

## IV International Colloquium of Schizophrenia of Porto - Portugal

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## Introduction

Literature suggests that schizophrenic patients have a deficit in facial emotion recognition (Cutting, 1981; Salem, Kring & Kerr, 1996; Bediou et al., 2005; Martin et al. 2005). This deficit appears to be related to difficulties in social skills, poor functioning and lesser quality of life. However, few studies tried to examine the relationship between emotional perception and functional outcome (Couture, Penn & Roberts, 2006).

## Purpose

The purpose of this study was to compare schizophrenic patients and healthy controls in their ability to recognize facial emotions, and to investigate the relationship between facial emotion recognition and psychosocial functioning in schizophrenic patients.

## Methods

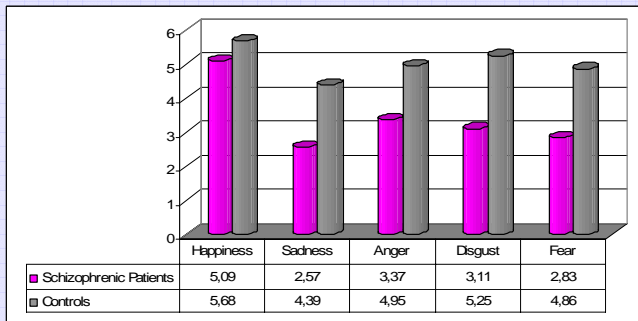
Sample consisted of 37 individuals diagnosed with schizophrenia and 53 healthy controls. All subjects engaged in a facial emotion recognition experiment, which consisted of 30 morphed faces with different 6 emotional intensities of happiness, sadness, anger, fear and disgust.

For each morph, participants had to decide which of the 5 emotions was being expressed. To assess psychosocial functioning, staff members of the mental health facilities fulfilled the Life Skills Profile – Portuguese Authorised Version (Rocha et al., 2006)



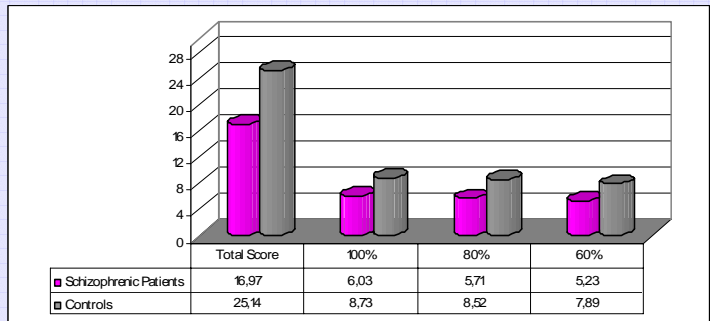
## Results and Discussion

Comparison of schizophrenic patients and controls: correct responses according to emotions



p < 0,050\* p < 0,010\*\* p < 0,010\*\* p < 0,010\*\* p < 0,010\*\*

Comparison of schizophrenic patients and controls: correct responses according to emotional intensity and total score



p < 0,010\*\* p < 0,010\*\* p < 0,010\*\* p < 0,010\*\*

Correlations between total score and number of correct responses for each emotion of the Facial Emotion Recognition Experiment and Psychosocial Functioning Dimensions (LSP-39)

	Facial Emotion Recognition Experiment					
	Happiness	Sadness	Anger	Disgust	Fear	Total Score
Self-Care	,003	,018	,204	,260	,257	,285
Non-Turbulence	,029	,017	,025	,351*	,250	,252
Social Contact	,199	,103	-,058	,161	-,152	,058
Communication	,074	,005	,383*	,193	,403*	,408*
Responsibility	-,047	-,108	-,007	,178	-,053	,040
Total Score	,096	,037	,163	,328*	,226	,313

\*p < 0,05

There were identified significant differences in facial emotion recognition between patients and non-patients. In the patients group we found more incorrect responses and emotion recognition skills were significantly related to the communication dimension of psychosocial functioning. These results suggest the relevance of accurately discriminate others emotions, in the ability to have effective social interactions. Moreover, it seems crucial to develop interventions aimed to address perceptual social skills, in order to improve social-communication skills.

### References

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