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INTRODUCTION

A dysregulation of the prefrontal cortex has been associated with various clinical symptoms such as auditory hallucinations, paranoia, delusions, and disorganized thinking and disturbances of self-identity and dissociative states (Fennell, Edwards, & American Psychiatric Association, 2004). One of the cognitive dysfunctions in people with schizophrenia is facial processing abnormalities (Baron-Cohen, Golan, Ashwin, Ashwin, & Ashwin, 2009) and psychosocial effects (Hermann et al., 2004; Onitsuka et al., 2004; Sunoda et al., 2004; Maier et al., 2005; Meng et al., 2005). Many recent studies have shown that people with diagnoses of schizophrenia often exhibit parent facial expressions recognition impairments, which are suggested to be related to poor social functioning (Makropoulou et al., 2006; Keizer et al., 2006; Mendoza et al., 2007; Csuly et al., 2007; McCleery et al., 2007). The perception of facial expressions provides fundamental information of a person's found to be abnormal in people with schizophrenia. For review see McCleery et al. (2007). Previous studies have primarily focused on the recognition or theory of facial expressions in patients with schizophrenia (Gauthier et al., 2003). However, a recent study revealed that the visual stimuli, negative vMMNs evoked by changes of facial expressions could also be abnormal in schizophrenia (Csuly et al., 2007). The ability related to automatic processing of MMNs is defined as the difference between the potentias evoked by deviant infrequent and standard frequent stimuli (Näätänen et al., 1978). Accumulating evidence, as suggested by the variable of not only the low-level features of visual stimuli, such as color, orientation, or spatial frequency but also the high-level facial expressions could effectively evoke vMMNs (Pazo Alvarez et al., 2005; Isaac et al., 2005; Li and Li, 2005; Czogora, Astanen, and Hatanen, 2005; Li et al., 2005). Previous studies have shown that a right posterior facial expression vMMN is elicited by sad and happy

TABLE 1 | Basic demographic and descriptive characteristics in both groups.

| | Patients with schizophrenia (n = 23) | Healthy control subjects (n = 23) | |
|---|--------------------------------------|-----------------------------------|--------------------|
| Gender (male/female) | 12/11 | 12/11 | 1.0 ^a |
| Education (years) | 12.9 (2.6) | 12.5 (3.5) | 0.707 ^b |
| Average family income (RMB/per year) | 5079.2 (3724.9) | 6291.67 (3473.2) | 0.249 ^b |
| Handedness (right/left) | 23/0 | 23/0 | |
| Schizophrenia subtypes: Paranoid/Undifferentiated | 16/7 | N/A | |
| Duration of illness (years) | 8.7 (6.3) | N/A | |
| PANSS total | 52.4 (12.4) | 32.3 (1.5) | 0.000 ^b |
| PANSS positive symptoms | 13.3 (5.4) | 7.4 (0.7) | 0.000 ^b |
| PANSS negative symptoms | 11.2 (4.2) | 7.2 (0.4) | 0.000 ^b |
| PANSS general symptoms | 27.9 (6.2) | 17.7 (1.2) | 0.000 ^b |
| Antipsychotic medication (Atypical/Typical) | 21/2 | N/A | |
| Chlorpromazine equivalent (mg) | 556.5 (350.2) | N/A | |
| PSP | 60.5 (9.9) | 89.1 (4.3) | 0.000 ^b |

^aBinomial.

^bT-test.

PANSS, Positive and Negative Syndrome Scale.

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Stimuli and Procedure

As presented in a previous study conducted by this research group, Xu et al. (2014) to reduce the effect of low level features, different schematic faces with neutral, sad and happy expressions were used and individual schematic faces were included for each stimulus type. See an example in Figure 1A. Modulated by the angle of the face and distance between the facial features, the type of stimulus included oddball and deviant visual stimuli were presented on both sides of the fixation and the duration of exposure was 200 ms with a 200 ms inter stimulus interval and a visual angle of 10° × 10°.

The oddball paradigm was used. Figure 1B shows the experimental procedure. Neutral faces served as standard stimuli and happy and sad faces as deviant stimuli to establish a sensory memory pattern. Standard stimuli (neutral faces) were presented at the beginning of a stimulus sequence and without any two standards between consecutive deviants. The participants were asked to focus on the fixation crosses which were always presented without faces to avoid motor generated artifacts. Four blocks were conducted with trials for each standard neutral faces deviant happy and sad faces. The task performed by the participants was to judge the change in size of the fixation cross. Practice trials were conducted before the test trials. There was a 1 min break between blocks.

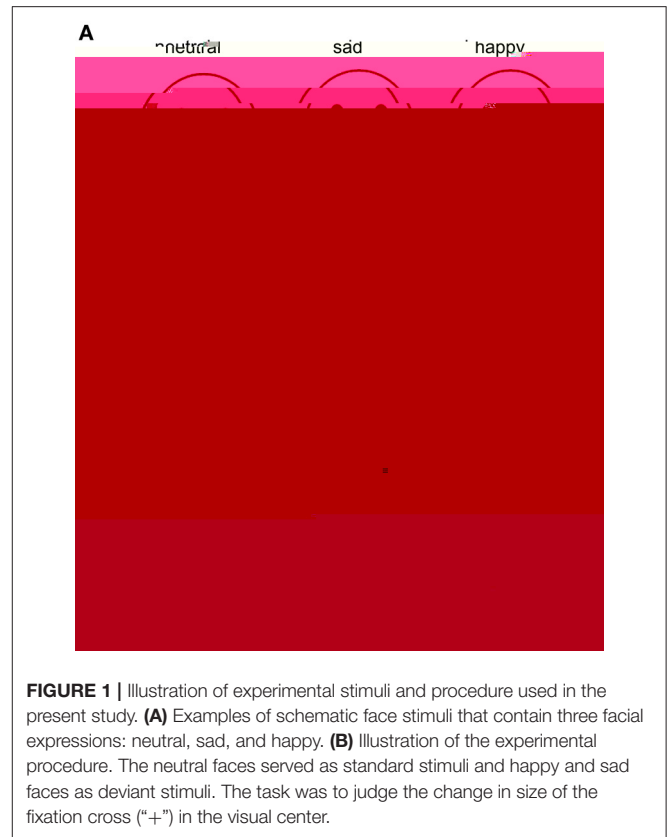


FIGURE 1 | Illustration of experimental stimuli and procedure used in the present study. (A) Examples of schematic face stimuli that contain three facial expressions: neutral, sad, and happy. (B) Illustration of the experimental procedure. The neutral faces served as standard stimuli and happy and sad faces as deviant stimuli. The task was to judge the change in size of the fixation cross (“+”) in the visual center.

Electrophysiological Recording

EEG was recorded continuously by a set of Ag/AgCl electrodes placed according to the 10-20 system including Fp, Fz, F4, C, Cz, C4, P, Pz, P4, P, PO, PO, Oz and O. Electrooculography (EOG) was recorded via electrodes placed on the external canthus and the left infraorbital and supraorbital areas to monitor eye movements and blinks. EEG and EOG were sampled at 250 Hz with a 1-100 Hz band pass using a Neuroscan NuAmp system. The nose was used as reference during recording. Impedances of all electrodes were kept below 50 Ω.

Data Analyses

The preprocessing of the electrophysiological data was conducted by the functions of the EEGLAB toolbox. Derivative and Magnitude in MA LAB environment. Both average reference and approximate zero reference. Epochs were conducted online to generate two ongoing EEGs. The A/E was conducted by the reref function from EEGLAB toolbox. Derivative and Magnitude and the E/E was conducted by the rest_refer function from www-neuro-uestc.edu.cn-rest. The ongoing EEGs of each electrode were filtered by a bandpass filter (1-100 Hz) and segmented into epochs from 200 to 2000 ms around the onset. The baseline correction was conducted with the 200 ms window of 200 to 200 ms epochs at the onset.

The average EOG potentials were re-referenced as artifacts, the rest of the epochs were then averaged and low-pass filtered (cut-off frequency = 10 Hz) to obtain two groups of ERPs for AVE and EV conditions respectively. The amplitudes of early visual ERP components P1 and N1 were analyzed to compare the primary sensory processing in the two groups. The vMMNs were obtained by subtracting ERPs to standard stimuli (neutral faces) from ERPs to deviant stimuli (sad or happy faces) for each facial expression.

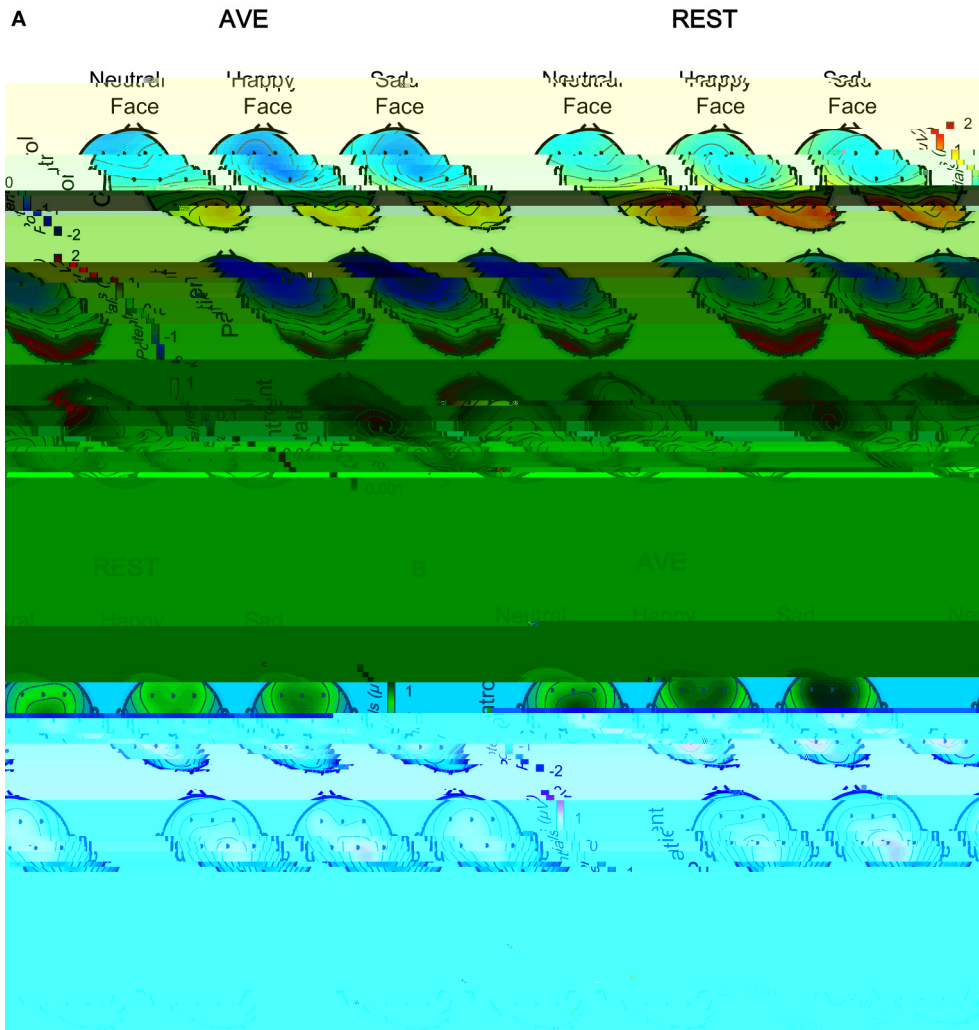


FIGURE 3 | Comparison of face evoked topographic distributions using two reference-modes (AVE and REST). **(A)** The topographic distributions of the P1 mean amplitudes (110–130 ms) under three conditions in control (top) and patient (middle) groups, and between group significance analyses (bottom, with *Bonferroni* correction). **(B)** The topographic distributions of the N170 mean amplitudes (175–195 ms) under three conditions in control (top) and patient (middle) groups, and between group significance analyses (bottom, with *Bonferroni* correction). AVE, average reference; REST, reference electrode standardization technique.

sad p_{vs} = √√√√, appy vs-sad p = √√√ PO⁻ and PO[|] no s gn /cance and E_o obta ned . CZ/ neutra vs, appy p = √√√ neutra vs-sad p = √√√, appy vs-sad p = √√√ PO⁻ and PO[|] no s gn /cance P a p tude, ad s gn /cant d erence between neutra and e ot ona express ons, e n e pat ent group no s gn /cance between neutra and e ot ona express ons was found- No ot, er s gn /cant post-hoc resu ts were found- ese resu ts de onstrated, at bot, e E_o and A E, ods cou d revea a centra do nant face express on spec /c P co ponent n, ea, y contro s, e, fa ed to d st ngu, neutra and e ot ona express ons n, zop, ren c pat ents-

For N⁻ a p tudes no s gn /cance of any a n e ect or nteract on e ect was found. a p > √√ -Post-hoc resu ts w_ot, Bonferoni

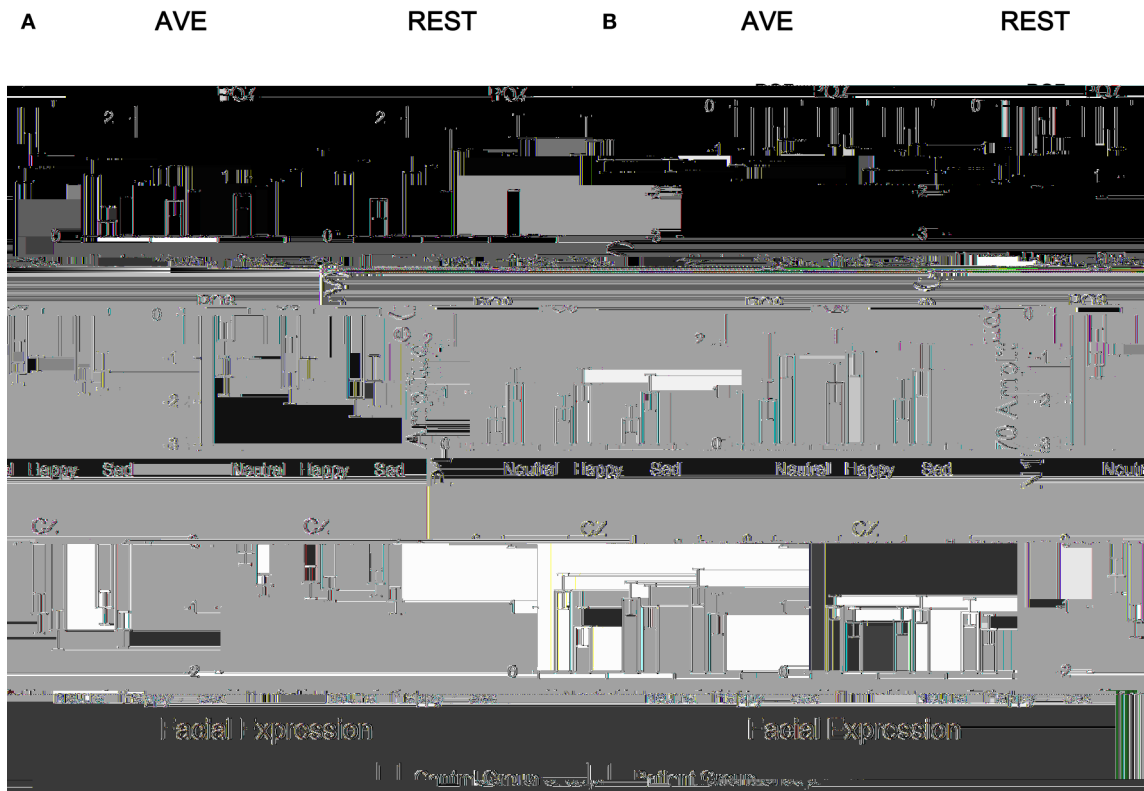


FIGURE 4 | Comparisons of P1 (A) and N170 (B) amplitudes in patient and control groups in temporo-occipital electrodes (PO7 and PO8) and central electrode (CZ) using two reference-modes (AVE and REST). White bars, control group; Gray bars, patient group. AVE, average reference; REST, reference electrode standardization technique.

the temporo-occipital electrodes (PO7 and PO8) and central electrode (CZ). Compared to the AVE obtained vMMN, the ER obtained vMMN gave a more evolved potential around the temporo-occipital electrodes (PO7 and PO8) and over-evoked potentials in CZ. The results of topographic analyses showed that for both reference modes, the distributions of vMMN were concentrated in the central areas in control group but not in patient group. As shown in Figure 6 – Further more, the differences between topographic distributions of controls and patients were also concentrated in the central areas. Figure 6 bottom panels –

To evaluate the group and stimulation effects on the vMMN potential with different reference techniques. Group (patient and control) \times Modality (facial expression: happy and sad) \times reference type (AVE and ER) were way tested measured ANOVAs were conducted respectively for electrodes PO7, PO8 and CZ were involved in the analysis representing the temporo-occipital and central areas respectively. The results showed that neither a main effect of Modality (facial expression) nor reference type was significant. A significant group effect was found in central electrode (CZ) $F(1, 14) = 10.12, p < 0.01$.

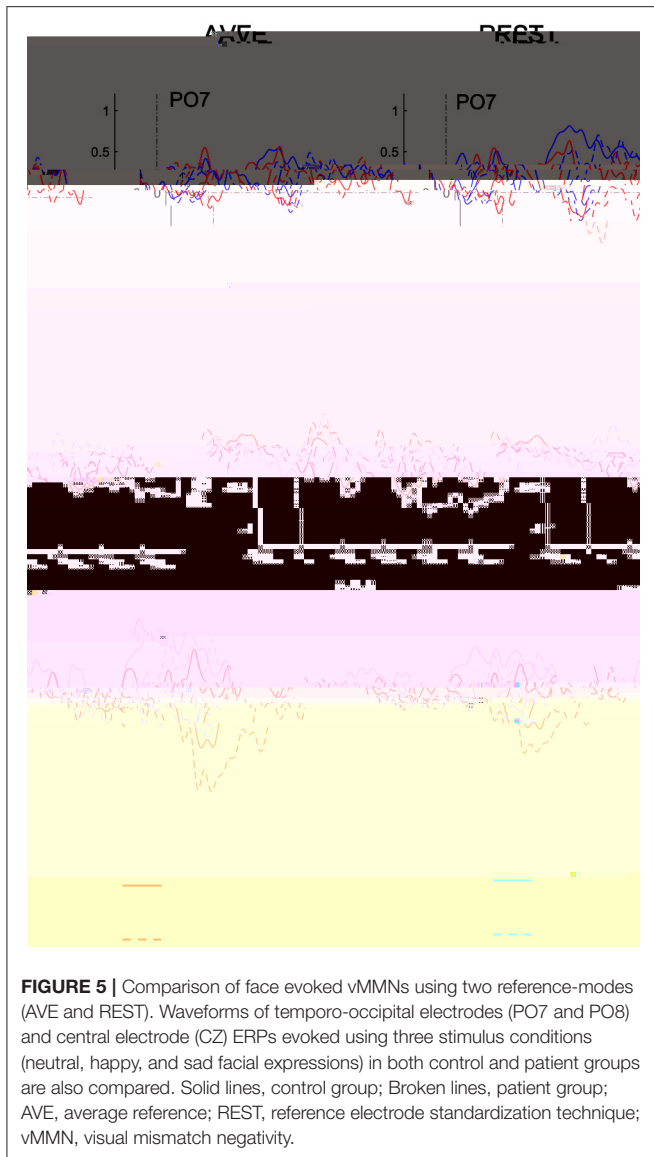


FIGURE 5 | Comparison of face evoked vMMNs using two reference-modes (AVE and REST). Waveforms of temporo-occipital electrodes (PO7 and PO8) and central electrode (CZ) ERPs evoked using three stimulus conditions (neutral, happy, and sad facial expressions) in both control and patient groups are also compared. Solid lines, control group; Broken lines, patient group; AVE, average reference; REST, reference electrode standardization technique; vMMN, visual mismatch negativity.

at PO7 on the patient group. $p = 0.001$ for both AVE and REST. These results suggested a significant difference of sad MMN in people with schizophrenia.

DISCUSSION

Face processing dysfunction has been widely explored in previous studies. Herrmann et al. (2004), Onitsuka et al. (2005), and Sunoda et al. (2006), Merrett et al. (2007), and Eng et al. (2008) have compared visual stimuli responses elicited by task-relevant facial expressions between healthy controls and patients with schizophrenia. In the current study, however, the performance of the detection task did not differ between the two groups of participants both in the AVE and REST obtained early visual ERP and vMMN were different between

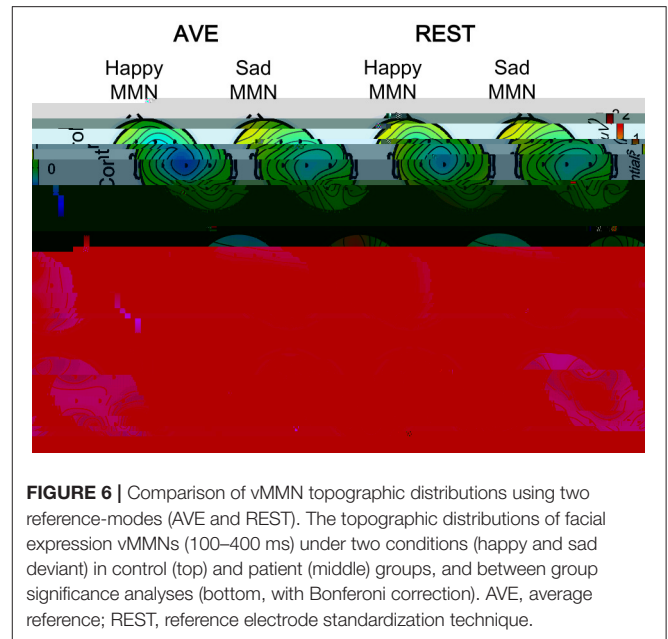


FIGURE 6 | Comparison of vMMN topographic distributions using two reference-modes (AVE and REST). The topographic distributions of facial expression vMMNs (100–400 ms) under two conditions (happy and sad deviant) in control (top) and patient (middle) groups, and between-group significance analyses (bottom, with Bonferroni correction). AVE, average reference; REST, reference electrode standardization technique.

the patient and control groups. Our previous studies were carried out by the findings that early visual dysfunction in processing of natural faces existed in people with schizophrenia. vMMN significantly reduced in people with schizophrenia in a comparison to healthy participants. Additionally, the speed of the response and the general ERP was as good as AVE in revealing the neurophysiological differences between people with schizophrenia and healthy people. The obtained vMMN revealed a significant difference between happy and sad stimuli in schizophrenia patients.

Expressional Face-Evoked P1 and vMMN Dysfunction in Schizophrenia

Generally, in the current study, both AVE and REST methods could be used to study the expressional face-evoked P1 and vMMNs between healthy controls and schizophrenia patients. They were in accordance with previous studies of early visual ERP. Herrmann et al. (2004), Onitsuka et al. (2005), Sunoda et al. (2006), Merrett et al. (2007), Eng et al. (2008), and vMMNs (Koban et al. (2008), Csuly et al. (2009) using AVE reference).

A recent study, as suggested, that the underlying processes of early vMMN reflect the neuronal refractory effect. The vMMN reflects the theory comparison based on change detection effect. Kura et al. (2009) support that, since there is evidence that the earlier vMMN components could be evoked under task-relevant stimuli representing an automatic change detection process. Astanen and Hatanen (2007), Maeawa et al. (2008) results of the current study indicated a functional difference in automatic detection of changes in facial expression in schizophrenia patients.

Importantly, the vMMNs were significantly reduced in patients with schizophrenia compared to healthy controls and indicating dysfunction of processing task-relevant facial

expressions, happy expressions acted as a stimulus - Csui et al. - investigated the abnormality of vMMN elicited by unexpected facial expressions in patients with schizophrenia and found that stimulus responses to both fearful and happy emotional faces were significantly reduced in patients compared to age-matched controls - Although our study is a present study, there are several methodological differences - For instance, in this study on paranoid and undifferentiated schizophrenia patients, the emotional abnormality were recruited to more reliably investigate the processes underlying facial recognition -

It should be noted that emotional recognition was not required in the present study - Csui et al. - proposed that processing deficits of emotion might be associated with between automatic information processing deficits and daily lives of people with schizophrenia - However, this issue needs further investigation - In addition, since emotional faces were used as experimental stimuli to investigate the variations of actual faces underlying processing of facial features as well as the possibility of gender effects - Previous findings have indicated that the emotional faces may be useful for clinical study and application because of their specificity compared to actual human faces - Tang et al. - and Aouf, Scherer et al. - emotional faces have been used in several studies - Chang et al. - Xu et al. - and similar vMMN results have been reported with real faces that is necessary to use real faces to further investigate this issue -

In addition, the current study also revealed that the sad vMMN was significantly larger than the right and left temporal occipital area in schizophrenia patients - Because previous neurophysiological studies have suggested that the right temporal speech is relatively superior to the left temporal perception of facial expression - Mandala and Wang, Borod, Mandala et al. - especially negative ones - Davidson et al. - Mandala et al. - these evidences play a role in automatic processing of negative facial emotion might be impaired in schizophrenia patients with dominant right temporal speech -

Choice of Reference in Clinical ERP Study

This study systematically investigated the face expression neurophysiological markers in people with diagnosis of schizophrenia and healthy controls by comparing AVE and ERV referencing methods - As a commonly recommended reference AVEs conducted by averaging a scalp electrode - However, recent studies show that ERVs are more reliable with low density montage - Lu et al. - Yao - Considering the costs and operational difficulties of clinical studies, it is aimed at finding a reliable and effective barrier to distinguish neurophysiological patients from healthy controls population prefer low density montage design - In the current study both AVE and ERV methods could be effectively distinguish the facial expression evoked ERPs and MMNs between schizophrenia patients and healthy controls in our low density montage design suggest that ERVs is an appropriate approach

clinical neurophysiological studies could be applied to large populations -

An interesting result from the current study was the finding that although the ERV obtained vMMN but not the AVE obtained vMMN revealed a significant difference between happy and sad stimulus within schizophrenia patients but not in healthy controls - Figure 7 - Crucially, the finding does not directly suggest that ERVs superior to AVE - Approximately reconstructing a point far away from the scalp electrodes ERV was suggested to be a neutral reference - Yao and Yao, Lu et al. - therefore ERVs usual more objective results could possibly play a significant role of a result from the other references including AVE - In an and Yao - Although the main purpose of this clinical ERP study was to reveal neurophysiological difference between patients and controls previous results obtained with a non-zero reference such as AVE need more confirmatory evidence and so we recommend applications of ERVs in neurophysiological studies of neurophysiological disorders in the future -

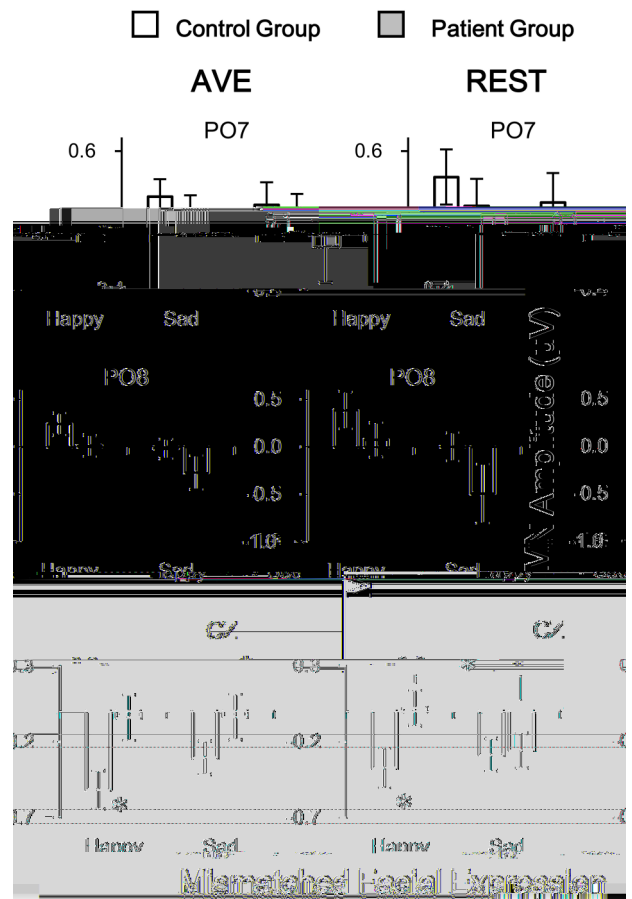


FIGURE 7 | Comparisons of vMMN amplitudes in patient and control groups in temporo-occipital electrodes (PO7e d7(i)-0.159926190s401841031907.451604(n)-278.610-)

AUTHOR CONTRIBUTIONS

Each of the authors (HL, YN, JH, ZH, JZ, Q and YZ) designed the study and wrote the protocol. HL and YZ performed the experiments. Q wrote the first draft of the manuscript. All authors contributed to and have approved the final manuscript.

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