The Reading the Mind in the Eyes Test: Psychometric properties in a Peruvian Population

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Theory of Mind (ToM) is a core process of the social cognition domain and involves emotion recognition, as well as the ability to attribute a mental state to others and oneself, predict behavioral patterns understanding that mental states may cause those behaviors (1). Growing evidence points out its deficit as a core alteration of different neuropsychiatric disorders (2) as autism spectrum disorder (3,4), schizophrenia (5–7), bipolar disorder (8,9), borderline personality disorder (10–12), anorexia nervosa (13–15), depression (16–18), etc. It is well recognized that exist different levels or degrees of ToM, from child to adulthood, such as an evolutionary process until a more advanced or mature ToM (19–21). A well-extended method to assess advanced ToM in young and old adults is the Reading the Mind in the Eyes Test - RMET (3). It has been adapted to different languages and countries (22–25). Although the RMET is usually interpreted as a unifactorial scale (22,26), some studies agreed to introduce subscales related to the emotion expression.

The aim of this study is to analyze the psychometric properties of the Reading the mind in the eyes in the Peruvian population, as well as the test-retest reliability after one-year follow-up.

OBJECTIVE

The reliability of the Reading the Mind in the Eyes Peruvian version has good. Also, test-retest validity after one-year follow-up study shows a good consistency in gaze and sex scores, similarly to the Persian and Spanish version (24,38). ICC and Bland-Altman plot also shows that RMET has stable scores between tests to retest assess, even after one-year follow-up. Item-item analysis displayed a pattern of equivalent functioning to other international studies.

Regarding sex differences, our study confirms one more time that females scored higher than males participants (22,33,42); even in positive or negative faces. We did not find differences in neutral faces. More importantly, we did not find differences in socio-economic status or education, even comparing for negative/positive/neutral faces, despite the wide ranges of ages evaluated, and the demographic differences.

These results may improve clinical practice and further studies in Peru may discriminate better between clinical and nonclinical samples.

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