

1 Predictive processing of pitch trends in newborn infants

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25 Author contributions: GPH, RN, and IW designed the experiment, RN and MT oversaw the data
26 collection, RN analyzed the data, GPH, RN, MT, and IW wrote the paper

27 The authors declare no conflict of interests.

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1 Abstract

2 The notion of predictive sound processing suggests that the auditory system prepares for
3 upcoming sounds once it has detected regular features within a sequence. Here we investigated
4 whether predictive processes are operating at birth in the human auditory system. Event-related
5 potentials (ERP) were recorded from healthy newborns to occasional ascending pitch steps
6 occurring in the 2nd or the 5th position within trains of tones with otherwise monotonously
7 descending pitch. If the trains were processed in a predictive manner only deviant pitch steps
8 occurring in the later train position would elicit the discriminative mismatch response (MMR).
9 Deviants delivered in the 5th but not in the 2nd position of the tone trains elicited a significant
10 MMR response. These results suggest that newborns represent pitch trends within sound
11 sequences and they process them in a predictive manner.

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14 Keywords:

15 MMN, newborn infants, ERP, MMR, predictive processing, pitch, abstract rules

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18 Highlights (3-5 max 85 char/point)

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20 Newborn infants process sounds in a predictive manner.

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22 Newborn infants detect violations of pitch trends.

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24 Newborn infants show adult-like capabilities in processing non-repetitive sound patterns.

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27 Abbreviations (1st page footnote)

28

29 ANOVA Analysis of variance

30 EEG Electroencephalogram

31 ERP Event-related potential

32 ISI Inter-stimulus interval

33 MMN Mismatch negativity

34 MMR Mismatch response

35

1 1. Introduction

2

3 Whereas the role of attention in perception has been acknowledged since the early days of
4 psychology (e.g., James, 1890), the notion that perception may also be of essentially predictive
5 nature has been only relatively recently considered in a systematic manner (e.g., Gregory, 1980).
6 Some modern theories of perception specify Helmholtz' (1860/1962) theoretical framework of
7 utilizing learned information for disambiguating the sensory input in terms of generative models
8 providing predictions about distal objects and their behavior (e.g., Ahissar and Hochstein, 2004;
9 Creutzig et al., 2009; Friston and Kiebel, 2009; Schütz-Bosbach and Prinz, 2007; Winkler et al.,
10 2009). Proponents of the predictive view of perception point out that it can be used to unify
11 theories of perception and action (Friston, 2010; Hohwy, 2007; Hommel et al., 2001; Tishby and
12 Polani, 2011) as well as to guide computational modelling of perceptual decisions (e.g., Hohwy
13 et al., 2008; Mill et al., 2013) and brain responses elicited by unexpected stimuli (e.g., Garrido et
14 al., 2009; Wacongne et al., 2011). Since predictive processing theories follow the empiricist
15 tradition, one may ask whether the predictive principle itself is learned or it is an innate
16 capability of the human brain.

17 Applying predictive processing principles to auditory perception is especially attractive, because
18 sounds are ephemeral and the patterns formed by them, which are regarded by some as the
19 processing units or perceptual objects in the auditory modality (Kubovy and Van Walkenburg,
20 2001; Griffith and Warren, 2004; Winkler, 2010), unfold in time. Predictive processing allows
21 for faster assessment of sensory information (e.g., Bar, 2007; Bendixen et al., 2009), which is
22 essential for the real-time decoding of complex auditory scenes (Bregman, 1990). There is still
23 scarce direct evidence for predictive processing in the auditory system (for a review, see
24 Bendixen et al., 2012). However, the properties of brain responses elicited by deviant auditory
25 events (the mismatch negativity [MMN] event-related potential [ERP]) are generally compatible
26 with the notion that predictions for upcoming sounds are checked against the actual sound input
27 and deviations are processed as prediction errors (Winkler, 2007; Winkler and Czigler, 2012).
28 Auditory deviance-related brain responses (termed the mismatch response [MMR] as they are
29 not full equivalents of the adult MMN, see, e.g., Kushnerenko et al., 2007) have been recorded
30 from newborn infants (Alho et al., 1990; for a review, see Kushnerenko et al., 2013). This allows
31 one to assess whether the neonatal auditory system can detect violations of predictive acoustic
32 regularities.

33 In adults, two sets of deviance-detection paradigms provide the most compelling evidence for the
34 notion that predictive processes underlie deviance detection: Violations of simple contingent
35 inter-tone relations, such as “if the current sound is long, then the next will be high; if the current
36 sound is short, then the next will be low” (Bendixen et al., 2008; Paavilainen et al., 2007) and
37 those of sensory trends, such as monotonously falling of pitch (Tervaniemi et al., 1994), elicit
38 MMN. Because the responses elicited by violations of inter-tone contingencies have been found
39 to be of rather low amplitude in adults and the signal-to-noise ratio of ERP measurement in
40 neonates is substantially lower than that in adults, we chose to measure in neonates the response

1 to sensory trend violations. Although it is difficult to establish a direct analogy between the adult
2 MMN and the infant MMR (see Trainor, 2012), deviations from both simple and complex pitch
3 regularities have been shown to elicit MMR in newborn infants: e.g., MMR has been elicited by
4 deviations from a repeating pitch (Novitski et al., 2007) irrespective of timbre variance (Háden et
5 al., 2009), by violations of the constancy of the direction (Carral et al., 2005) and size (Stefanics
6 et al., 2009) of pitch change within tone pairs varying in absolute pitch, as well as by rare chords
7 categorically differing from the majority of chords (Virtala et al., 2013).

8 These previous studies established that neonates encode the direction and size of pitch steps.
9 Thus, it is possible that a series of tones with descending pitch will evoke prediction for the
10 continuation of this trend in newborn infants. If this was the case, violating the pitch trend should
11 elicit an error signal, such as the MMR. To test this possibility, we presented newborn infants
12 with trains consisting of 6 tones descending in pitch in uniform 3-semitone steps (“standard”).
13 Trains started with a pitch randomly taken from the 622-1480 Hz pitch range (Figure 1). Half of
14 the trains contained a tone that was 3 semitones higher in pitch than the previous one (“deviant”).
15 Ascending pitch steps occurred with equal probability either in the 2nd or the 5th position.
16 Because the brain must first extract the descending-pitch regularity before forming a prediction
17 for the continuation of the trend, we expected that MMR to the violation of the pitch trend could
18 be elicited by the late but not by the early ascending-pitch tones. MMR elicitation by deviants at
19 the early position would suggest that the newborn brain was sensitive to the overall probability
20 of ascending vs. descending pitch steps in the stimulus block. No MMR found in either position
21 would suggest that the newborn brain does not detect pitch trends.

22
23 [Insert Figure 1. at about here]

24 25 2. Results

26 At Position 2, standard and deviant tones elicited ERP waveforms with their differences peaking
27 at ca. 185 ms and 460 ms from stimulus onset at Cz (Figure 2). Both differences appeared to be
28 more pronounced over posterior right electrodes. However, no significant main effect or
29 interaction including Stimulus-type was obtained in the Stimulus-type (Deviant vs. Standard
30 tone) × Frontality (Frontal vs. Central vs. Parietal electrodes) × Laterality (Left vs. Midline vs.
31 Right electrodes) ANOVAs separately conducted on the amplitudes averaged from either the
32 146-226 ms or the 420-500 ms interval.

33
34 [Insert Figure 2. at about here]

35
36 At Position 5, standard tones elicited a response with an early and late negative peak (note that
37 the second peak followed the onset of the next tone in the sequence), whereas deviant tones
38 elicited a slower positive response with a peak between 200 and 300 ms (Figure 3). The ANOVA
39 (see structure above) for the early window (93-173 ms) showed a significant main effect of
40 Stimulus-type ($F(1, 32)=7.55, p=0.009, \eta_p^2=0.19$) as well as a significant interaction between

1 Stimulus-type, Frontality, and Laterality ($F(4, 128)=2.58, p=0.050, \eta_p^2=0.07, \epsilon=0.85$). The
2 interaction was due to more positive ERP responses elicited by the deviant tones over frontal and
3 central midline locations compared to standard tones as shown by a post-hoc Tukey HSD test
4 ($df=128, p<0.05$). The ANOVA (see structure above) for the late window (242-322 ms) yielded
5 only a significant main effect of Stimulus-type ($F(1, 32)=6.83, p=0.014, \eta_p^2=0.16$).

6
7 [Insert Figure 3. at about here]

8
9 Deviant minus standard difference waveforms for the two positions were compared by Position
10 [2^{nd} vs. 5^{th}] \times Frontality [Frontal vs. Central vs. Parietal] \times Laterality [Left vs. Midline vs.
11 Right]) ANOVAs for the two windows, where Position 5 deviant and standard responses
12 significantly differed from each other (as the Position 2 deviant and standard responses did not
13 significantly differ from each other). A significant main effect of Position ($F(1, 32)=4.14,$
14 $p=0.050, \eta_p^2=0.11$) was found in the early (93-173 ms) but not in the late (242-322 ms).

15
16 [Insert Figure 4. at about here]

17 18 3. Discussion

19
20 Significant discriminative ERP responses were elicited by ascending-pitch deviant tones
21 embedded in descending-pitch tone trains in the 5^{th} but not in the 2^{nd} position of the trains. The
22 deviant minus standard difference waveforms also differed between the two positions. These
23 results support the hypothesis that the regularity of the descending pitch pattern was extracted by
24 the newborn brain and a prediction for the continuation descending pitch has been formed. The
25 discriminative MMR response then represents the mismatch between the prediction and the
26 actual input.

27 The lack of a significant discriminative response for 2^{nd} position deviants rules out the alternative
28 interpretation that the low probability of the deviant ascending pitch steps would be the cause of
29 the MMR response, because then 2^{nd} position deviants should have elicited a similar response as
30 the 5^{th} position deviants. Another possible alternative interpretation suggests that the infant brain
31 represented the whole train as a single unit. However, the deviant trains were not too rare (25%
32 of all trains, each separately) and this interpretation again cannot explain why MMRs were found
33 in the 5^{th} but not for the 2^{nd} position deviants.

34 Carral et al. (2005) showed MMRs to occasional pitch direction changes in sound pairs.
35 Therefore, the absence of MMR response for the 2^{nd} -position deviants needs further explanation.
36 In Carral et al.'s (2005) experiment the inter-stimulus interval (ISI) was 50 ms within and 410
37 ms between sound pairs, promoting the tone sequences to be processed in terms of pairs. In
38 contrast, in the current experiment, a uniform 200 ms ISI was set within the trains, which were
39 separated by 600 ms of silence, thus promoting the tone sequences to be processed in terms of
40 trains. In adults, temporal organization of sounds has been shown to act as a strong grouping

1 factor that governs what regularities each sound is related to. For example, Sussman and
2 Gumenyuk (2005) found that the AAAAB cyclical pattern was detected within an isochronous
3 sequence and the “B” tones did not elicit MMN when the onset-to-onset interval was 200 ms.
4 With slower presentation rates, the sequence was represented in terms of discrete tones and the
5 “B” tones elicited the MMN response. Further, when tones have been grouped into short
6 patterns, tones belonging to one group were not checked against the regularity of another group
7 (Winkler et al., 2001). On this principle, the deviants occurring at the 2nd position should not
8 elicit an MMR because they are not compared to the previous “pairs” as “pairs” are not
9 represented as units of the tone sequences. In support of this assumption, temporal grouping has
10 been shown to occur in newborn infants. Using the paradigm of Sussman and Gumenyuk (2005),
11 Stefanics and colleagues (2007) found no MMR to the “B” tones when the AAAAB pattern was
12 cyclically repeated, but MMR was elicited by the B tones when the order of the tones was
13 randomized.

14 The current results are compatible with the notion of predictive processing occurring in the
15 neonatal auditory system. If the newborn auditory system detected the regularity of descending
16 pitches in the short sequences before the 5th position (i.e., extracting the regularity from 3
17 successive descending pitch steps), then it could form a prediction for the pitch of the next tone,
18 which would be violated by the ascending pitch steps. This interpretation is compatible with the
19 predictive interpretation of MMN (Bendixen et al., 2012; Winkler, 2007 and 2010). There are
20 also some alternative explanations to be considered. Firstly, infants could have detected that
21 most pitch steps were descending and thus found ascending ones being deviant. However, in this
22 case, an MMR should have been elicited also at the 2nd position. Secondly, infants could have
23 detected that the majority of the trains had descending steps at each position (i.e., treating
24 descending-only trains as the prototype). However, again, this explanation leads to expecting
25 MMR elicitation also at the 2nd position. Finally, it is possible that infants formed a pitch-step
26 standard separately for each train (from the first three pitch step of each train) and compared that
27 with the pitch steps occurring later in the train. Predictions from this explanation are inseparable
28 from those of the predictive explanation. Therefore, the current results do not conclusively prove
29 that the neonatal brain works in a predictive manner. If the MMR is a precursor of the adult
30 MMN for which some results suggest predictive sound processing (e.g., Bendixen et al., 2008,
31 2015; Paavilainen et al., 2007), then it is likely that the current results reflect predictive
32 processing. For a definitive answer to this question, studies using one of these stimulus
33 paradigms or that of Bendixen et al. (2009) should be conducted with newborns.

34 In conclusion, newborn infants extract pitch trends from sound sequences and their responses to
35 deviations from such pitch trends is compatible with the notion that they process sounds in a
36 predictive manner. Predictive processing has been suggested as a basic principle of perception
37 (e.g., Gregory, 1980). The current results suggest that this principle may already characterize
38 human perception at birth.

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1 4. Experimental procedures

2

3 *4.1 Participants*

4

5 ERPs were recorded from 33 (18 male) healthy, full-term newborn infants during day 1-3
6 postpartum in a dedicated experimental room at the maternity ward of the Military Hospital in
7 Budapest. The mean gestational age of the infants was 39.18 weeks (SD=0.76), mean birth
8 weight 3531 g (SD=313.44), and all infants had an Apgar score of 9/10 (1 minute/5 minute). An
9 additional seven infant's (3 male) data was recorded, but discarded due to excessive electrical
10 artifacts. The study was conducted in full accordance with the Helsinki Declaration and it was
11 approved by the central medical research ethics committee of Hungary (ETT-TUKEB). Informed
12 consent was obtained from the mother or both parents. The mother was given the possibility to
13 be present at the recording and she could terminate the measurement at any point.

14

15 *4.2 Stimuli and procedure*

16

17 The experimental design was a modified version of Tervaniemi et al. (1994). Sinusoidal tones of
18 ~75 dB SPL and 50 ms duration including 5-5 ms rise and fall times (raised cosine ramp) were
19 presented to newborn infants. Tones with a pitch between 220 Hz and 1480 Hz in twelve 3
20 semitone steps (220, 262, 311, 370, 440, 523, 622, 740, 880, 1047, 1245, and 1480 Hz;
21 numbered from 1 to 12) were presented binaurally by E-Prime software (Psychology Software
22 Tools, Inc., Pittsburgh, PA) through ER-1 headphones (Etymotic Research Inc., Elk Grove
23 Village, IL, USA) connected via sound tubes to self-adhesive ear-couplers (Natus Medical Inc.,
24 San Carlos, CA, USA) placed over the infants' ears. During the auditory stimulation the infant
25 was lying on her back in an infant cot with a shaped pillow holding her head in position to avoid
26 the infant inadvertently removing some electrodes. The experiment was terminated if the infant
27 became fussy or cried for several minutes. A single stimulus block consisting of 3600 sounds
28 was presented. The stimulus block contained 600 trains of 6 tones descending in pitch in 3-
29 semitone steps. The ISI was 200 ms within and 600 ms between trains. The pitch of the first tone
30 of the train was randomly selected (with equal probability) from the upper half of the 12 values.
31 Half of the trains included a deviant ascending step at Position 2 or 5 (150 trains, each).
32 Descending only, Position-2 deviant and Position-5 deviant trains were delivered in a random
33 order. The overall deviant (ascending step) probability was thus $p=0.083$. The total duration of
34 the stimulus presentation was ca. 22 minutes.

35

36 *4.3 EEG recording*

37

38 The electroencephalogram (EEG) was recorded with Ag/AgCl electrodes attached to the scalp at
39 the F3, Fz, F4, C3, Cz, C4, P3, Pz and P4 locations according to the International 10-20 System.
40 The common reference electrode was placed on the tip of the nose and the ground electrode on
41 the forehead. . Eye movements were monitored by measuring the voltage between an electrode

1 placed lateral to the outer canthus of the left eye and an electrode placed at the 10-20 location
2 termed Fp1. EEG was digitized with 24 bit resolution at a sampling rate of 1000 Hz by a direct-
3 coupled amplifier (V-Amp, Brain Products GmbH, Munich, Germany). The signals were on-line
4 low-pass filtered at 110 Hz.

5 6 *4.4 Data Analysis* 7

8 EEG was filtered off-line between 1 and 30 Hz. For each stimulus, an epoch of 600 ms duration
9 including a 100 ms pre-stimulus interval was extracted from the continuous EEG record. Epochs
10 with a voltage change exceeding 100 μ V on any EEG or EOG channel were rejected from
11 further analysis. The remaining epochs were baseline-corrected by the average voltage in the
12 100 ms pre-stimulus period (separately for each tone in the train) and averaged separately for
13 standards and deviants at Positions 2 and 5 within the train. All artifact-free epochs were
14 averaged together. Although some studies suggested morphological ERP differences as a
15 function of the infant's sleep state (e.g. Friderici et al., 2002; Friedrich et al., 2004; Suppiej et al.,
16 2010), the specific differences were not reliably replicated (possibly because the assessment of
17 sleep states was done by somewhat different procedures) and other studies found less clear
18 differences (Cheour et al., 2002) or did not find significant morphological differences at all
19 (Martynova et al., 2003). In the current study, infants were awake in only 6% of the recording
20 time (62% in quiet, 32% in active sleep). Therefore, in accordance with the comparable studies
21 (Carral et al., 2005; Stefanics et al., 2007), responses were not sorted according to sleep states for
22 the current analysis. Further, although some studies separated infants showing positive and
23 negative deviance-related responses into different groups (He et al., 2009; Partanen et al., 2013),
24 in a developmentally homogeneous group, such as the current one (healthy infants born to term),
25 there is no reason to do so. We treated all infants' data as exemplifying the same ERP response.

26 Due to the makeup of the stimulus paradigm, the distribution of pitches differed between the
27 standard and deviant tones at both train positions. Therefore, only epochs elicited by tones 6-10
28 were analyzed for Position 2 and tones 4-8 for Position 5. By restricting the analyses to these
29 specific pitches, the distribution of the pitches in the compared responses (i.e., standard and
30 deviant at the same position of the train) became approximately equal. Only infants with more
31 than 60% artefact free trials for all 4 stimulus types/position were included in the analyses. The
32 mean number of artifact-free trials per infant was 175 (137-204, SD=18.35) for standards and 89
33 (64-104, SD=10.58) for deviants at position 2 and 177 (133-204, SD=19.37) for standards and 88
34 (70-104, SD=10.01) for deviants at position 5.

35 Response amplitudes were averaged from 80 ms wide time windows centered on the peaks of
36 group-average deviant minus standard waveforms at the Cz electrode, which typically shows the
37 most reliable MMR response (cf. Figure 4). Measurement windows were separately established
38 for Position 2 (yielding windows 146-226 ms and 420-500 ms) and 5 (yielding windows
39 93-173 ms and 242-322 ms). The effects of the stimulus type were analyzed with three-way
40 repeated-measures analysis of variance (ANOVA; Stimulus-type [Deviant vs. Standard] \times

1 Frontality [Frontal vs. Central vs. Parietal] × Laterality [Left vs. Midline vs. Right]), separately
2 for Positions 2 and 5. The difference waveforms obtained at Positions 2 and 5 a series of Position
3 [2nd vs. 5th] × Frontality [Frontal vs. Central vs. Parietal] × Laterality [Left vs. Midline vs.
4 Right]) ANOVAs were carried out on the Deviant minus Standard difference waves for the two
5 positions. Measurement windows that produced significant Stimulus-type effects in the previous
6 ANOVAs were used. Greenhouse-Geisser correction of the degrees of freedom was applied
7 where appropriate and the ϵ correction factor is shown together with the η_p^2 effect size value.
8
9

10 Acknowledgements

11 GPH (post-doctoral fellowship) and RN (young researcher fellowship) have been supported by
12 the Hungarian Academy of Sciences. IW has been supported by the National Research Fund of
13 Hungary (OTKA K101060). The authors thank research nurse Judit Roschéné Farkas for
14 collecting the data.
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18 Figure captions

19

20 Figure 1.:

21 Overview of the experimental paradigm with the three types of trains (Descending-only train, 2nd
22 position deviant, 5th position deviant). Frequency levels are shown on the y-axis, timing on the x-
23 axis.

24

25 Figure 2.:

26 Group-average (N=33) ERP responses to standard (dashed lines) and deviant (solid lines) tones
27 in Position 2. The crossing of the axes is at the onset of the tone in Position 2 and the onset of the
28 next one is indicated by an arrow. The measurement windows are indicated by grey-shaded
29 rectangles.

30

31 Figure 3.:

32 Group-average (N=33) ERP responses to standard (dashed lines) and deviant (solid lines) tones
33 in Position 5. The crossing of the axes is at the onset of the tone in Position 5 and the onset of the
34 next one is indicated by an arrow. The measurement windows are indicated by grey-shaded
35 rectangles.

36

37 Figure 4.:

38 Group-average (N=33) deviant minus standard difference waves for responses elicited in
39 Position 2 (dashed lines) and Position 5 (solid lines). The crossing of the axes is at the onset of
40 the tone in the position of interest. A black arrow indicates the onset of the next tone. The
41 measurement windows are indicated by grey-shaded rectangles.

Figure
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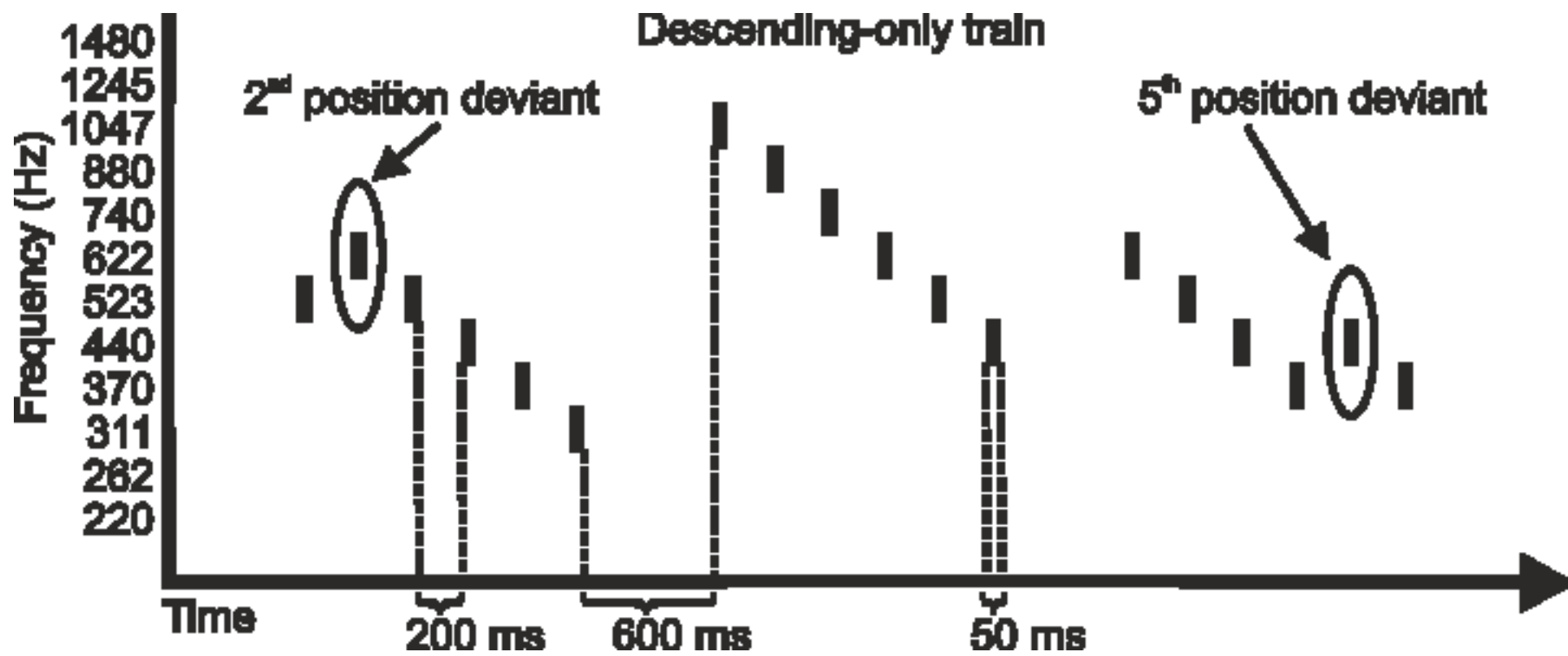


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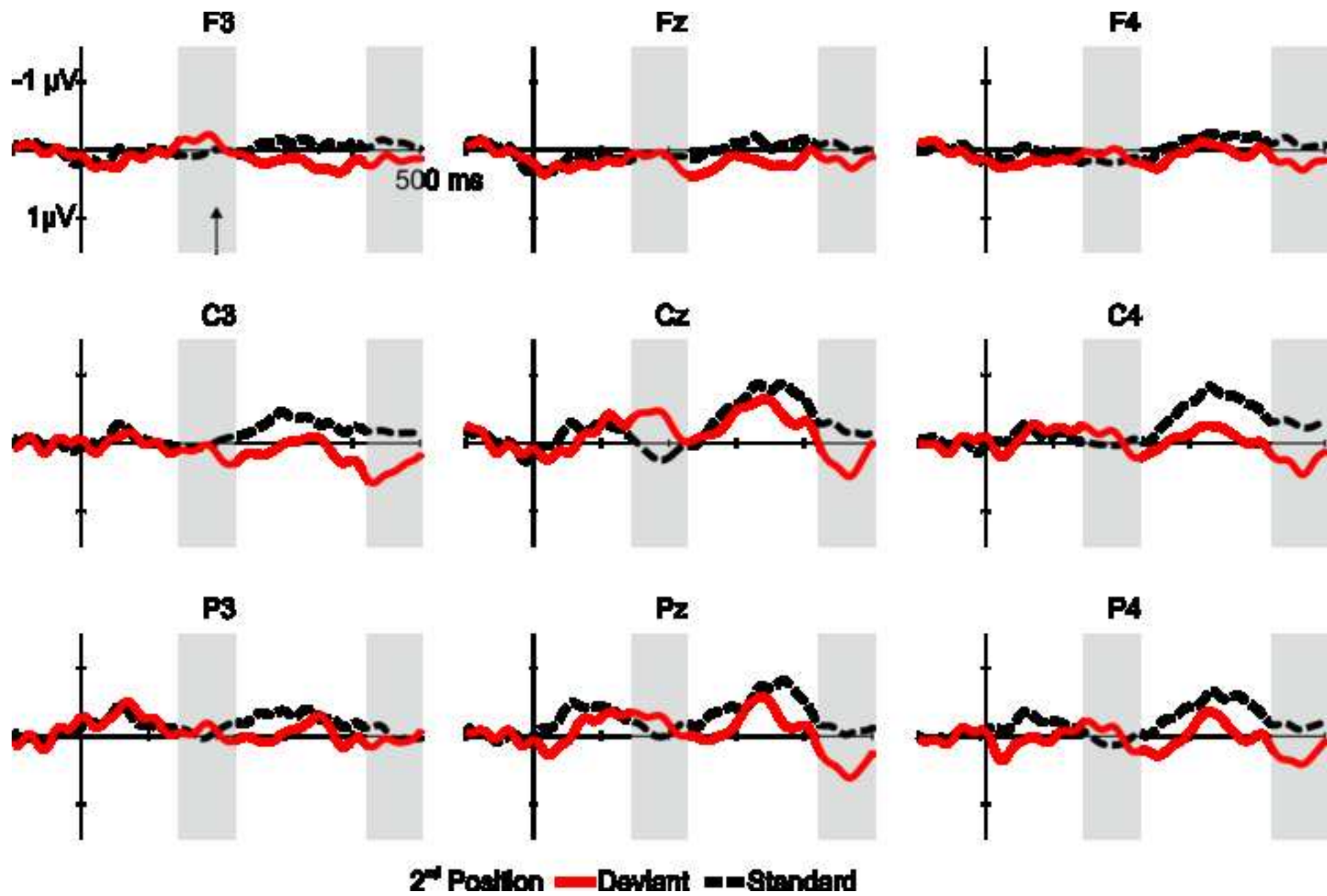


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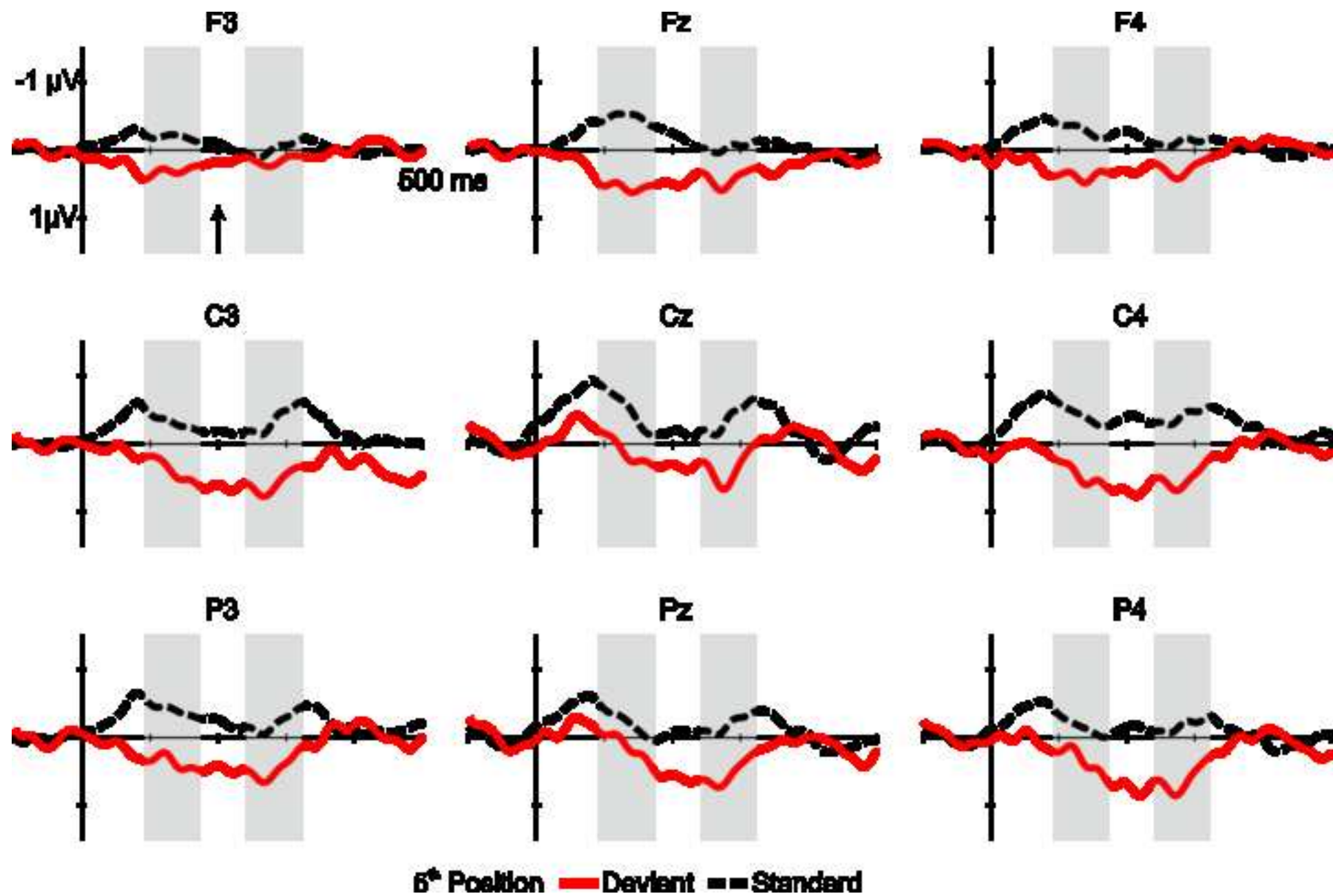
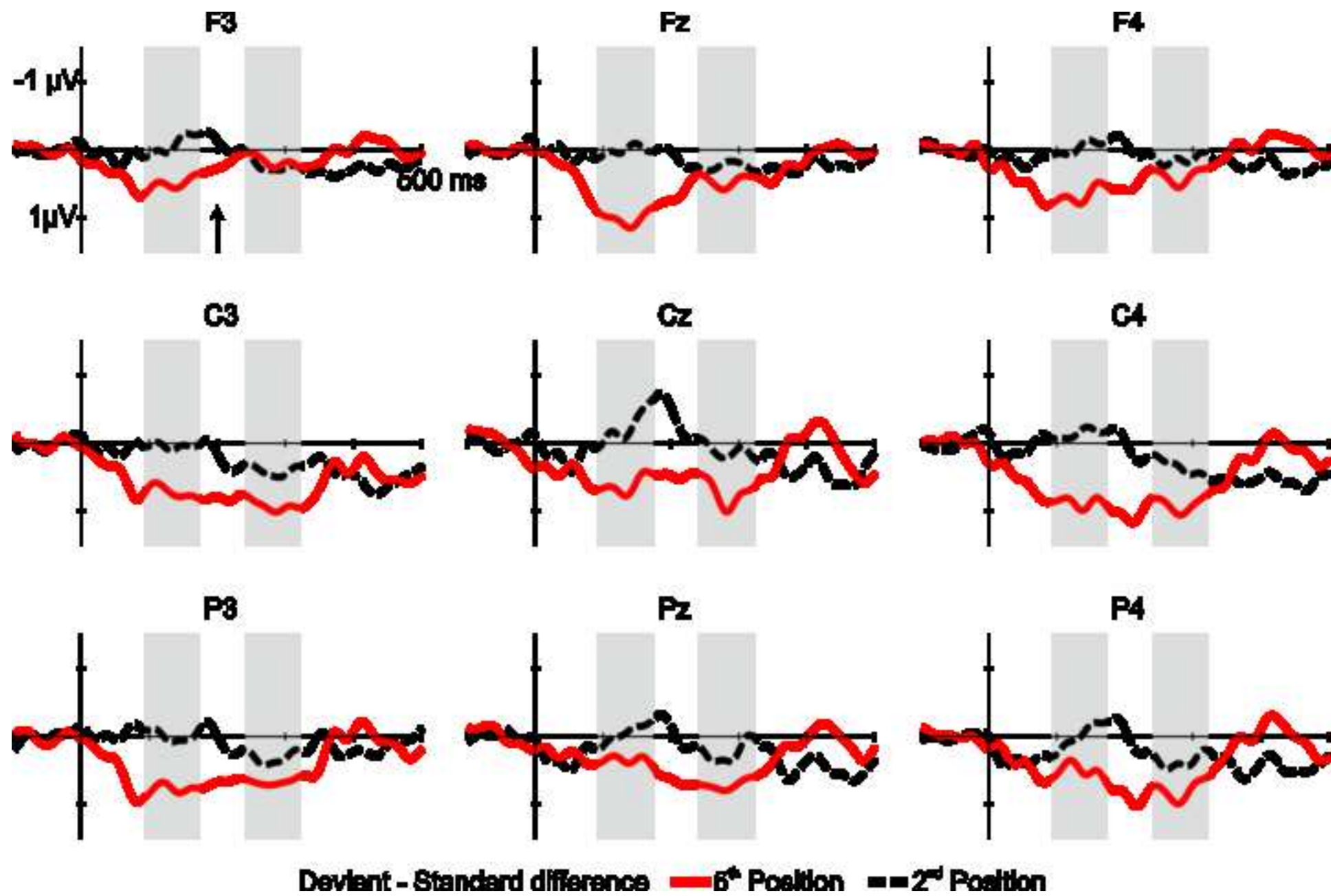


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Tukey HSD test results (p-value) for the Stimulus-type (Standard vs. Deviant tone; S, D respectively) × Frontality (Frontal vs. Central vs. Parietal electrodes; F, C, P respectively) × Laterality (Left vs. Midline vs. Right electrodes, 3, Z, 4 respectively)

Cell No.	Tukey HSD test; variable DV_1 (stddev5_93_173) Approximate Probabilities for Post Hoc Tests Error: Within MSE = ,42170, df = 128,00								
	SD	FCP	3Z4	1 -,1842	2 -,4699	3 -,2907	4 -,3157	5 -,5066	6 -,4191
1	1	1	1		0,947800	1,000000	0,999997	0,861635	0,992668
2	1	1	2	0,947800		0,999738	0,999967	1,000000	1,000000
3	1	1	3	1,000000	0,999738		1,000000	0,997223	0,999998
4	1	2	1	0,999997	0,999967	1,000000		0,999398	1,000000
5	1	2	2	0,861635	1,000000	0,997223	0,999398		1,000000
6	1	2	3	0,992668	1,000000	0,999998	1,000000	1,000000	
7	1	3	1	0,996902	1,000000	1,000000	1,000000	1,000000	1,000000
8	1	3	2	1,000000	0,982529	1,000000	1,000000	0,937755	0,998606
9	1	3	3	1,000000	0,907729	0,999998	0,999974	0,791546	0,982465
10	2	1	1	0,166368	0,000195	0,021193	0,011884	0,000083	0,000792
11	2	1	2	0,000783	0,000036	0,000060	0,000046	0,000036	0,000036
12	2	1	3	0,049548	0,000053	0,004202	0,002169	0,000040	0,000131
13	2	2	1	0,032735	0,000044	0,002485	0,001258	0,000038	0,000085
14	2	2	2	0,928885	0,030238	0,515672	0,397921	0,013187	0,083941
15	2	2	3	0,008402	0,000037	0,000484	0,000243	0,000036	0,000042
16	2	3	1	0,056280	0,000057	0,004966	0,002574	0,000041	0,000152
17	2	3	2	0,873902	0,018450	0,410427	0,303572	0,007712	0,054710
18	2	3	3	0,107121	0,000103	0,011563	0,006275	0,000055	0,000381

Cell No.	Tukey HSD test; variable DV_1 (stddev5_93_173) Approximate Probabilities for Post Hoc Tests Error: Within MSE = ,42170, df = 128,00								
	7 -,4021	8 -,2151	9 -,1642	10 ,30721	11 ,54252	12 ,37400	13 ,39394	14 ,11194	
1	0,996902	1,000000	1,000000	0,166368	0,000783	0,049548	0,032735	0,928885	
2	1,000000	0,982529	0,907729	0,000195	0,000036	0,000053	0,000044	0,030238	
3	1,000000	1,000000	0,999998	0,021193	0,000060	0,004202	0,002485	0,515672	
4	1,000000	1,000000	0,999974	0,011884	0,000046	0,002169	0,001258	0,397921	
5	1,000000	0,937755	0,791546	0,000083	0,000036	0,000040	0,000038	0,013187	
6	1,000000	0,998606	0,982465	0,000792	0,000036	0,000131	0,000085	0,083941	
7		0,999540	0,991566	0,001272	0,000036	0,000200	0,000122	0,114010	
8	0,999540		1,000000	0,098401	0,000330	0,025812	0,016463	0,846895	
9	0,991566	1,000000		0,225759	0,001365	0,073344	0,049608	0,961688	
10	0,001272	0,098401	0,225759		0,992520	1,000000	1,000000	0,999194	
11	0,000036	0,000330	0,001365	0,992520		0,999886	0,999981	0,384899	
12	0,000200	0,025812	0,073344	1,000000	0,999886		1,000000	0,976804	
13	0,000122	0,016463	0,049608	1,000000	0,999981	1,000000		0,953538	
14	0,114010	0,846895	0,961688	0,999194	0,384899	0,976804	0,953538		
15	0,000047	0,003838	0,013578	0,999985	1,000000	1,000000	1,000000	0,796344	
16	0,000237	0,029650	0,082675	1,000000	0,999811	1,000000	1,000000	0,981882	
17	0,076088	0,764147	0,924265	0,999836	0,488298	0,990784	0,978756	1,000000	
18	0,000613	0,060142	0,150619	1,000000	0,998103	1,000000	1,000000	0,996255	

Cell No.	Tukey HSD test; variable DV_1 (stddev5_93_173) Approximate Probabilities for Post Hoc Tests Error: Within MSE = ,42170, df = 128,00			
	15 ,45312	16 ,36764	17 ,13418	18 ,33336
1	0,008402	0,056280	0,873902	0,107121
2	0,000037	0,000057	0,018450	0,000103
3	0,000484	0,004966	0,410427	0,011563
4	0,000243	0,002574	0,303572	0,006275
5	0,000036	0,000041	0,007712	0,000055
6	0,000042	0,000152	0,054710	0,000381
7	0,000047	0,000237	0,076088	0,000613
8	0,003838	0,029650	0,764147	0,060142
9	0,013578	0,082675	0,924265	0,150619
10	0,999985	1,000000	0,999836	1,000000
11	1,000000	0,999811	0,488298	0,998103
12	1,000000	1,000000	0,990784	1,000000
13	1,000000	1,000000	0,978756	1,000000
14	0,796344	0,981882	1,000000	0,996255
15		1,000000	0,872205	0,999999
16	1,000000		0,993148	1,000000
17	0,872205	0,993148		0,998964
18	0,999999	1,000000	0,998964	

