tries to establish culture-specific components of PPS in Taiwan.

Participants and Methods: A total of five participants aged from 44-69 with degenerative spinal diseases were eligible in this study. All participants visited a neurosurgical outpatient clinic for potential surgical treatment, and each participant underwent an one-hour semi-structured interview before surgery. The demographical information, medical history, psychological status (e.g., personality traits and emotional disturbances) and considerations to make a surgical decision, were recorded and further analyzed following the rule of grounded theory.

Results: Four major components with 21 sub-components were reported when deciding to receive a surgical treatment for their spinal diseases, including disease-related considerations, medical information, self-concept and interpersonal relations. In terms of disease-related aspects, patients concerned about etiology, symptomatology, impacts, coping strategies and rehabilitation methods. As for medical information, patients paid more attention on medical compliance, the relationship with medical system, attitude for treatment, expectation to surgical outcomes, medical decisions and medical information. As for the self-concept, patients considered more on the impacts of disease on self-concept, strategies of emotional regulations and personality traits. In terms of interpersonal relations, patients reported more on the supportive resources, patterns of interpersonal activities and impacts of interpersonal relations on medical decisions. Additionally, other specific factors, such as past negative experiences (e.g., chronic insomnia, experiences of psychological counseling), litigation, physical punishment in childhood and social roles, were also reported.

Conclusions: Like previous findings, our results supported that the interpersonal relations and doctor-patient relationship in PPS were important considerations before surgery, while we further evidenced that influences of family members on medical decision is determinant and unique in this culture.

Categories: Emotional and Social Processes
Keyword 1: spinal cord injury
Keyword 2: chronic pain
Keyword 3: cross-cultural issues
Correspondence: Chi-Cheng Yang, Department of Psychology, National Chengchi

University, Taipei, Taiwan, yangyang@nccu.edu.tw

---

44 Develop A Social Perception Test: The Psychometric Properties of Child's version Reading the Mind in the Eyes Test in Taiwan

Wen-Yi Huang[1,2], Chia-Chen Chao[3], Nai-Wen Guo[1,4]
[1]Institute of Allied Health Science, College of Medicine, National Cheng-Kung University, Tainan, Taiwan. [2]Department of Child and Adolescent Psychiatry, Linkou Chang Gung Memorial Hospital, Taoyuan, Taiwan. [3]Department of Psychology and Counseling, University of Taipei, Taipei, Taiwan. [4]Institute of Behavior Medicine, College of Medicine, National Cheng-Kung University, Tainan, Taiwan

Objective: Expertise in social perception, defined as the ability to decode another person's mental states based on basic behavioral signals (Allison et al., 2000; Beauchamp et al., 2008). The Reading the Mind in the Eyes Test (RMET) is a social-perception task of theory of mind (ToM, Meinhardt-Injac et al., 2020) and used to test different clinical disorders, like autism spectrum disorders (ASD, Peñuelas-Calvo et al., 2019). RMET has been used to demonstrate gender, cultural, genetic, and personality trait influences on ToM and elucidate its neurobiological mechanisms (Adams et al., 2010). In Taiwan, there has few sensitive tools to evaluate children's social perception, thus the purpose of this study is to examine psychometric properties of child's version of RMET in Taiwan (RMET-C-TW) and cross-cultural comparisons.

Participants and Methods: RMET-C (Baron-Cohen et al., 2001) was used to assess mental state/emotion recognition (Vellante et al., 2013). It consists of photographs of the eye regions of 28 faces. Participants were asked to make a choice between four words presented, choose the one that best described for feel or think. One point was given to each correctly response. RMET-C-TW was double-translation of words to ensure cultural applicability in Taiwan. This study included both a normative sample and criteria sample. The normative sample consisted of 769 (385 male, 384 female) 3 to 9 grades students from northern Taiwan. The normative

sample completed both the RMET-C-TW and Chinese Vocabulary Test (CVT) in groups at their own schools, the CVT was to ensure that participants had sufficient vocabulary skills to understand the options provided in REMT-C-TW. The criteria sample were collected from 46 matched, school-aged children with ASD (age mean = 10.52, SD = 1.62; IQ = 108.39, SD = 11.75), and normally developing controls (age mean = 10.66, SD=1.68; IQ = 109.70, SD = 12.12). These two groups were administered the (1) WISC-III (2) CVT (3) RMET-C-TW and (4) ToM Test.

Results: The results showed that RMET-C-TW had acceptable test-retest reliability and internal consistency (test-retest reliability = .71, Cronbach α= .40). There were significant gender and age difference in the performance of RMET-C-TW, example female, older participants performed better. Item analysis showed 93% of items in the RMET-C-TW had cross-cultural consistency in the distribution of respondents' choices. In criteria sample, the control group's RMET-C-TW scores significantly better than ASD group. Physician diagnosis (r = .49, p < .01) and high-order ToM's scores（r = .33, p < .01）were significantly associated with RMET-C-TW scores.

Conclusions: RMET-C-TW has acceptable reliability and good developmental validity (age-related growth) in three to nine grades, and future can be extended to different age and clinicians to understand the development of social perception. Therefore, RMET-C-TW can be used as an initial screening and cross-cultural tool for ASD. In addition, EF is divided into cold and hot, and hot EF makes a unique contribution to ToM in ASD (Kouklari et al., 2017), thus this tool may also be used in the future to understand the association of hot EF with social perception.

Categories: Emotional and Social Processes
Keyword 1: social processes
Keyword 2: test development
Keyword 3: child development (normal)
Correspondence: 1.Presenter name: Nai-Wen Guo 2.AffiliationIn: Institute of Behavior Medicine, College of Medicine, National Cheng-Kung University; Institute of Allied Health Science, College of Medicine, National Cheng-Kung University 3. Email : austing@mail.ncku.edu.tw

---

45 The Influence of Wearing Face Mask on Facial Emotion Recognition in Preschoolers

June-Hui Huang, Nai-Wen Guo
Institute of Behavioral Medicine, National Cheng Kung University, Tainan, Taiwan

Objective: During the COVID-19 pandemic, wearing face masks is an important strategy to prevent people from infection, allowing people to find a balance between maintaining social interaction and keeping social distancing. Since face mask might disrupt information processing of social cognition, it could lead to less functional connectivity of occipital face area, fusiform face area, and superior temporal sulcus which interrupted the development of medial prefrontal cortex (MPFC) for mentalizing. However with better executive function (EF) people could process facial stimuli more efficiently. The objective of this study is to examine the effect of wearing face masks on preschoolers' facial emotion recognition, and the factors which might affect the development of facial emotion recognition.

Participants and Methods: In this study, preschoolers (N=44, 24 boys and 20 girls, aged 3 to 5 years-old) recruited from the community were asked to identify the emotions expressed in the 36 stimulus photos, each randomly presented with six emotion (happy, sad, angry, surprised, fearful, and disgusted). The total face stimulus photos were 2 (face sex) x 6 emotions x 3 facial features (full face, presenting upper counterparts of face with face mask covering the mouth, and presenting lower counterparts of face with hat covering the eyes). The EF of preschoolers and their parent were also evaluated to examine whether EF could predict the correct score of facial emotion recognition.

Results: It was found that the correct score of emotion recognition increased with age. The recognition with full face feature were better than with upper feature and lower feature. When recognizing happy and disgust, participant tended to use lower features. When recognizing sad and angry, participant tended to use upper features. The EF of preschoolers could predict the correct score of emotion recognition. The EF of parents could predict the preschoolers' correct score of positive emotion recognition.

Conclusions: The ability of facial emotion recognition evolved rapidly in preschool age with the accumulation of social interaction experience