Bell Lysaker Emotion Recognition Test:
A contribution for the Italian validation

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INTRODUCTION

Emotion recognition deficits in psychopathology have been extensively studied with a variety of measures. The Bell Lysaker Emotion Recognition Test (BLERT; Bell et al., 1997) is an effective method to assess emotion recognition by presenting affect stimuli which may have greater verisimilitude with real life events. Indeed, BLERT combines facial expressions with affective information transmitted in prosody or body posture. This method has allowed the study of emotion recognition deficit in psychotic patients, as well as its relationships with other aspects of psychopathology (Vohs et al., 2014). We aimed at testing the validity and reliability of an Italian version of the BLERT.
First, a group-comparison was carried out between clinical and nonclinical participants. Then, correlations among BLERT scores and other indexes of psychological functioning were explored.

METHOD

We recruited 12 inpatients with psychotic disorders (mean age= 54.75; 58.3% female) and 45 nonclinical participants (mean age= 24.04; 75.6% female). We administered the BLERT (Bell et al., 1997) in both samples. To explore the construct validity of the BLERT, we also administered to the nonclinical participants the following measures: Empathy Quotient (Lawrence et al., 2004), Interpersonal Reactivity Index (Davis, 1980), Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004), and the Inventory of Interpersonal Problems-47 (Pilkonis et al., 1996). The two samples did not differ in terms of gender distribution (χ^2= 1.392, p=.238), but the clinical sample was older than the comparison group, $t(55)$= -10.590, p <.01, as it was in the original validation study (Bell et al., 1997). However, neither gender nor age was related to any BLERT variable (all ps > .05).

RESULTS – GROUP COMPARISON ON THE BLERT

BLERT Variables	Nonclinical sample	Clinical sample	t-test (Cohen d)
Total	93.55%	66.23%	$p < .001$ (2.36)
Positive emotions	94.44%	77.27%	$p < .01$ (1.21)
Negative emotions	91.49%	65.15%	$p < .001$ (1.85)
Sadness	99.31%	52.78%	$p < .001$ (2.16)
Anger	91.66%	88.89%	$p = ns$
Disgust	93%	56.94%	$p < .01$ (1.31)
Happiness	95.83%	78.79%	$p < .01$ (0.74)
Surprise	93%	75%	$p < .01$ (0.85)
Fear	81.94%	56.94%	$p < .01$ (0.87)
Neutral	100%	48.61%	$p < .001$ (1.88)

Percentage of correct answers are reported. Of note, when considering the overall ability to detect the correct emotion, clinical participants reported a significantly lower ability to recognize emotional expressions ($\chi^2 = 37.362$, $p < .001$). Interestingly, multiple Related Samples Wilcoxon Signed Rank test revealed that nonclinical participants detected easy expressions significantly better than hard expressions ($p < .01$), while clinical participants showed a trend in the opposite direction ($p = .109$).

CORRELATIONS BETWEEN BLERT SCORES AND CRITERION VARIABLES IN THE NONCLINICAL SAMPLE (ONLY SIGNIFICANT COEFFICIENTS REPORTED)

	BLERT negative emotions	BLERT positive emotions	BLERT total score
Empathy Quotient		.354	
IRI perspective taking	.291		
IRI empathic concern	.430		.300
IRI fantasy			
IRI personal distress			
IRI general empathy index	.291		
DERS total		.482	
IIP interpersonal sensitivity	.392		
IIP interpersonal ambivalence			
IIP aggression			
IIP need for social approval			
IIP lack of sociability			

DISCUSSION

The premilinary results of this pilot study represent one of the first contribution for the Italian validation of the BLERT, largely corroborating previous research with this measure. First, the psychiatric sample reported significantly greater impairment in emotion recognition than the comparison group. The mean scores in both samples were consistent with previous studies (e.g., Bell et al., 1997; Vohs et al., 2014). Preliminary data on the convergent validity of the BLERT also point to the expected direction. In particular, greater empathic skills were related with the BLERT-assessed ability to recognize emotional expressions in others, with different specific correlations depending on the measure used to assess empathy. It is interesting to note that the capacity to recognize emotions in others could also be associated with negative outcomes such as increased interpersonal sensitivity and emotion dysregulation. Future research will help highlighting whether emotion dysregulation may explain this mechanism linking emotion recognition and interpersonal problems. Specifically, it would be interesting to test if a greater tendency—and a greater ability—to recognize emotions in others could lead to maladaptive outcomes in those persons who experience difficulties in emotion regulation. As a whole, these findings seem promising for the use of the BLERT in its Italian adaptation, thus encouraging its use for the assessment of emotion recognition skills in psychiatric patients, as well as its use for research in an attempt to elucidate different trajectories contributing to emotional and relational dysfunctions.