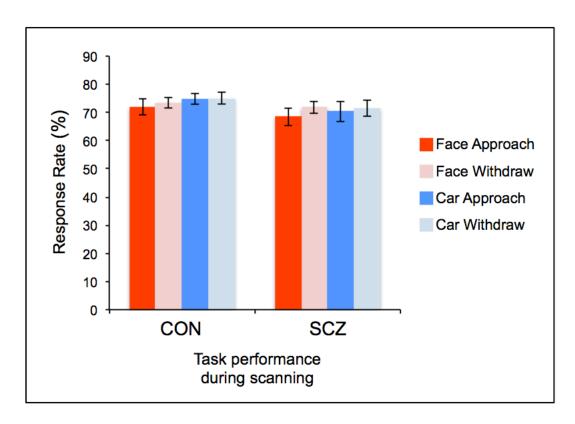
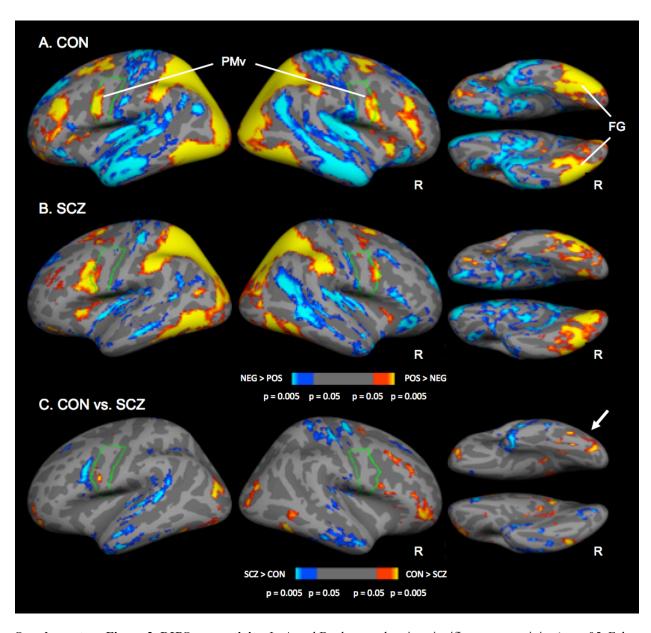
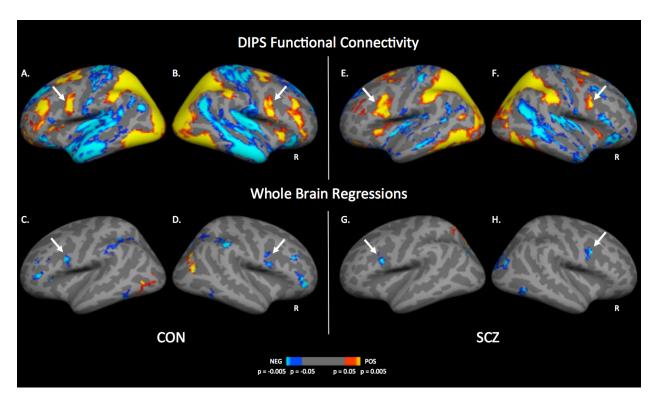
Supplementary Figures



Supplementary Figure 1. These plots illustrate that there were no differences across the four conditions between the two groups in response rates for the attentional task performed during the scans. %, percentage; CON, controls; SCZ, schizophrenic patients.



Supplementary Figure 2. DIPS connectivity. In A and B, clusters showing significant connectivity (p < .05, False Discovery Rate (FDR) corrected, cluster size threshold > 10 mm²) with the DIPS seed in the controls (CON, n = 15) and in the schizophrenic patients (SCZ, n = 15) are displayed on inflated cortical surface maps. Clusters showing positive correlations with the seed are yellow-red, whereas those showing negative (anti-) correlations with the DIPS seed are displayed in blue. The hypothesized primary projection site for the DIPS seed, anatomically-defined PMv, is outlined in green and labeled in A. These maps reveal that the controls showed robust DIPS-PMv connectivity (i.e., connectivity between the DIPS seed and a large cluster within the region defined as PMv *a priori* using anatomical criteria, see Methods and Materials). In the schizophrenia group, the lateral frontal area coupled with DIPS was slightly anterior to the anatomically-defined PMv region-of-interest. However, there were no significant differences in DIPS-PMv connectivity strength between the two groups. In C, the map of the between-group comparison is shown; a white arrow indicates the cluster (with its peak in the fusiform gyrus) that showed significantly stronger connectivity with DIPS in the controls compared to the schizophrenic patients. PMv, ventral premotor area; FG, fusiform gyrus; R, right; POS, positive correlations; NEG, negative correlations; CON, control group; SCZ, schizophrenia group.



Supplementary Figure 3. Correlations between DIPS-PMv functional connectivity and behavioral measures.

Correlations between DIPS functional connectivity and behavior were examined by conducting voxel-wise regression analyses using each behavioral measure as a regressor. In the top four panels shown here, the lateral views of the group-average functional connectivity maps (A, B = controls; E, F = schizophrenic patients) of Supplementary Figure 2 are displayed again for reference. In each of these four panels, areas showing a significant correlation or connectivity (positive correlations = yellow-red; negative correlations = blue) with the resting-state activity of the DIPS seed are shown. In the second row, results of whole brain regression analyses are displayed. In these maps, clusters of voxels which show a significant correlation (positive correlations = yellow-red; negative correlations = blue) between the behavioral measure (personal space size, negative symptoms) and that cluster's connectivity with DIPS are shown. C and D display the significant correlations between DIPS connectivity and personal space size in the control group. G shows the results of the same regression in the schizophrenia group. These three maps (C, D and G) show that DIPS-PMv connectivity was negatively correlated with personal space size in both groups. H shows correlations between DIPS connectivity and negative symptoms within the schizophrenia group. DIPS-PMv and DIPS-occipital lobe connectivity were negatively correlated with negative symptom levels in the schizophrenia group. The white arrows indicate clusters within or near anatomically-defined PMv.

CON, control group; SCZ, schizophrenia group; POS, positive correlations; NEG, negative correlations; R, right.