

Mind-wandering: mechanistic insights from lesion, tDCS, and iEEG

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Abstract

Cognitive neuroscience has witnessed increased interest in investigating the neural correlates of the mind when it drifts away from an ongoing task and the external environment. To that end, functional neuroimaging research has consistently implicated the default mode network and frontoparietal control network in mind-wandering. Yet, it remains unknown which subregions within these networks are necessary and how they facilitate mind-wandering. In this review, we synthesize evidence from lesion, transcranial direct current stimulation and intracranial EEG studies demonstrating the causal relevance of brain regions, and providing insights into the neuronal mechanism underlying mind-wandering. We propose that the integration of complementary approaches is the optimal strategy to establish a comprehensive understanding of the neural basis of mind-wandering.

Keywords: mind-wandering , lesion, transcranial direct current stimulation, intracranial EEG, default mode network, frontoparietal control network

1 **Beyond neuroimaging correlates of mind-wandering**

2

3 An exceptional feature of the human mind is its capacity to wander away from the here
4 and now[1]. This ubiquitous experience predicts wide ranging functional outcomes in
5 both the lab and in everyday life[2]. Regardless of how **mind-wandering**[3–7] is defined
6 (see Glossary), its prevalence and impact has sparked a substantial increase in
7 cognitive neuroscience research investigating the neural correlates of mind-wandering
8 in the past 15 years[8]. Leveraging the superb spatial resolution of functional and
9 structural magnetic resonance imaging (MRI) techniques, these studies revealed
10 multiple brain structures involved in this pervasive cognitive phenomenon[9–14].
11 However, unanswered questions remain about the necessity of these brain regions and
12 the neuronal processes underlying mind-wandering. By integrating evidence from
13 lesion, transcranial direct current stimulation (tDCS) and intracranial EEG (iEEG)
14 studies, we present a synthesis that establishes the causal relevance of brain regions,
15 and provides insight into the neural mechanisms underlying mind-wandering.

16

17 Empirical studies investigating the neural basis of mind-wandering have primarily relied
18 on functional MRI. They have identified a consistent set of brain regions involved in
19 mind-wandering, providing valuable insights on where in the brain the action takes
20 place. Given the correlational nature and limited temporal resolution of functional and
21 structural MRI, other techniques are available to address the causality of brain regions
22 in mind-wandering, the mechanistic relationship between these regions, and the
23 temporal dynamics of mind-wandering. Therefore, the current review examines two
24 important aspects of the neural basis of mind-wandering by highlighting studies
25 involving the lesion, tDCS and intracranial EEG approaches. Box 1 describes the
26 unique insights afforded by each of these approaches in more detail. In this review, we
27 first address the causal relevance of brain regions in mind-wandering and then examine
28 the neural mechanism underlying this ubiquitous experience. Given the increasingly
29 recognized role of context, we also underline the importance of accounting for context in
30 examining the neural basis of mind-wandering.

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Neural regions and circuits necessary for mind-wandering

Functional MRI (fMRI) evidence has consistently implicated the interaction within and across two major large-scale networks in mind-wandering. One common finding converges on the default mode network (DMN)[10–12,15]. Parcellation of this network has revealed fine-grained differential relationships between its two subsystems and phenomenological experiences that are commonly reported during mind-wandering[9,16]. Another prominent network consistently linked to mind-wandering is the frontoparietal control network (FPCN). Based on its role in goal-directed processes[17,18], co-activation of the FPCN and the DMN are linked to the occurrence of mind-wandering and related internal processes[19–21]. Box 2 further elaborates on the differential roles of the DMN and FPCN in mind-wandering, as well as other cognitive processes, highlighting a nuanced context-dependent brain-behavior functional relationship. Although additional regions beyond these networks, including the motor cortex[22], are also recruited during mind-wandering, the current review focuses on the DMN and FPCN as they have been the most extensively examined. Over a decade of fMRI research has laid the foundation for our understanding of neural networks involved in mind-wandering. We now focus on two complementary approaches that build on the knowledge obtained from fMRI by establishing the causal relevance of subregions in these networks: lesion and tDCS.

Permanent damage versus temporary modulations

The classic approach to determining the necessity of specific brain regions involves the comparison of behavioral and neural patterns of individuals with and without permanent focal damage to parts of their brain[23]. This lesion methodology was famously exemplified by the discovery of the critical role of the hippocampus in memory[24]. Informed by fMRI findings, lesion studies examining mind-wandering have primarily focused on the DMN.

1 Another approach to determine the causal relevance of cortical regions in mind-
2 wandering is tDCS (see [25] for a review). In contrast to the permanent damage
3 resulting from lesions, this type of non-invasive brain stimulation technique enables the
4 temporary and reversible modulation of cortical excitability in targeted brain regions.
5 Importantly, the polarity of the stimulation informs the mechanistic relationship between
6 the stimulated brain region and the cognitive function of interest. Whereas anodal
7 stimulation is proposed to increase excitability of the underlying cortex, cathodal
8 stimulation is thought to inhibit activity[26]. While both the DMN and FPCN have served
9 as targets of stimulation in neurotypical individuals, tDCS studies of mind-wandering
10 have predominantly targeted the dorsolateral **prefrontal cortex** (PFC) as part of the
11 FPCN based on its established role in the high-level executive control of
12 attention[17,18,27].

13

14 While both permanent and temporary approaches inform the causality of a brain region
15 in a given function, evidence suggests they provide unique information about the nature
16 of that brain-behavior relationship (c.f. [23]). Permanent lesions reveal the functions of
17 the damaged region following reorganization of the brain over time[28], whereas
18 temporary modulations of brain regions reveal the effects of not only the region being
19 perturbed in the moment but also the network to which this region belongs[29].
20 Therefore, the altered mind-wandering experience following temporary tDCS stimulation
21 may mirror the acute phase of a lesion, and the disruption in mind-wandering resulting
22 from chronic lesions in patient populations may reflect the permanency of the damage
23 that has not recovered from neural plasticity.

24

25 ***Default mode network's role in mind-wandering***

26 Given that the DMN is reliably associated with mind-wandering, studies have
27 investigated its role in two prominent aspects of the phenomenon: the frequency of its
28 occurrence and temporal focus of thoughts while mind-wandering. In examining the
29 frequency of mind-wandering, both lesion and tDCS studies have focused on the medial
30 temporal lobe subsystem of the DMN[16]. This subsystem includes the hippocampus,

1 ventromedial PFC, and medial parietal lobe, areas that are implicated in episodic
2 memory retrieval and future thinking (hippocampus), and internal perception
3 (ventromedial PFC and medial parietal lobe). Previous neuroimaging work have
4 specifically implicated this subsystem in the episodic thought content that arise during
5 mind-wandering[30,31]. In lesion studies, patients with lesions in the ventromedial PFC
6 report less mind-wandering (conceptualized as task-unrelated thoughts) compared to
7 neurotypical controls and patients with lesions outside of the DMN[32] (as shown in
8 Figure 1). This was assessed via **thought sampling probes** across three lab-based
9 tasks varying in cognitive demands. Notably, lesion symptom and network mapping
10 analyses involving these ventromedial PFC patients revealed that some of the regions
11 strongly linked to reduced trait level mind-wandering include the inferior parietal lobule,
12 inferior frontal gyrus as well as the ventromedial PFC[33]. This corroborates the causal
13 relevance of this region in mind-wandering propensity, and highlights the role of
14 connectivity to other regions. In mapping out regions that are functionally connected to
15 the lesioned area[34], this novel analytic approach holds promise in revealing not only
16 the necessary regions but also the circuitry involved in different aspects of mind-
17 wandering.

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19 In contrast, patients with lesions in the hippocampus, a critical node of the medial
20 temporal lobe subsystem, report comparable levels of mind-wandering occurrence as
21 observed in neurotypical controls[35]. This is puzzling at first glance given fMRI findings
22 implicating the left hippocampus in the initial occurrence of spontaneous thought and
23 mind-wandering propensity[36,37]. However, a closer examination of these authors'
24 conceptualization of mind-wandering and the context within which mind-wandering was
25 assessed suggests diverging definitions and testing environments may be responsible
26 for the observed differences. Specifically, they defined mind-wandering as stimulus-
27 independent thought and strategically placed the thought sampling probes during
28 moments when participants were not performing any task and were minimally engaged
29 with the external environment[35]. Their naturalistic approach contrasts with previous
30 studies that embedded thought probes during an experimental task in a lab setting,

1 which can capture different aspects of ongoing thoughts[38,39]. Together, this suggests
2 the hippocampus is not necessary for perceptually decoupled thought in under-
3 stimulated settings with minimal cognitive demands from the external environment.
4 However, their role in task-unrelated thoughts, especially during tasks with higher
5 cognitive demands, remains unknown.

6
7 Expanding beyond these findings, several tDCS studies have assessed the impact of
8 DMN stimulation on mind-wandering propensity. In particular, one group found that
9 anodal stimulation of the right inferior parietal lobule (IPL) as part of the medial temporal
10 lobe subsystem of the DMN, and inhibitory cathodal stimulation of the left dorsolateral
11 PFC (DLPFC), decreased mind-wandering compared to the reversed polarity
12 montage[40]. Replicated in two subsequent studies[41,42], this stimulation effect was
13 uniquely observed in the right but not left IPL[42]. Combining tDCS with resting state
14 fMRI, they found that anodal stimulation of the right IPL decreased its efferent
15 connections with the posterior cingulate cortex, a core node in the DMN, which was
16 linked to reduced mind-wandering propensity[41]. This stimulation montage also
17 decreased medial PFC's efferent connections with the posterior cingulate cortex, which
18 was linked to decreased mind-wandering. Given the facilitative role of the DLPFC in
19 mind-wandering, these findings suggest that simultaneously inhibiting the DLPFC and
20 increasing excitability of the right IPL reduces mind-wandering by perturbing intra-DMN
21 connectivity. By examining functional connectivity patterns following stimulation, this
22 combination of methodological approaches provides unique insights into the neural
23 circuitry of the DMN and its role in mind-wandering propensity. Notably, these results
24 should be considered along with two studies that failed to replicate the effect of reduced
25 mind-wandering frequency when they implemented anodal stimulation of the right IPL
26 and cathodal stimulation of the left DLPFC[43] and left cheek[44] during a less
27 cognitively demanding task. These findings suggest the causal relevance of the right
28 IPL as part of the DMN in mind-wandering may depend on stimulation parameters or
29 the context in which mind-wandering was measured (see Box 3).

1
2 The temporal focus of thoughts is another prominent phenomenological feature of mind-
3 wandering. In examining the content of mind-wandering thoughts, patients with lesions
4 in both the ventromedial PFC and hippocampus report more present-focused thoughts
5 during mind-wandering than neurotypical controls[32,35]. These findings are in line with
6 the ventromedial PFC's causal role in mental time travel[45] and in thoughts not
7 bounded by external stimuli[46]. This pattern of thoughts was also observed in patients
8 with a behavioral variant of fronto-temporal dementia with atrophy in similar areas within
9 the DMN and other distributed regions[37]. In addition to hippocampal patients'
10 preference for present-focused mind-wandering, their tendency towards semantic
11 versus episodic thoughts and verbal versus visual thoughts[35] are also consistent with
12 the medial temporal lobe's role in mental simulations[9,32,47]. In other words, a
13 damaged hippocampus appears to result in an inability to construct episodic events via
14 visual imagery, which constitutes a major proportion of mind-wandering content[48]. It is
15 possible that a damaged medial temporal lobe subsystem may result in the absence of
16 mental content, causing thoughts to be more present-focused. In line with lesion
17 findings, stimulation of bilateral IPL specifically decreased mind-wandering focused on
18 negatively valenced past oriented thoughts compared to sham stimulation[49]. These
19 results converge on the notion that the medial temporal lobe subsystem is causally
20 involved in mental simulation during mind-wandering, without which our inner
21 phenomenological experience is restricted to the present.

22
23 Collectively, notwithstanding the different conceptualizations of mind-wandering, these
24 findings establish the spatial specificity of the medial temporal lobe subsystem of the
25 DMN (as summarized in Figure 2). They reveal the nuanced relationship between each
26 subregion and the frequency of mind-wandering and its phenomenological experience,
27 suggesting they are not uniformly involved in the same aspects of mind-wandering.
28 These patterns are consistent with neuroimaging reports of a differential relationship
29 between the cortical thickness of two regions within the parahippocampus and varying
30 levels of detail and task-focus of our phenomenological experience [39,50]. Moving

1 beyond individual regions, lesion network mapping and combined tDCS and resting
2 state fMRI converge on the mechanistic role of intra-DMN connectivity in mind-
3 wandering occurrence. These novel approaches provide insights into the mechanistic
4 circuitry underlying how the DMN is involved in aspects of mind-wandering beyond its
5 propensity.

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8 ***Fronto-parietal control network's role in mind-wandering***

9 Given the regulatory role of the FPCN in both external and internal cognition[19,51],
10 lesion and tDCS studies have focused on the role of the DLPFC as a core node of the
11 FPCN in mind-wandering. In our study, we compared the electrophysiological patterns
12 observed in individuals with and without lesions in the LPFC[52]. Patients with LPFC
13 lesions showed disrupted regulation of their electrophysiological response (i.e. alpha
14 band activity) during periods when attention was focused internally (otherwise referred
15 to as stimulus-independent thoughts). This regulatory capacity was intact in neurotypical
16 controls and patient controls with lesions outside of the FPCN. These results suggest
17 that the LPFC is critical for stimulus-independent thought; the impact of this lesion is
18 manifested in the disruption of the electrophysiological activity that facilitates mind-
19 wandering[53,54]. Notably, lesions in LPFC have also been shown to disrupt contextual
20 processing (ref?)

21

22 In line with this finding, studies involving DLPFC stimulation also established the causal
23 relevance of this region in mind-wandering, primarily designed to modulate its
24 propensity. In an initial tDCS study, anodal stimulation of the left DLPFC was found to
25 increase mind-wandering compared to two control conditions involving sham stimulation
26 and stimulation of the occipital region[55]. Subsequent studies have replicated this
27 finding: using stronger intensity stimulation that was independent of the location of
28 cathode over right supraorbital or inferior parietal cortex[28–31] (see Figure 1). The
29 authors also ruled out the possibility that meta-awareness as a result of stimulation
30 contributed to the increased self-report of mind-wandering[57]. Despite the apparent

1 robustness of this finding, we were unable to replicate the effect of tDCS on mind-
2 wandering in a well-powered, pre-registered study[58] using the identical stimulation
3 and task parameters as those reported by the initial study[55]. By reporting Bayesian
4 statistics, we were able to provide evidence for the absence of an effect of anodal
5 DLPFC stimulation on mind-wandering. This finding raises important questions about
6 the impact of methodological differences employed in the tDCS field on the variable
7 outcomes across studies, which we address in more detail in Box 3.

8

9 In a subsequent study, we used a high-definition (HD) stimulation montage, consisting
10 of smaller electrodes where one anode was centered over the left DLPFC and
11 surrounded by four cathodes. Computational simulations have shown that such HD-
12 montages provide a more focal stimulation compared to the two-electrode montage[59]
13 used in past studies. We found that anodal stimulation of left DLPFC led to a decrease
14 in mind-wandering using the HD-montage in a different task tailored to recruit executive
15 function[60]. One possible explanation rests on the assumption that DLPFC stimulation
16 enhances executive resources availability. If so, these resources may be allocated to
17 the executive function task in this study[59], thereby decreasing mind-wandering during
18 task performance. Since the earlier studies implemented tasks that do not require
19 executive functions[40–43,55,56], the enhanced resources may have been allocated to
20 mind-wandering instead, thereby increasing its occurrence. These findings are
21 consistent with recent work indicating the same region within DLPFC flexibly connects
22 with different networks that are relevant to its current goals, underscoring its context-
23 dependent role in attentional allocation[61]. Future studies are needed to clarify the role
24 of context in tDCS modulation of mind-wandering propensity.

25

26 In summary, the heterogeneity in stimulation parameters and task choice likely
27 contributed to these opposing results of DLPFC stimulation; however, they do converge
28 on the critical role of the DLPFC in the occurrence of mind-wandering (as summarized
29 in Figure 2). The contrasting results raise the possibility that the specific nature of its
30 role may depend on whether the enhanced neural resources are delegated to external

1 or internal cognitive processes, once again underscoring the importance of considering
2 task context in accounts of mind-wandering.

3

4 **Neural mechanisms underlying mind-wandering**

5

6 Investigations of neural mechanisms underlying mind-wandering have heavily relied on
7 fMRI. Using static and dynamic functional connectivity, these studies revealed
8 correlational relationships within and across regions of the DMN and FPCN during
9 mind-wandering[16,19,20,51]. Nonetheless, the coarse temporal resolution of fMRI
10 restricts its ability to capture transient, fast-acting processes of neuronal assemblies. In
11 contrast, iEEG offers high temporal resolution as well as anatomical precision,
12 rendering it an ideal tool for assessing the transient neuronal processes subserving
13 mind-wandering. In this section, we discuss the neurophysiological mechanism
14 underlying mind-wandering and related spontaneous processes occurring at rest as
15 revealed by iEEG.

16

17 ***Neural processes during mind-wandering***

18 In line with neuroimaging studies, iEEG research investigating mind-wandering
19 converges on the role of the DMN and FPCN. We authored an initial iEEG study that
20 examined mind-wandering conceptualized as stimulus-independent thought or internal
21 attention. Our task directs subjects' attention to be focused on the external environment
22 (i.e. external attention) or their internal world (internal attention). Therefore, this
23 experimental paradigm necessitates the recruitment of control regions to successfully
24 direct attention externally or internally.

25

26 Based on the prominent role of the PFC in modulating mind-wandering as informed by
27 the lesion, tDCS, and neuroimaging literature, we first examined the role of the PFC as
28 part of the FPCN. Specifically, our study compared high frequency band activity (HFA;
29 typically quantified as 70-150+ Hz) in response to auditory stimuli during external and
30 internal attentional focus in the lateral PFC as well as the temporal cortex as the control

1 region[62]. While HFA in the PFC was greater during external compared to internal
2 attention, there was no evidence of such differences in the temporal cortex. These
3 findings implicate the PFC in the top-down control of mind-wandering. Our results
4 support the decoupling model[63], and suggests that one mechanism by which the PFC
5 supports mind-wandering is by withdrawing resources from the external environment as
6 reflected in the attenuation of HFA responses to external inputs during mind-wandering.

7

8 Informed by fMRI findings of functional connectivity between DMN and FPCN, we then
9 examined the electrophysiological mechanism underlying the relationship between
10 these two networks during mind-wandering. Given that parcellation of the FPCN has
11 revealed a subsystem A that is broadly implicated in internal cognition[51], we assessed
12 the interaction between electrodes within DMN and FPCN subsystem A. Our results
13 indicate enhanced inter-network connectivity in the theta band (4-7Hz) during internal
14 attention relative to external attention[64] (as shown in Figures 1 and 2). This pattern
15 was selectively observed in the theta band, consistent with studies suggesting the
16 selectivity of theta oscillations during internal attention processes[65] within the DMN
17 and FPCN[66,67]. Remarkably, the magnitude of the inter-network theta connectivity
18 measure predicted attention ratings during the internal attention condition, highlighting
19 its functional role in facilitating mind-wandering. These findings suggest that enhanced
20 functional coupling in the theta band between the DMN and FPCN subsystem A as a
21 potential core mechanism underlying mind-wandering.

22

23 ***Neural processes of mind-wandering related processes during rest***

24 Mind-wandering is often associated with thought processes that occur at **rest**. Since the
25 spontaneous processes at rest are reminiscent of the stimulus-independent thought
26 conceptualization of mind-wandering, we reviewed iEEG studies of resting state
27 focusing on the DMN and FPCN to further delineate the neural underpinnings of mind-
28 wandering.

29

30 Consistent with the mind-wandering literature, evidence from iEEG studies converges
31 on the role of the DMN during rest[68]. In particular, core hubs of the DMN have shown

1 increased HFA during sustained periods of rest[69], the magnitude of which was later
2 shown to be specifically modulated by the theta phase in the posterior medial
3 cortex[66]. As cross-frequency coupling is proposed to be a neuronal mechanism
4 wherein local activity is coordinated by slower frequencies at different time scales in
5 support of complex cognitive functions[70], these findings suggest cross-frequency
6 coupling within the DMN may be the neurophysiological mechanism underlying
7 spontaneous processes at rest. Implementing a more fine-grained assessment,
8 subsequent reports have revealed unique spatial and temporal patterns of
9 electrophysiological activity within the DMN[71] as well as between the DMN and
10 FPCN[21] during rest. For instance, neighboring electrodes within 5-10 mm of each
11 other often display different temporal profiles[71], potentially reflecting the different
12 stages or processes of spontaneous thoughts in which the DMN is engaged. Afforded
13 by the granularity of iEEG, these findings underscore the heterogeneity of the
14 spatiotemporal characteristics of the DMN during rest. Such observations corroborate
15 lesion and tDCS findings of the nuanced relationship between subregions of the DMN
16 and different aspects of mind-wandering, emphasizing the need to consider mind-
17 wandering as a multi-faceted phenomenon in which the DMN plays various roles.

18
19 Taken together, iEEG has offered unique insights into the precise functional
20 neurophysiology of mind-wandering that non-invasive neuroimaging methods are not
21 equipped to address. Leveraging the spatiotemporal resolution of iEEG, these studies
22 have accessed core hubs of the DMN in the medial structures of the brain with the
23 temporal precision necessary to identify neural mechanisms and preferred frequencies.
24 They revealed the importance of theta band in coordinating activity across large-scale
25 neural networks during mind-wandering and in modulating HFA by way of cross-
26 frequency coupling. They also established the neurophysiological basis for the
27 connectivity patterns observed in the BOLD signal and provided evidence for variable
28 temporal patterns that map onto spatial heterogeneity within the DMN and FPCN at
29 rest.

30

31 **Concluding Remarks and Future Perspectives**

1 This review aimed to inform on the neural underpinnings of mind-wandering by
2 synthesizing evidence from lesion, tDCS and iEEG research. These findings provide
3 strong evidence that the medial temporal lobe subsystem of the DMN (which includes
4 the hippocampus and ventromedial PFC) and DLPFC of the FPCN are necessary for
5 mind-wandering, albeit for different aspects of the phenomenon. Both lesion and tDCS
6 studies converge on the mechanistic role of intra-DMN connectivity in mind-wandering
7 propensity, revealing that perturbation in any major node can disrupt functions of the
8 network. The reviewed studies also demonstrated that mind-wandering relies on the
9 coordinated functioning within and across these large-scale networks at different
10 frequency bands, in particular the theta band and high frequency activity. We argue that
11 achieving an in-depth understanding of the complex neural patterns underlying mind-
12 wandering necessitates a shift away from the predominant reliance on one method
13 towards an integration of complementary methodological approaches. Establishing the
14 causal and mechanistic brain-behavior relationships using these different approaches is
15 a prerequisite to successfully pinpoint effective targets for modulating attentional focus
16 and mind-wandering content in healthy and diseased brains. By leveraging the
17 advantages of different methods, the field can move towards achieving the goal of
18 creating a comprehensive understanding of the neural origins of this fundamental and
19 pervasive cognitive phenomenon.

20
21 One essential future direction includes recognizing the panoply of thought processes
22 and content that are often jointly characterized as mind-wandering. While behavioral
23 and neuroimaging studies have begun to reveal the heterogeneity in processes and
24 content during mind-wandering, studies using the methodologies described here have
25 primarily focused on the propensity of mind-wandering or the mere presence of this
26 phenomenon, overlooking the variety of thoughts and types of mind-wandering that
27 occupy our everyday mental life. For example, ample evidence points to a distinction
28 between intentional and unintentional mind-wandering, which are linked to contrasting
29 functional correlates[72]. Another feature of mind-wandering are the dynamic
30 characteristics of thoughts[7], which are associated with unique electrophysiological

1 signatures[53]. Accumulating evidence from neuroimaging research have begun to
2 unravel distinct brain profiles of diverse thought processes and content in support of
3 conceptual distinctions[14,53,73]. The implications are two-fold. In terms of achieving a
4 brain-behavior mapping of mind-wandering, recognizing that mind-wandering is not a
5 unitary phenomenon will help reveal the distinct brain regions and circuitry that are
6 differentially necessary for these various thought patterns and the neural mechanisms
7 that may underlie them. To that end, recent work has applied principal component
8 analysis on **multi-dimensional experience sampling**[74] data, which effectively
9 quantifies the complex nature of phenomenological experience in the lab and in the real
10 world[50,61,75]. Achieving an accurate and complete understanding of the nuanced and
11 complex landscape of ongoing thought processes during mind-wandering is a critical
12 first step in establishing its neural basis. Another crucial area in which the research
13 reviewed here is relevant concerns the modulation of mind-wandering using brain
14 stimulation: future work may benefit from focusing only on reducing the undesired types
15 and content of mind-wandering. We discuss the practical and clinical applications in Box
16 4. Evidently, the diversity in our thoughts and types of mind-wandering highlight the
17 value of using a finer grain measure of this phenomenon as an important step forward
18 (see Outstanding Questions). A comprehensive account of the neural basis of mind-
19 wandering will therefore likely need to consider both the process by which the mind
20 decouples from the external environment to focus on the inner milieu [76–79] as well as
21 the multitude of phenomenological experiences that occur during mind-wandering.

22

23 Beyond conceptual expansion, another area for development in establishing the causal
24 relevance of brain regions in mind-wandering involves moving beyond target regions in
25 order to capture the aforementioned diverse processes. Given neuroimaging work has
26 revealed regions beyond the DMN and FPCN implicated in mind-wandering[8], lesion
27 studies expanding the regions of interest beyond the DMN and FPCN may reveal other
28 brain structures necessary for different aspects of mind-wandering. To that end, one
29 recent study recruited patients with lesions across different brain regions[33], and
30 determined the lesion-associated networks linked to mind-wandering by implementing

1 lesion network mapping analysis. Moving forward, this analytic approach implemented
2 on a large sample would be particularly useful in delineating additional regions and their
3 related circuitry that are causally involved in mind-wandering.

4
5 Stimulation of regions outside of the DLPFC will also likely prove to be informative;
6 equally important for stimulation studies to consider is other non-invasive or invasive
7 methods of stimulation. Thus far, tDCS is the most common approach to study mind-
8 wandering and the majority of studies have targeted the DLPFC. Although improved
9 stimulation protocols are being developed to enhance the anatomical precision of tDCS
10 stimulation[59,80], modeling and simulation studies have shown that the stimulation
11 effect of the most commonly used standard bipolar montage tends to spread well
12 beyond the intended brain regions[59] and depends strongly on individual anatomical
13 differences[81] (as discussed in Box 3). Notably, other non-invasive albeit less
14 accessible approaches have been shown to provide more spatially precise stimulation.
15 This includes **transcranial magnetic stimulation**[82] and **transcranial focused**
16 **ultrasound stimulation**[83], an emerging technique in cognitive neuroscience with
17 superior focality. Another way to enhance spatial precision of the targeted region is
18 through **intracranial electrical stimulation**, which is an invasive neuromodulation
19 technique that involves clinicians stimulating electrodes implanted into the brains of
20 epilepsy patients to determine their corresponding behavioral effects. Although clinical
21 risks must be carefully considered, this method offers excellent spatiotemporal precision
22 important for tracking the transient effects of stimulation on mind-wandering manifested
23 in behavior and neurophysiological activity, and identifying the regions and circuits
24 causally linked to mind-wandering. A recent study summarizing these observed effects
25 of stimulation has reported a range of behavioral responses upon stimulation of the
26 DMN and FPCN[84].

27
28 Finally, the combination of advanced methodological and analytic techniques offers
29 novel ways to provide mechanistic insights into the neural basis of mind-wandering. The
30 aforementioned studies using lesion network mapping analysis[33] and tDCS combined

1 with resting state fMRI functional connectivity analysis[41] exemplify these integrative
2 approaches and demonstrated their effectiveness in addressing mechanistic questions.
3 Other informative approaches include the examination of structural connections within
4 and between networks underlying mind-wandering[85]. In addition, beyond delivering a
5 direct electrical current in tDCS, transcranial alternating current stimulation (tACS) can
6 modulate ongoing brain oscillations by applying oscillating electrical currents at a
7 specific frequency band known to facilitate mind-wandering[86]. Aside from changing
8 mind-wandering occurrence, this method potentially enables one to determine not only
9 the necessary brain region but also the causal mechanism by which that region exerts
10 its influence on cognition[87].

11
12 The field of cognitive neuroscience is in an unprecedented position equipped with
13 technologically advanced tools to tackle the question of the neural underpinnings of
14 mind-wandering. The next frontier of mind-wandering neuroscience research will likely
15 require the integration of theory-informed, fine-grained conceptualization of mind-
16 wandering and advanced methodological and analytical approaches to inform both
17 basic and translational neuroscience efforts.

18

1 **Box 1. The value of lesion, tDCS and intracranial EEG approaches.**

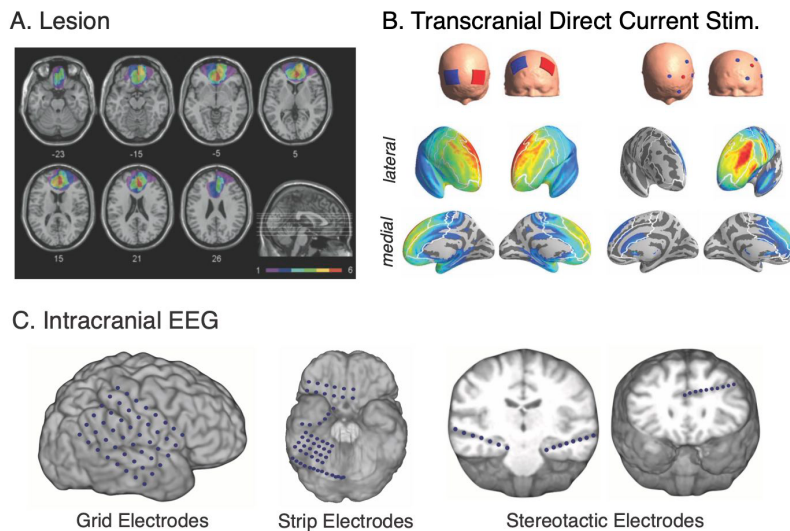
2 The lesion, transcranial direction current stimulation (tDCS), and intracranial EEG
3 (iEEG) approaches have uniquely advanced our understanding of the neural basis of
4 cognitive functions (see Figure I).

5
6 For over a century, lesion studies documenting the impact of permanent damage to
7 focal brain regions in humans have revealed important insights into their causal links to
8 fundamental cognitive processes[88]. Changes in one cognitive function but not another
9 in individuals with lesions compared to those with an intact brain provide compelling
10 evidence that the damaged brain region is necessary for the disrupted cognitive
11 function. The outcome of this permanent damage appears to be distinct from that of
12 temporary changes elicited by brain stimulation, underscoring the unique information
13 afforded by the lesion approach[23]. To that end, foundational and contemporary lesion
14 studies have revealed subcomponent processes of high-level cognitive
15 functions[24,89,90].

16
17 In contrast to the permanency of brain damage, tDCS temporarily modulates a brain
18 region using a portable stimulator that delivers low intensity electrical currents through
19 scalp electrodes. Importantly, changes in stimulation parameters can differentially
20 impact the targeted cognitive function. This includes the stimulation montage (e.g.
21 bipolar versus high-definition) which impacts the spatial precision of the stimulation[23];
22 polarity (e.g. anodal=excitation and cathodal=inhibition) which informs the functional
23 role of brain regions[40,41,43,56]; and intensity (e.g. 1mA versus 2mA) which reveals
24 dosage dependent effects[59,60]. Despite inconsistent findings in part due to
25 methodological differences (see Box 3), the temporary effect of the stimulation enables
26 the examination of causal relevance of brain regions in larger, more representative
27 samples and is a potential avenue for improving cognitive functions.

28
29 Finally, recordings of iEEG are obtained directly from electrodes implanted in the brains
30 of epilepsy patients during surgery for identifying the source of epileptic seizures. Neural

1 activity recorded from non-epileptic sites[91] in patients resemble activity from healthy
 2 brains, emphasizing the utility of iEEG for basic research. This type of data offers
 3 millimeter anatomical precision and millisecond temporal precision useful for revealing
 4 neuronal activity unfolding over time during cognitive processes[92,93]. Moreover, iEEG
 5 data has a high signal-to-noise ratio allowing for single-trial analyses and provides
 6 access to high frequency activity which tracks neuronal firing rates and the BOLD
 7 signal[94,95]. Despite these advantages over scalp EEG, iEEG is inherently invasive
 8 and comes at the cost of low sample size and partial brain coverage. The advantages of
 9 iEEG enable us to understand not just where and when, but how, fundamental cognitive
 10 processes are implemented in the human brain[92,96].



11

12 **Figure I. Lesion, transcranial direct current stimulation (tDCS) and intracranial**
 13 **EEG (iEEG) approaches.** A) Lesion studies have examined the default mode network
 14 (DMN), as exemplified in these MRI images. Adapted from Bertossi 2016[32]. B) tDCS
 15 studies have targeted the DMN and DLPFC in the fronto-parietal control network
 16 (FPCN). Simulation of left DLPFC stimulation using the two-electrode montage (left
 17 panels) shows that the impact spreads into medial PFC and beyond whereas the four-
 18 electrode high-definition montage (right panels) results in focalized electric field intensity
 19 restricted to the left DLPFC. Adapted from Csifcsak 2018[59]. C) In studies using iEEG,

- 1 grid, strip and stereotactic electrodes have been used to target regions in DMN and
- 2 FPCN.

1 **Box 2. The roles of DMN and FPCN in mind-wandering.**

2 Neuroimaging research has long converged on the integral role of the default mode
3 network (DMN) in mind-wandering[9–12]. Based on differential relationships between
4 the two subsystems of the DMN and thought processes that are commonly reported
5 during mind-wandering[9,16], these subsystems presumably contribute to the different
6 aspects of mind-wandering. While the dorsal medial prefrontal cortex subsystem is
7 involved in mentalizing about social situations (e.g. as in theory of mind[97]), the medial
8 temporal lobe subsystem is active during episodic memory recall and constructive
9 mental simulation during memory tasks[16] and during mind-wandering[30,31]. Given
10 the robust finding of DMN’s involvement in mind-wandering, a substantial amount of
11 research has almost exclusively examined the DMN. Subsequent work has disputed
12 this widely accepted portrayal of a one-to-one brain-behavior mapping, with a meta-
13 analysis demonstrating that mind-wandering reliably recruits regions outside of the DMN
14 including the fronto-parietal control network (FPCN)[8]. Moreover, accumulating
15 evidence suggests that the DMN is not exclusively involved in mind-wandering and its
16 related processes[98]; rather, this network is also recruited during tasks not traditionally
17 associated with DMN [99–103], and linked to specific aspects of task-related
18 thoughts[22]. These findings contest the DMN’s singular role as a task-negative
19 network[14,74,102,104], and necessitate the consideration of context to more
20 accurately depict this nuanced relationship between DMN and ongoing thoughts.

21
22 The FPCN has also been consistently linked to mind-wandering[8]. Primarily activated
23 during executive control processes[17,105], this network appears to serve as a gateway
24 to conscious ongoing experience and interacts with the DMN to regulate the occurrence
25 of internally oriented thoughts[16,21,51,106] including episodic memory[19]. Similar to
26 the DMN, subsequent work has revealed that this network is parcellated into two
27 subsystems that are associated with distinct functional roles[51]. The FPCN_A is mainly
28 associated with internally oriented processes whereas the FPCN_B is preferentially
29 involved in externally oriented processes.

1 Collectively, although neuroimaging studies provide robust evidence of the involvement
2 of the DMN and FPCN, they also demonstrate the heterogeneity of each network and
3 their complex relationship with mind-wandering. Their role in mind-wandering and other
4 cognitive processes further highlights the importance of considering a more nuanced
5 functional account of these networks in explaining our ongoing thought patterns. These
6 separate lines of research set the foundational knowledge, upon which complementary
7 methodological approaches can then build to establish the causal relevance and
8 mechanistic relationship underlying subcomponents within these large-scale neural
9 networks.
10

1 **Box 3. Methodological challenges and suggested solutions for tDCS research.**

2 Effects of tDCS on mind-wandering and cognitive functions are variable[107] and have
3 been inconsistent across studies[108]. This suggests that the methodology as currently
4 employed in many tDCS studies is of insufficient quality to provide reliable and
5 consistent estimates of its effect on cognitive functioning. These methodological
6 shortcomings fall into two categories: overlooking important individual factors
7 modulating the effectiveness of tDCS, and poor study design coupled with flexible
8 analysis methods. Regarding the first category, individual anatomy has strong effects on
9 the distribution of the induced electric field as well as the intensity with which underlying
10 areas of the cortex are being stimulated[81]. Another major factor shaping the electric
11 field is the number, spatial location, material and shape of the stimulation
12 electrodes[109]. Even small variations of these parameters can have strong impacts on
13 the electric field. Yet, standards for these parameters are lacking from the scientific
14 literature. Both of these challenges can be overcome by utilizing methods for
15 individualizing both dose[110] and stimulation montages[111] based on computational
16 models of individual structural brain scans[112], which improves standardization of the
17 electric field across participants.

18 The second methodological shortcoming concerns replicability: while this issue have
19 been raised across many scientific fields including cognitive neuroscience[113], tDCS
20 research has been singled out as particularly vulnerable[114]. Many studies on the
21 cognitive effects of tDCS are characterized by under-powered designs and flexible
22 analytical methods[115], both of which have been shown to be key facilitators for non-
23 replicable results[116]. Pre-registration (and especially pre-registered reports) has been
24 recently identified as a powerful method to improve scientific rigor and ensure
25 replicability[117]. By enforcing strict adherence to a pre-specified data collection and
26 analysis plan, spurious findings can be effectively reduced. Even though several pre-
27 registered reports have been published[56,58], adoption of pre-registration has been
28 slow in the tDCS literature. However, this field is well-suited to benefit from the

1 advantages of pre-registration due to the relatively low cost for collecting larger samples
2 and the abundance of stimulation and analytical parameters.

3 Finally, the tDCS field has suffered from spurious results due to insufficient blinding
4 procedures in standard protocols[118]. Brain-stimulation devices have been shown to
5 produce powerful placebo effects[119,120], resulting in the possibility that reported
6 findings can be attributed to effects of expectation rather than stimulation. While
7 modern, high-definition tDCS montages have better blinding properties[121], using
8 active control protocols can facilitate estimating the effectiveness and specificity of the
9 primary stimulation protocols[122].

10

1 **Box 4. Heterogeneity of mind-wandering: real world implications.**

2 Both theoretical and empirical work points towards the heterogeneity of the
3 phenomenological experience during mind-wandering and the myriad ways in which we
4 engage in this phenomenon. While the definition of mind-wandering has been under
5 debate[6,123], we emphasize on two recent conceptualizations that have relevant
6 practical and clinical implications. One common distinction concerns whether mind-
7 wandering is engaged with or without intention[72]. Behavioral work on intentional and
8 unintentional mind-wandering have revealed dissociable outcomes. Intentional mind-
9 wandering has been associated with practical benefits, such as creativity[124] and
10 enhanced mood. In contrast, unintentional mind-wandering has been linked to negative
11 affect[125] in healthy individuals. Clinical work has also demonstrated increased
12 unintentional mind-wandering but comparable intentional mind-wandering in individuals
13 with attention deficit-hyperactivity disorder symptoms[126] compared to neurotypical
14 controls. Given that negative outcomes uniquely associated with unintentional mind-
15 wandering, future studies aiming to modulate mind-wandering propensity in educational
16 or occupational settings may consider focusing on unintentional mind-wandering.

17
18 Another conceptualization of mind-wandering that is particularly relevant for clinical
19 implications concerns the dynamic nature of thoughts[7,127,128]. Recent empirical work
20 testing this theory revealed the ubiquitous presence of thoughts that dynamically flow
21 from one topic to another[129,130]. Consistent with this growing theoretical recognition
22 that our thoughts are not static, neuroimaging evidence predominantly using dynamic
23 functional connectivity has revealed that neural activity also dynamically fluctuates over
24 time during mind-wandering and other spontaneous thought processes[12,21,131,132],
25 suggesting that just as our thoughts are not static, neither is the brain. These thought
26 dynamics stand in contrast to thoughts that are constrained to one topic. For instance,
27 our thoughts can be constrained by saliency of personal concerns, which makes it very
28 difficult to disengage from, as commonly characterized as rumination. Thoughts can
29 also be constrained by top-down control in service of achieving a goal, as in goal-
30 directed processes.

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The clinical implications of these various thought processes are multi-fold. As examples, future work may benefit from selectively 1) reducing undesirable constrained thoughts such as rumination characteristic of major depressive disorder, 2) increasing dynamic thought in individuals with obsessive compulsive disorder, and 3) increasing focused, goal-directed thought in individuals with attention-deficit hyperactive disorder. Although studies using the multi-dimensional experience sampling approach have reported similar thought patterns in the lab and daily life, a primary difference revealed more positive thoughts about ongoing tasks in daily life compared to the lab[39]. Therefore, future studies would benefit from considering the differential impact of performing lab-constrained versus naturalistic tasks on our phenomenological experience.

1 **Glossary**

2

3 **Epilepsy:** Epilepsy is a neurological disorder characterized by recurrent and
4 unpredictable seizures, during which brain activity and behavior becomes abnormal.
5 Many individuals' epilepsy can be treated by medication. However, if various types of
6 medication fail, individuals who have a well-defined source may undergo surgery to
7 determine the precise location of their seizures to be subsequently resected.

8

9 **Intracranial electrical stimulation:** By tracking behavioral changes resulting from the
10 stimulation of electrodes implanted in the brains of epilepsy patients, clinicians can
11 define the regions important for critical language and motor functions. This approach
12 also enables researchers to infer causality by mapping brain structure with millimeter
13 precision to behavioral, cognitive, and neural changes.

14

15 **Mind-wandering:** Mind-wandering is an umbrella term that encapsulates a variety of
16 phenomenological experiences. The most widely used definition – task-unrelated
17 thought – is narrowly characterized in contrast to an ongoing task. A broader definition
18 is stimulus-independent thought, or internal attention, which characterize thoughts that
19 are not focused on the external environment.

20

21 **Multi-dimensional experience sampling:** A form of thought sampling that asks
22 participants to report on multiple dimensions of their ongoing phenomenological
23 experience. In mind-wandering studies, this often includes the task-focus, detailedness,
24 temporal focus, and valence of thoughts, among others.

25

26 **Prefrontal cortex (PFC):** The PFC is situated in the frontal part of the cerebral cortex,
27 and plays a central role in high-level cognitive functions. It can be divided into numerous
28 subregions, associated with distinct functional roles. This review primarily discussed the
29 ventromedial PFC as part of the DMN, and the dorsolateral PFC as part of the FPCN.

30

1 **Rest:** Resting state is often characterized by periods of time when participants are
2 asked to simply do nothing and think about whatever comes to mind. Given the lack of
3 task constraints and experimentally relevant external inputs during rest, attention is
4 presumed and shown to be preoccupied by internally focused thoughts unrelated to
5 their immediate environment.

6

7 **Thought sampling probes:** These are question prompts embedded during a task in
8 the lab (or real life) that ask participants to describe their ongoing mental experience,
9 which circumvents issues of retrospective bias. In mind-wandering studies, participants
10 are typically asked whether they were paying attention to the task or not, among other
11 phenomenological aspects of the mind-wandering experience.

12

13 **Transcranial focused ultrasound stimulation:** This is an emerging non-invasive brain
14 stimulation technique that modulates neuronal activity by way of low intensity acoustic
15 pressure waves. This neuromodulation modality is uniquely characterized by its superior
16 focality (on the order of millimeters) and capacity to target deep brain circuits.

17

18 **Transcranial magnetic stimulation:** This technique involves inducing a pulsed
19 magnetic field that creates brief electrical currents to pass in the brain to temporarily
20 excite or inhibit a focal brain area (on the order of centimeters) below the magnetic coil.

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Figures

Figure 1. Specific findings on the neural structures and mechanisms underlying mind-wandering. A) Patients with lesions in the ventromedial prefrontal cortex (vmPFC) reported significantly less mind-wandering episodes compared to healthy and patient controls across three tasks (i.e. WM = working memory, CPT = continuous performance task, Passive = rest). Adapted from Bertossi 2016[32]. B) tDCS anodal stimulation of the left prefrontal cortex (+PFC) and cathodal stimulation of the right inferior parietal cortex (-PC) showed increased mind-wandering frequency compared to sham stimulation, whereas the opposite montage (-PFC/+PC) did not show significant differences compared to sham, suggesting a polarity-specific effect. Adapted from Filmer 2020[43]. C) iEEG recordings revealed increased theta connectivity between DMN and FPCN subsystem A during mind-wandering as conceptualized by internal attention (int) compared to external attention (ext). Adapted from Kam 2019[64].

Figure 2. Graphical summary of the role of DMN and FPCN subregions in mind-wandering. The effects of lesion on mind-wandering frequency and temporal focus of mind-wandering are indexed by star shapes. Darker grey indicates a lesion in that location was shown to increase mind-wandering frequency (primarily in the ventromedial PFC); the medium shade of grey indicates an absence of significant effect on mind-wandering frequency (in the hippocampus); the lightest grey indicates an increase in present-focused thoughts during MW (in the hippocampus). tDCS effects primarily focusing on mind-wandering frequency are indexed by hexagonal shapes: darker yellow indicates stimulation of that region was shown to increase mind-wandering (in the DLPFC), lighter yellow indicates a decrease in mind-wandering (in the DLPFC and right IPL), and the medium shade indicates an absence of significant effect (in the DLPFC). The size of the hexagon corresponds to the proportion of papers reporting that effect; however, note the sample size across studies is not reflected in this figure. Connectivity between DMN and FPCN subsystem A during mind-wandering as revealed by iEEG studies are shown in blue circles, which reflects involvement of the entire network in which the circle is located.