

Context

- absence of different facial features, either alone or within a facial context¹.
- diagnostic) information².
- diagnostic information and investigate whether the N170 is sensitive to these variations.

Method

- We randomly created sparse facial stimuli with Bubbles³, and used previously published classification images⁴ to calculate the amount of available diagnostic information on a stimulus basis (See Figure 1).
- To equalize energy across stimuli, we simultaneously filtered faces with inverse bubbles (Fig. 2C), and applied discrete wavelet transform to the output (for procedure, see Figure 2).
- Stimuli were then divided into twelve bins covering a range from 0.01% to 100% information. A 0% (fully scrambled face) condition was also adjoined at the extremity of the information spectrum (See Figure 3).
- Ten (10) participants (3 males, $M_{age} =$ 24) first completed a learning phase (1500 trials), which consisted of a face identification task (10 identities).
- EEG was then collected during a face identification task (same IDs) that varied the amount of diagnostic facial information (1300 trials/100 per bin) (See Figure 4).

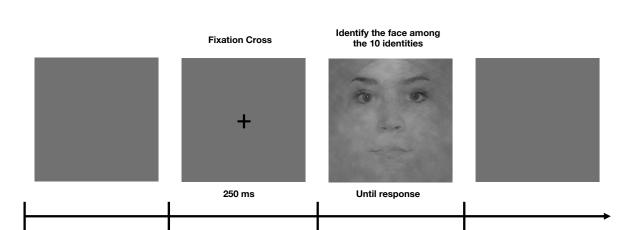
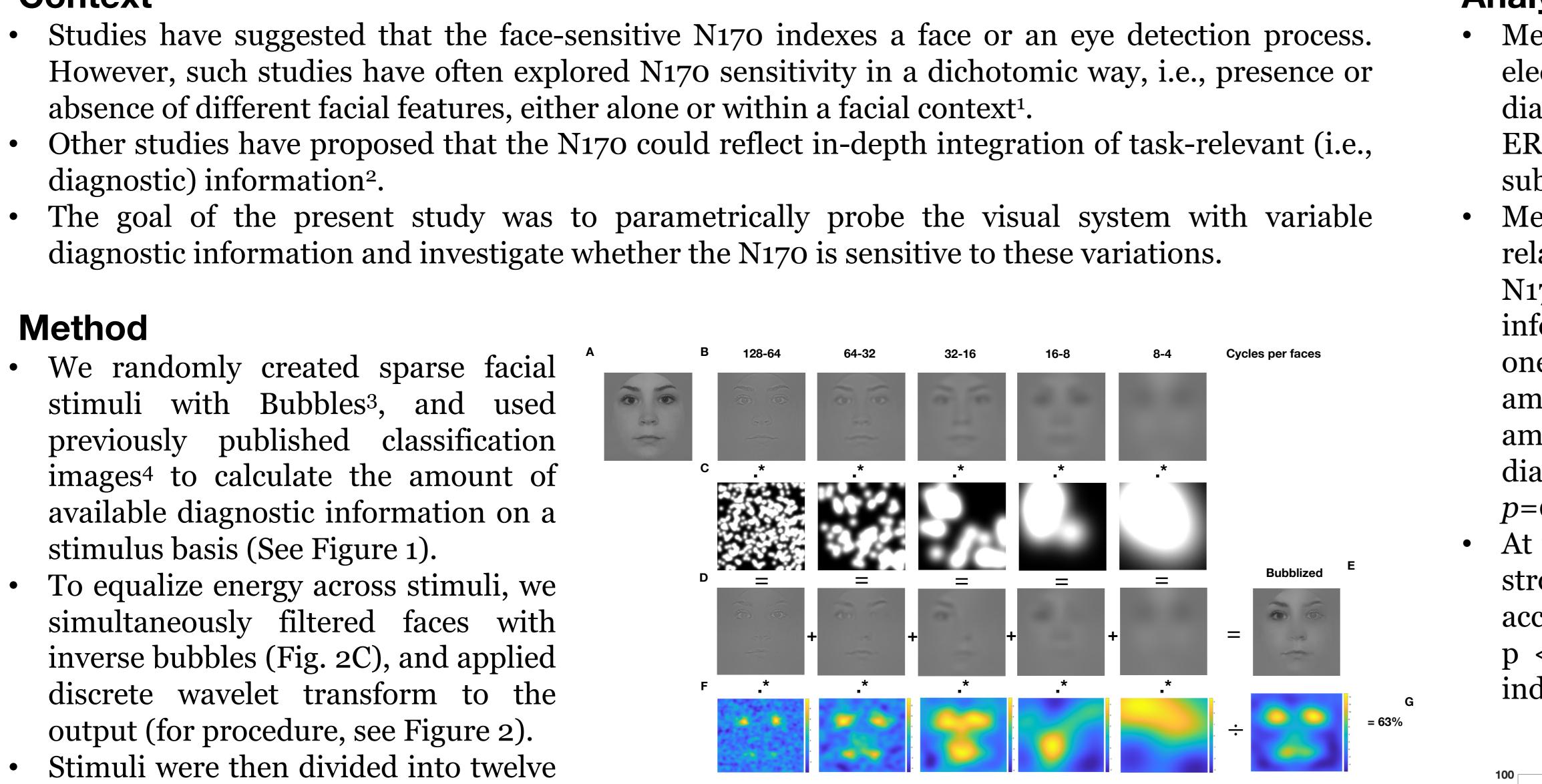


Figure 4. Sequence of events on each trial.



quantity of diagnostic information.

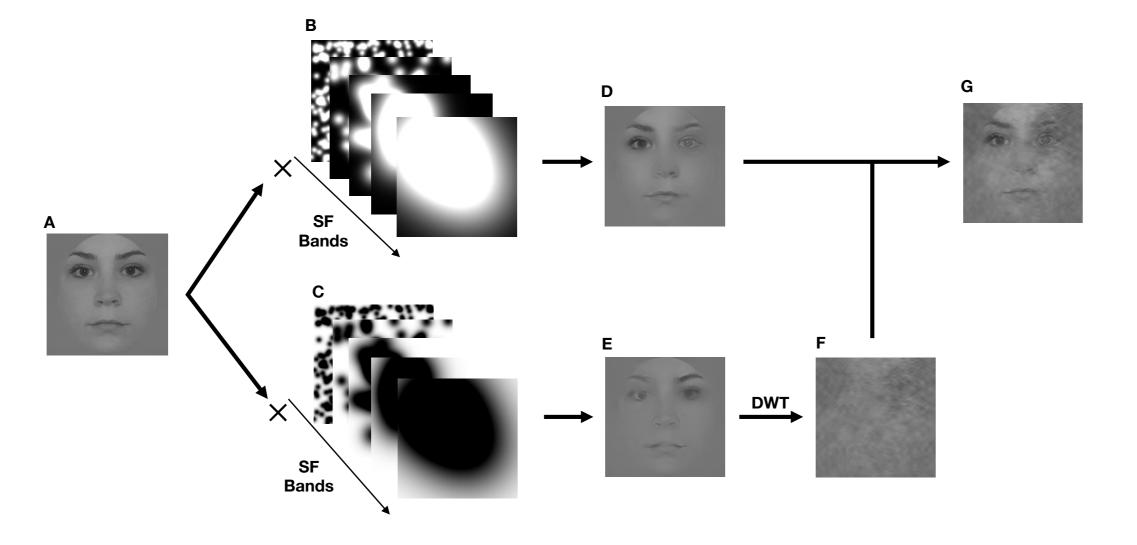


Figure 2. Procedure to equalize energy across stimuli using the Discrete Wavelet Transform

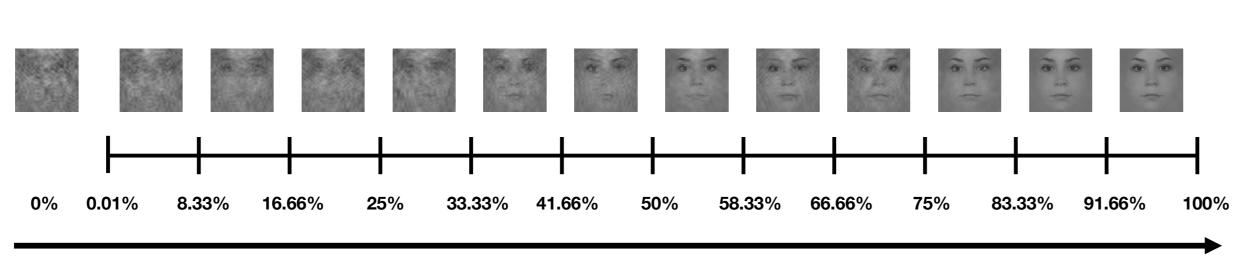


Figure 3. Diagnostic facial information spectrum

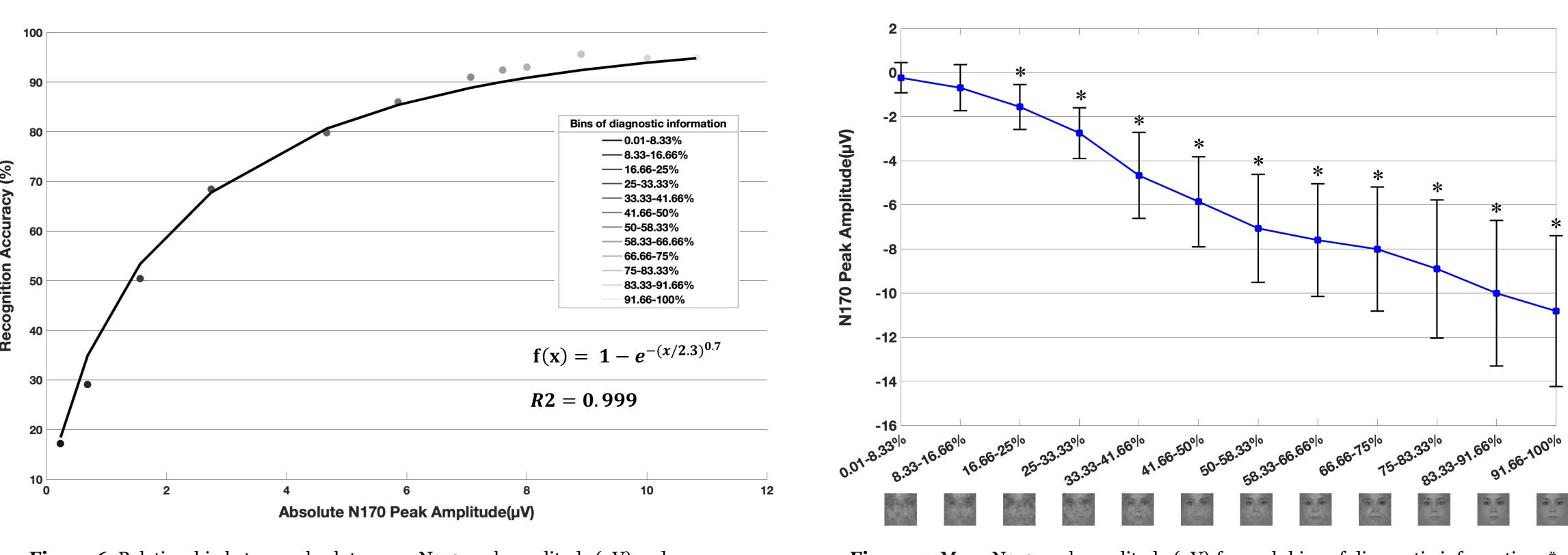
References. 1) Parkington, K. B., & Itier, R. J. (2018). One versus two eyes makes a difference! Early face perception is modulated by featural fixation and feature context. *Cortex, 109,* 35-49; 2) Schyns, P. G., Petro, L. S., & Smith, M. L. (2007). Dynamics of visual information integration in the brain for categorizing facial expressions. Current biology, 17(18), 1580-1585; 3) Gosselin, F. & Schyns, P. G. (2001). Bubbles: A technique to reveal the use of information in recognition. Vision Research, 41; 4) Royer, J., Blais, C., Charbonneau, I., Déry, K., Tardif, J., Duchaine, B., & Fiset, D. (2018). Greater reliance on the eye region predicts better face recognition ability. *Cognition*, 181, 12-20.

Parametric study of N170 sensitivity to diagnostic facial information during face identification

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Figure 1. Procedure to create stimuli with the Bubbles method and to calculate the

Diagnostic information bins (%)



Conclusion

The current study suggests a relationship between N170 amplitude, diagnostic facial information processing, and recognition accuracy. As diagnostic information increased, both N170 amplitude and recognition accuracy increased. Thus, it appears the N170 reflects in-depth task-relevant information processing during face recognition. However, seeing as diagnostic information was conflated with the amount of face/eye revealed, these results cannot be taken as a refutation of the face/eye detector hypotheses, respectively. This is currently under study in our lab.

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Analyses and results

• Mean ERPs were computed at PO8. To isolate electrophysiological activity produced bv diagnostic information variations, we measured ERPs by subtracting the 0% condition from each subsequent bins (See Figure 5).

Mean N170 peak amplitudes showed a strong relationship with diagnostic information, with N170 amplitude linearly increasing as diagnostic information was increased. Furthermore, several one sample t-test revealed that N170 peak amplitude was significantly different from null amplitude (0 μ V) from the second bin (16.67-25%) diagnostic information) onward, t(9) = -3.47, *p*=0.007 (See Figure 7).

• At the group level, bin-averaged N170 amplitudes strongly correlated with behavioral recognition accuracies, $r_{Spearman} = -0.98, 95\%$ CI [-0.81, -1], p < 0.001 (See Figure 6). This also held on an individual basis, $r_{Spearman} = [-0.61, -0.98]$.

Figure 6. Relationship between absolute mean N170 peak amplitude (µV) and recognition accuracy (%).

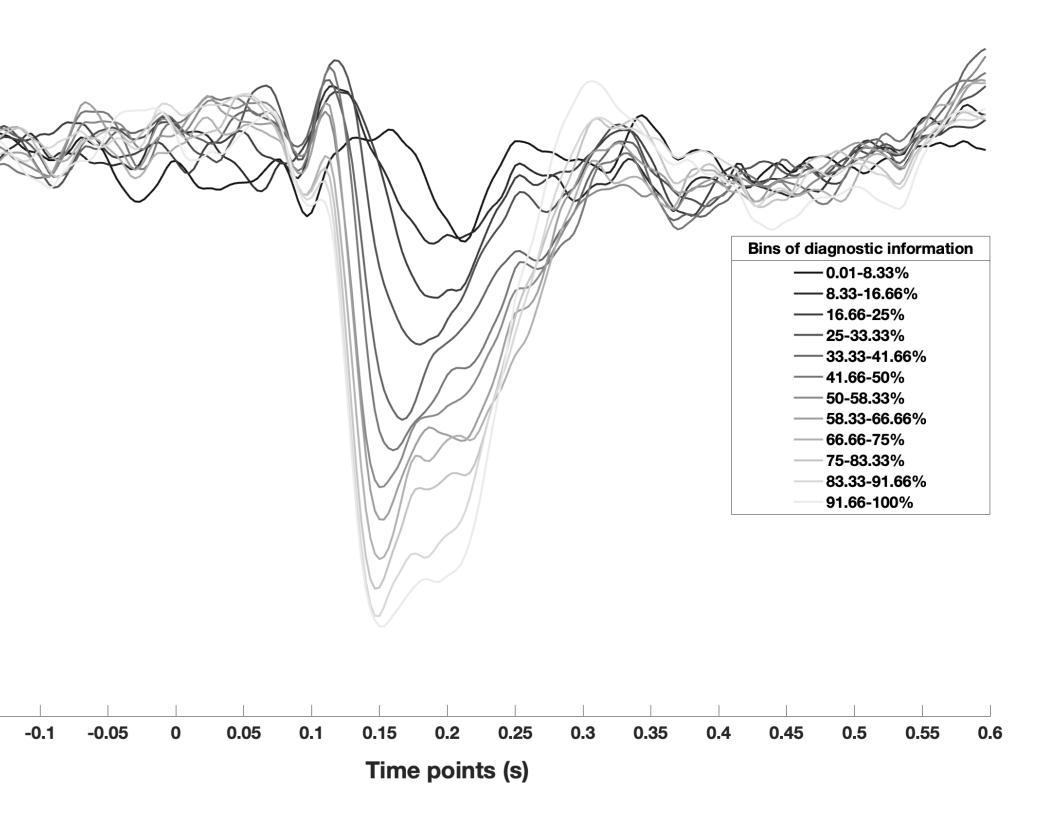


Figure 5. Mean ERP at PO8 for each diagnostic information bins (using 0%) condition as baseline).

Figure 7. Mean N170 peak amplitude (μ V) for each bins of diagnostic information. * indicates a significant difference (p<0.05) from null amplitude computed with a one sample t-test. Error bars display confidence intervals of 95% around the mean.

