

Context

- Lesion¹ and neuroimaging² studies suggest that face processing is largely undertaken by right hemisphere cerebral regions.
- Behaviorally, superiority of the left visual field (LVF), i.e., the finding that faces are processed with greater speed and accuracy, vs. the right hemifield³, can be observed thanks to the separation of the visual fields along a vertical line that traverses the fovea⁴, and decussation of the visual pathways.
- Possible explanations include global/local⁵ and low/high spatial frequency⁶ processing specialization in the right (RH)/left (LH) hemispheres, respectively. Given the growing interest for spatial orientations in various aspects of face processing (detection⁷, identification⁸, emotion recognition⁹), we used orientation bubbles⁹ (Figure 1) to explore the processing of this facial information across the hemispheres.

Methods

- 37 participants, right-handedness verified with Edinburgh Inventory¹⁰, \geq +60 (7 excluded; final sample size N = 30),
- 18-33 years old (M = 20.4, SD = 2.9).

Learning phase

- Familiarization (max. 20 minutes);
- Blocks of 100 trials of a 10 AFC face identification task, whereby stimulus durations was reduced from 1,000ms to 500ms, to 250ms, to 120ms, and to 60ms, each time a block was completed with \geq 90% correct response.

Experiment 1 – Baseline orientation profiles

- 5 blocks X 100 trials of a 10 AFC face identification task;
- Stimulus duration was 60ms;
- Performance was maintained near 55% by adjusting the number of bubbles (i.e., quantity of signal) using QUEST¹¹.

Experiment 2—Hemispheric orientation profiles • 15 blocks X 40 trials (tot. 600, i.e., 300 trials/hemisphere) of a

- same/different task⁶ (see, for procedure, **Figure 2**);
- An orientation-filtered probe was presented unilaterally for 60ms (non-probe half was an average face distractor);
- Performance maintained near 75% across both hemispheres by adjusting the number of bubbles filtering the probe with QUEST;
- Eye-tracking was used to measure central fixation compliance (M = 97.7% of trials, SD = 3.1%).









Right hemisphere horizontal tuning during face processing

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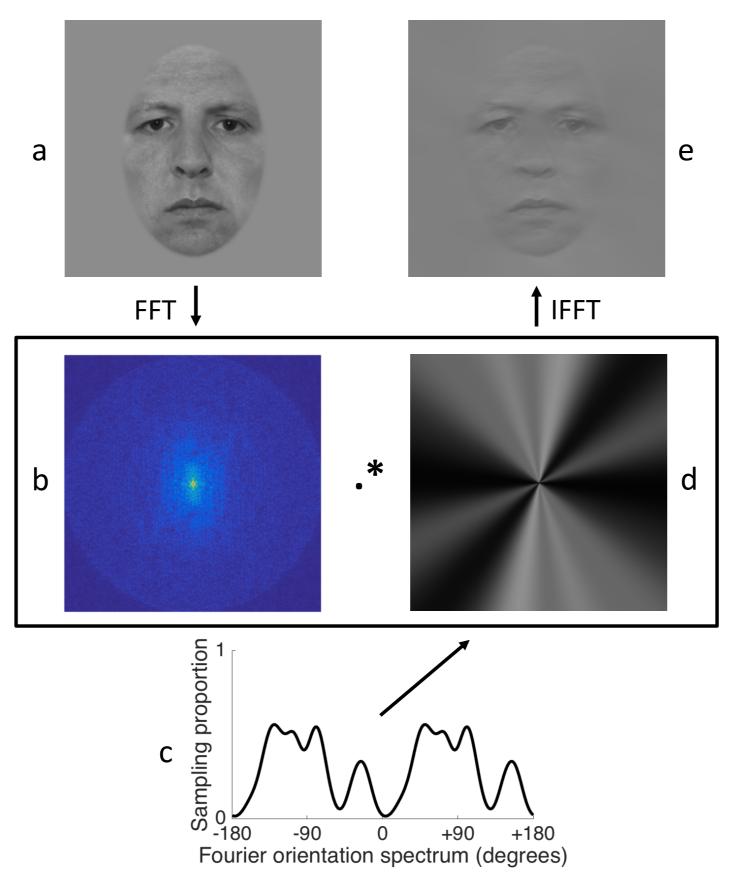


Figure 1. Orientation bubbles filtering procedure. The base image (a) orientation content is revealed by applying a Fast Fourier Transform (FFT) and shifting the resulting quadrants (b). An orientation sampling vector (c) comprising (here, 33) pairs of symmetrical Von Mises distributions is then converted to an *orientation sampling matrix* (d). The orientation matrix is applied to the image orientation content, and the filtered stimulus is reconstructed by inverse-FFT.

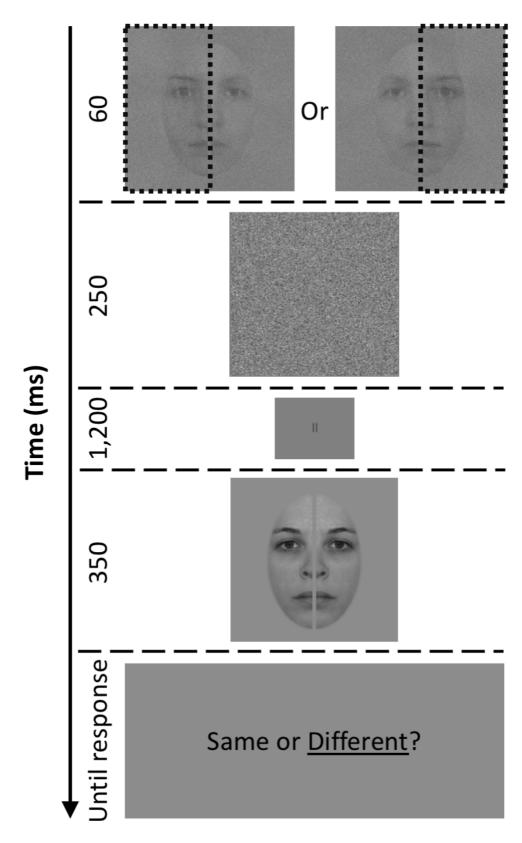


Figure 2. Experiment 2 trial. An orientation-filtered probe is presented (60ms) unilaterally (non-probe half is an average face distractor), followed by a noise mask (250ms), ISI (1,200ms), and broadband target (350ms). Subjects must tell if the probe and target are the same person or not.

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Discussion

References

Analyses and Results

• Orientation bubbles data were analyzed with a classification image analysis^{12, 13}: We calculated a weighted sum of orientation filters, allocating positive/negative weights (z-scored accuracies) to filters that led to correct/incorrect responses, respectively;

• Classification vectors were standardized using the mean and standard deviation of the null hypothesis⁹, summed to create a single group vector (divided by \sqrt{N}), and submitted to a pixel test¹⁴, Zcrit= 2.1, p < .05 (two-tailed), corrected for multiple observations.

Experiment 1

• 42.3 bubbles (SD = 24.1) were needed.

• Information around the horizontal axis $[-92^{\circ} \text{ to } -56^{\circ}]$ positively correlates with task accuracy (**Figure 3**), Zmax = 3.38, p < 0.005.

Experiment 2

• 44.4 bubbles (SD = 15) needed to maintain 81% (SD = 5.6%) correct responses in the LVF/RH and 73.5% (SD = 5.1%) in the RVF/LH, and the difference between hemifields was significant, t(29) = 5.13, p < 0.001, d = 0.94;

• Response times were also faster in the LVF (M = 756ms, SD = 179), vs. RVF (M = 772ms, SD = 176), *t*(29) = 2.33, *p* < 0.05, *d* = 0.43;

• For the LVF/RH, information around the horizontal axis [-93° to -54°] positively correlates with task accuracy (**Figure 4**, black), Zmax = 3.45, p < 0.001.

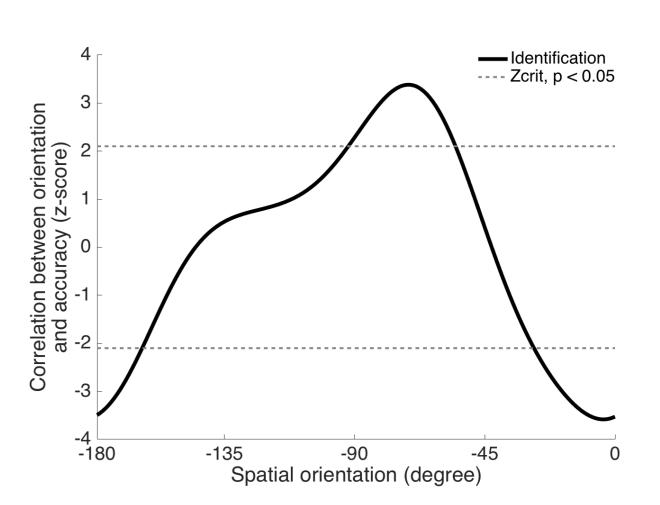
• For the RVF/LH however, horizontal information marginally negatively correlates with task accuracy (Figure 4, dark grey), Zmax = -1.92, p < 0.1.

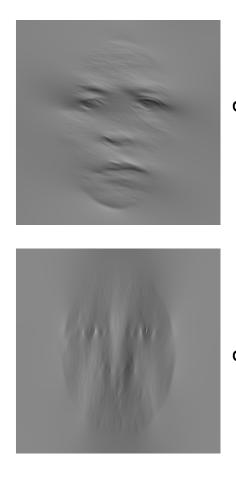
• A direct comparison of the two profiles by subtraction (Figure 4, light grey) reveals significant differences around the horizontal $([-97^{\circ} \text{ to } -64^{\circ}]; Zmax = 3.76, p < 0.001)$ and vertical $([-180^{\circ} \text{ to } -180^{\circ}]; Zmax = 3.76, p < 0.001)$ -142° ; Zmin = -2.85, p < 0.01) axes.

• The group orientation profile extracted from Experiment 1 confirms that horizontal information is diagnostic of face identification, and accuracy and speed data from Experiment 2 confirm that the LVF superiority in face processing was successfully replicated in this protocol;

• Orientation profiles extracted from Experiment 2 show that the LVF/RH, but not the RVF/LH, relies on diagnostic horizontal face structure—in fact, horizontal information marginally increased error rates in the RVF/LH; • Thus, superiority of the LVF might emerge as a result of different orientation tuning across the hemispheres.

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rigure 3. Experiment 1 results. (Lett) Group classification vector illustrates the correlation (z-score) between orientation and task accuracy for face identification. Dotted lines plot the two-tailed significance threshold, Zcrit = 2.1, p < 0.05. (Right) Images filtered with diagnostic (top) and anti-diagnostic (bottom) orientations.

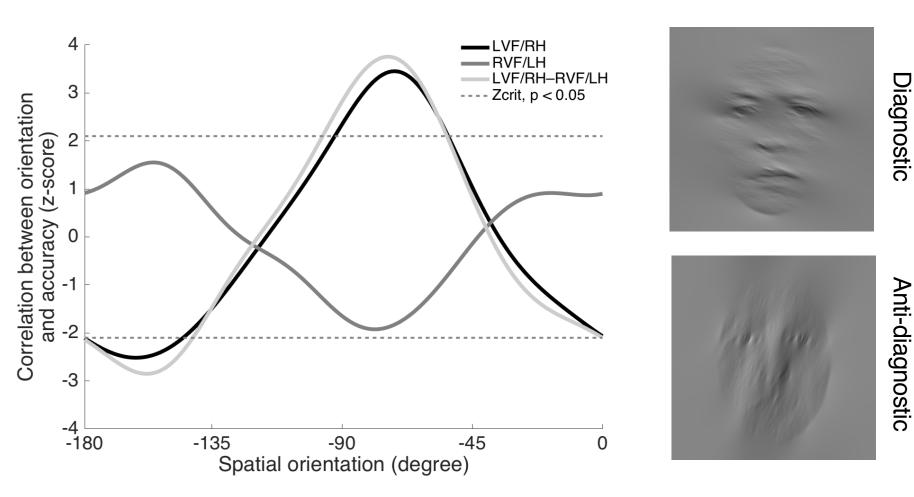


Figure 4. Experiment 2 results. (Left) Group classification vectors illustrating the correlation (z-score) between orientation and task accuracy in the left hemifield (black), and the right hemifield (dark gray); and the difference between both hemifields (light gray). Dotted lines plot the two-tailed significance threshold, Zcrit = 2.1, p < 0.05. (Right) Images filtered with diagnostic (top) and anti-diagnostic (bottom) orientations.