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Personality and Individual Differences



Short Communication

A preliminary investigation into the relationship between empathy, autistic like traits and emotion recognition^{\ddagger}



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ARTICLE INFO	A B S T R A C T
<i>Keywords:</i> Autistic like trait Emotion recognition Situational cues	<i>Objectives</i> : To determine the effects of autistic-like traits (ALT), empathy and situational cues on emotion recognition ability.
	cognition (with and without situational cues) online. Results were analysed using a multilevel logistic model. <i>Results</i> : The presence of situational cues and ALT were significantly related to emotion recognition.
	Conclusions: High levels of ALTs and a lack of situational cues resulted in poorer emotion recognition. Future
	research should seek to control possible confounds, including processing style. Potential implications of the current study are discussed.

1. Introduction

Typically developing (TD) individuals can recognise emotions early in life, with infants as young as four months able to discriminate between facial expressions of emotion (Walker-Andrews, 1998). People with Autism Spectrum Disorder (ASD) appear to have greater difficulty with emotion recognition (ER), meta-analytic work comparing the ER ability of individuals with and without ASD finds the former performed worse (Uljarevic & Hamilton, 2013).

There are a number of influences on ER. Situational cues relevant to the emotion being portrayed can improve ER accuracy in TD participants and people with an intellectual disability (Matheson & Jahoda, 2005; McKenzie, Matheson, McKaskie, Hamilton, & Murray, 2001; Scotland, McKenzie, Cossar, Murray, & Michie, 2016). These cues can override facial expressions and change a person's judgement of emotion in some circumstances (Aviezer et al., 2008). While research with people with ASD is limited, it suggests they utilise situational cues less when matching emotions to their correct context (e.g., Wright et al., 2008). The type of stimuli can also affect ER in people with ASD, with research suggesting facial stimuli are processed differently, depending on whether they are static or dynamic (Speer, Cook, McMahon, et al., 2007). Individuals with ASD also appear to attend differently to facial stimuli, when the eyes are visible, compared to TD individuals (e.g., Jones, Carr, & Klin, 2008) and have comparable ER from facial emotion stimuli when the eyes are occluded (Grossman & Tager-Flusberg, 2008). This suggests that differences may relate to eye avoidance rather than ER difficulties. Empathy has also been implicated in ER, with Sucksmith, Allison, Baron-Cohen, Chakrabarti, and Hoekstra (2013) suggesting that it mediates the process between viewing an emotive stimulus and successful ER. People with ASD have difficulties empathising, as reflected in the extreme male brain theory of ASD (Baron-Cohen, Wheelwright, Skinner, Martin, & Clubley, 2001).

Research in this area is, therefore, important to help inform both the theoretical explanations about, and refine interventions for, ER difficulties in people with ASD. For example, those delivering holistic school approaches to improve the socio-emotional skills of children and young people may need to adapt such approaches to account for the ways in which children with developmental disabilities process emotion stimuli and use context (see Murray et al., 2018). Such research is also likely to be relevant to people with high autistic like traits (ALT).

The continuum theory of ASD proposes that individuals in the general population vary in the extent to which they have autistic like traits (ALT) and that those with a diagnosis of ASD have higher/more extreme levels of the relevant traits (see Murray, Booth, McKenzie, Kuenssberg, & O'Donnell, 2014). Recent research has found that individuals with higher levels of autistic like traits (ALT) showed

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significantly poorer ER (e.g., McKenzie et al., 2018). It is, therefore, possible to extrapolate findings from a sub-clinical sample to those with a formal diagnosis of ASD, while avoiding some of the methodological constraints associated with using a clinical sample (Lord et al., 2005; Murray et al., 2014).

Building on the above research, the current study will address the extent to which empathy, ALT and situational cues predict ER accuracy in a sub-clinical sample. To reduce confounding and maximize the sensitivity of testing the expected associations, facial features were absent and dynamic stimuli were used.

2. Method

2.1. Ethical approval

Ethical approval was obtained from the authors' University.

2.2. Participants

Participants were recruited using opportunity sampling via social media, the authors' university, and psychology research hosting sites. In total, 86 individuals participated (male = 64), with a mean age of 26.06 years (SD = 11.4 years).

2.3. Materials

2.3.1. Emotion recognition

An online task was developed by Metcalfe et al. (submitted) comprising short video clips depicting a male avatar displaying eight emotions (angry, bored, disgusted, afraid, happy, sad, surprised and worried). The ER measure was piloted with two groups: adults (N = 22, male = 10, M age = 32.41, SD = 12.05) and children (N = 27, male = 26, M age = 10.96, SD = 3.01). This pilot found the pattern of identification of emotions was broadly similar to that found in other studies using static emotion stimuli with context (McKenzie et al., 2018), with the exception of disgust and boredom. The latter emotions had considerably lower accuracy levels, perhaps reflecting the increased challenge of processing more complex emotions when they are presented dynamically.

Each emotion was displayed with and without situational cues. Stimuli were devoid of facial expressions, background information or sound. Emotions were conveyed through gestures, movement and, in the 'situational cues' condition, additional relevant situational information, such as a stylised vending machine, insect, phone or door

(see Figs. 1 and 2).

Participants were asked to report the emotion depicted. Responses were coded according to a scoring matrix, with a score of 1 for each correct response (range 0–8 for each condition, total range 0–16), with higher scores indicating better ER.

2.3.2. Autistic like traits (ALT)

These were measured by the Autism-Spectrum Quotient (AQ: Baron-Cohen et al., 2001). This comprises 50 statements, (e.g., I prefer to do things with others rather than on my own) scored on a 4-point scale from 'definitely agree' to 'definitely disagree' (range 0–50), with higher scores representing higher levels of ALT. The AQ has been found to have good psychometric properties and to assess a range of ALT with good measurement precision (see Murray, Booth, McKenzie, & Kuenssberg, 2015). The Cronbach's alpha in the current study was 0.80.

2.3.3. Empathy

This was measured by the Questionnaire of Cognitive and Affective Empathy (QCAE: Reniers, Corcoran, Drake, Shryane, & Völlm, 2011). This has 31 items (e.g., I find it easy to put myself in somebody else's shoes) scored on a 4-point scale (strong agreement to strong disagreement) and provides cognitive and affective empathy subscales and an overall empathy score, with higher scores representing higher levels of empathy. The measure is used internationally and has been found to have good psychometric properties when used in a range of settings and with different populations (see <u>Queirós et al., 2018</u> for an overview). The Cronbach's alpha in the current study was 0.92.

2.4. Procedure

Potential participants were provided with information about the study and a link to access it online, where more detailed information was provided. Once consent was given, brief demographic information was requested and the three tasks were completed before participants accessed debrief information. The online platform was configured to only allow a participant to complete the survey once.

2.5. Analysis strategy

A multilevel logistic model was conducted to predict ER, with relevant variables being entered incrementally and only those that improved model fit being retained. Explanatory variables were, total AQ score (*z*-scored) and situational cue presence (Cue) and gender. The analyses were run in R 3.5.1 with the lme4 package (Bates, Maechler,



Fig. 1. Example stills from 'fear' without cues video clip. For video see: https://www.youtube.com/watch?v=kxVcFe1n7dg.

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