue, 270 Moffatt et al. (2020) say: 271

"Unless otherwise reported, the inclusion of order in which the conditions were completed as a between-subjects variable as part of a mixed-design ANOVA 273 produced no significant main effects or interactions involving order."

Unfortunately, the problems we discussed in the next section about the interpretation of under-powered non-significant results also apply to this test. Namely, obtaining a 276 non-significant effect of group is very weak evidence that order did not play a role in the 277

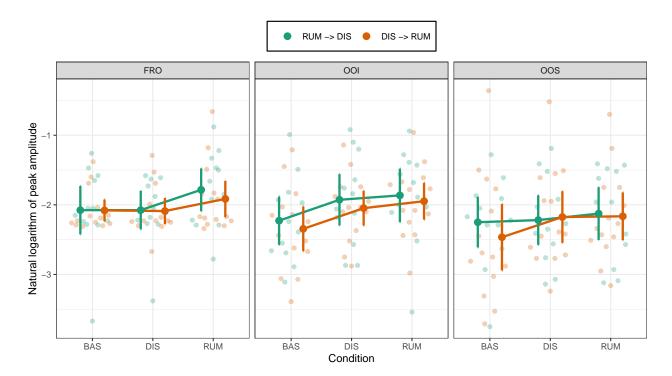


Figure 5. Average natural logarithm of the EMG peak amplitude by muscle, condition, and group. The green dots and intervals represent the by-group average and 95% confidence interval for the participants that first went through the rumination condition, then through the distraction condition. The orange dots and intervals represent the by-group average and 95% confidence interval for the participants that first went through the distraction condition, then through the rumination condition. The light green and orange dots in the background represent the individual-level average natural logarithm of the EMG amplitude by muscle, condition, and group.

results, given the low power of the tests that were performed. This statistical argument is supported by the brief visual exploration fo the data that we presented in Figure 5, which suggests possibly crucial differences between the two groups of participants. However, given the sample size in each group (N = 12 and N = 14), it is impossible to know for sure at this point.

Does everyone show the effect?

We previously noted (e.g., Nalborczyk et al., 2017; Nalborczyk, 2019; Nalborczyk, 284 Banjac, et al., 2020; Nalborczyk, Grandchamp, et al., 2020) that surface EMG measures of 285 inner speech production were highly variable between individuals. This can be explained 286 by the imagery ability of each individual, the reliability of the measurement, and the 287 instructions that are given to the participants (and whether they are understood in a 288 similar manner by all participants). The data collected by Moffatt et al. (2020) is no exception and present an important degree of inter-individual variability. In Figure 6, we represent again the EMG data for each participant (each line is a participant). We used two colours to represent the participants that showed a higher average EMG peak 292 amplitude either in the rumination condition (in green) or in the distraction condition (in 293 orange). As it can be seen from this figure, whereas some participants show "intermediate" 294 or "ambiguous" (i.e., equivalent) patterns of muscular activity across conditions, some 295 participants show a clear superior EMG peak amplitude in the rumination condition (in 296 green) and some others in the distraction condition (in orange). 297

This important inter-individual variability calls into question the use of group 298 averages to describe the nature of inner speech at an individual level. Moreover, this 299 variability suggests that some important confounding factors were not taken into account 300 (i.e., either not manipulated in the experiment or statistically controlled for). In line with 301 Moffatt et al. (2020), we suggest these discrepancies could be explained by differences in 302 the subjective experience of inner speech. We agree that a lot could be learnt by relating this (self-reported) subjective experience to the peripheral muscular correlates of inner speech production. However, this can not be done at the group level, at the risk of missing individual-level patterns. Therefore, we encourage Moffatt et al. (2020) to analyse further their data in order to assess whether the perioral EMG correlates (e.g., the amplitude of 307 the difference between the rumination and distraction conditions on the OOI) can be

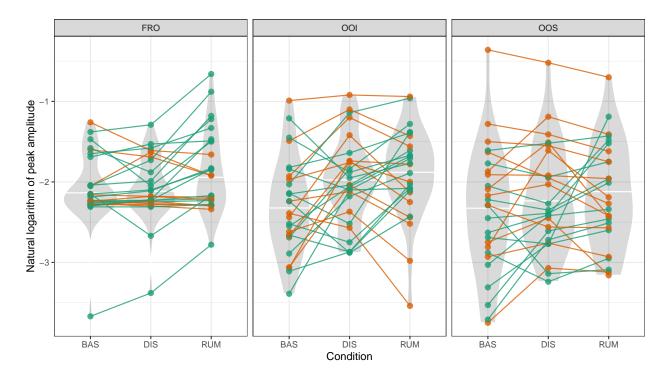


Figure 6. Inter-individual variability in the main effect of interest (i.e., the difference between the rumination and distraction conditions). Green dots and lines represent the average natural logarithm of the EMG amplitude of participants that showed a higher EMG amplitude in the rumination condition than in the distraction condition, whereas orange dots and lines represent the average natural logarithm of the EMG amplitude of participants that showed a higher EMG amplitude in the distraction condition than in the rumination condition.

predicted by the self-reported subjective experience, at an individual level.

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It should be noted that the question of the qualitative differences in the EMG 310 correlates of inner speech may also be assessed more formally using the model comparison approach developed by Haaf and Rouder (2017). However, this would require data coming from an experimental design in which inner speech and non-inner speech conditions would be manipulated within-subject and with multiple observations for each participants in each condition (e.g., as in Nalborczyk, Grandchamp, et al., 2020).

Discussion and conclusions

With this paper we aimed to nuance the strong conclusion made by Moffatt et al. 317 (2020), who asserted that the inner experience of rumination was not related to its 318 peripheral muscular correlates. First, we reanalysed the data from Moffatt et al. (2020) 319 and provided some nuance to the conclusion that can be made from these data. Second, we discussed the statistical and epistemological reasons that cast doubt upon the main conclusion of Moffatt et al. (2020). Because the tests conducted by Moffatt et al. (2020) were heavily under-powered, they provide only weak evidence for the absence of difference. 323 Third, we highlighted that the order of the conditions participants went through may 324 impact the effects of the rumination induction (although we can not decide on this issue 325 with the present data). Finally, we showed that the group analyses masked important 326 inter-individual variability that should be more carefully examined. 327

In addition to these methodological limitations, we now wish to discuss the theoretical 328 interpretations and implications of these results. As discussed in the introduction section, 329 we previously conducted several studies aiming to assess the role of the speech motor 330 system in rumination. Following our initial study (Nalborczyk et al., 2017), we ran an 331 extension of this study in which we compared verbal to non-verbal rumination. The results 332 of this study suggested that the facial EMG correlates of verbal and non-verbal rumination 333 were similar (Nalborczyk, Banjac, et al., 2020). Given the ample evidence on the EMG 334 correlates of inner speech production (for an overview, see Chapter 1 in Nalborczyk, 2019), 335 we needed to explain why this particular form of inner speech (induced rumination) was not associated with speech-specific peripheral muscular activity.

In Nalborczyk, Banjac, et al. (2020), we suggested that this observation was coherent with the mental-habit view of depressive rumination (Watkins & Nolen-Hoeksema, 2014), which defines rumination as a habitual behaviour, automatically triggered by contextual

cues such as negative mood. We know habitual behaviours are more automatic (they are 341 not intentionally initiated) than non-habitual behaviours. Interestingly, it has been 342 observed that the automaticity with which a verbal thought is evoked may influence the 343 degree to which it is enacted, that is, the degree to which it recruits the speech motor 344 system (e.g., Cohen, 1986; Sokolov, 1972). According to Cohen (1986), the presence of 345 peripheral motor activity during inner speech production may be interpreted in terms of 346 attention sharing. For instance, in novel (hence non-automatic) or difficult situations, the 347 vividness of inner speech may be strengthened by increasing the speech motor activity, resulting in more salient auditory percepts. Relating this idea to the motor control 340 framework we previously proposed (e.g., Loevenbruck et al., 2018; Grandchamp et al., 350 2019), it may be said that the characteristics of the situation (e.g., novelty, difficulty) may 351 influence the amount of inhibition that is applied to motor commands during inner speech production, hence resulting in more or less visible peripheral muscular activity (see also a 353 discussion of these ideas in the broader context of motor imagery, Guillot et al., 2012).

Another possible interpretation is that automatic forms of inner speech may rely 355 more heavily on higher-level (e.g., memory-based) cognitive processes whereas less 356 automatic (i.e., more intentional or deliberate) forms of inner speech may rely more on 357 simulation mechanisms via the use of internal models of the speech motor systems 358 (Nalborczyk, 2019). In other words, the production of automatic or non-automatic inner 359 speech would be underpinned by different processes that would involve the speech motor 360 system to a different extent. This distinction is similar to the distinction between the two 361 routes of predictions-by-association and prediction-by-simulations in speech perception and comprehension (Pickering & Garrod, 2013). The prediction-by-association mechanism would rely more on perceptual sensory experiences and domain-general cognitive abilities whereas the prediction-by-simulation mechanism would rely more simulation of the motor 365 action leading to the speech auditory percept. In the former case, no peripheral muscular 366 activity is expected, whereas in the latter case, the speech motor system would be involved 367

in simulating/emulating the corresponding overt action (cf. also the motor simulation
vs. direct simulation (memory retrieval) distinction in Tian & Poeppel, 2012). Whether the
physiological correlates of automatic and non-automatic (deliberate) forms of inner speech
differ because of inhibitory constraints or because they rely on different processes (e.g.,
prediction-by-association or prediction-by-simulation) remains an open empirical question.
We previously discussed these issues in more length and suggested ways forward from an
experimental perspective (cf. the discussion in Nalborczyk, 2019).

To conclude, we wish to bring some nuance to the conclusion of Moffatt et al. (2020), 375 who stated that "In conclusion, induced rumination appeared to involve similar levels of 376 inner speech-related muscle activity to a period of distraction". In consideration of the 377 limitations discussed in the present article, this conclusion seems hasty. Indeed, we 378 provided theoretical (epistemological) and empirical (via simulation) reasons to doubt the 379 strength of the evidence for the null hypothesis in this study. Moreover, supplementary 380 analyses showed that the order of the conditions participants went through may have 381 influenced the effects of the rumination induction on the EMG correlates. Finally, 382 important under-explored inter-individual variability suggests that important determinants 383 of these correlates were not taken into account. We urge the authors to nuance their 384 conclusions, to analyse further their data, and to plan adequately-powered studies in order 385 to settle these issues.

Supplementary materials

Reproducible code and figures are available at https://github.com/lnalborczyk/inner_experience_EMG.

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Acknowledgements

Acknowledgements will be included in the final version of this manuscript.

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