

### Background

The anomalous-is-bad stereotype facilitates biases against people with facial anomalies (e.g., scars), reduced by corrective surgery (refs 1,2)

- **Explicit bias:** overall bias against facial anomalies not endorsed, but anomalies predict unfavorable character judgments
- **Implicit bias:** unconscious associations between negative words (vs. positive), visible anomalies (vs. same face after surgery)

#### Open questions:

- **Psychological:** Do facial anomalies trigger pathogen avoidance? Or seen as physical manifestations of moral corruption?
- **Neural:** Does blunted dmPFC responding to anomalies (pre- vs. post-surgery; ref 2) underpin the stereotype?

#### Hypotheses:

1. Facial anomalies signal **poor health**. Predictions: dmPFC blunting, which is modulated by sensitivity to **pathogen disgust**.
2. Facial anomalies signal **moral corruption**. Predictions: dmPFC blunting, which is modulated by sensitivity to **moral disgust**.

M: male, F: female, N: novel.



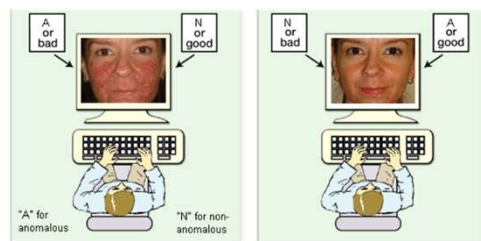
### Method

#### Participants:

- N = 27 (17 female; age = 25.5 ± 7.1)

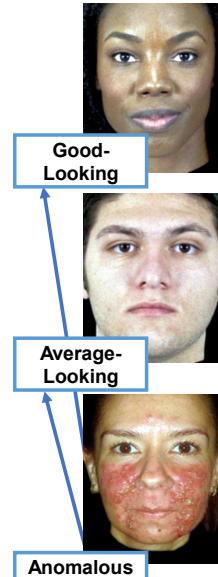
#### Dispositional and attitudinal measures:

- 3 Domains of Disgust subscales for sensitivity to pathogen and moral disgust
- Implicit Association Test (IAT)



#### Oddball fMRI task:

- Average-looking faces (450; Chicago Face Database [CFD]); participants learned these faces before scanning via a 1-back task (100% recognition confirmed with post-testing)
- Novel faces (90) *not shown* to participants before scanning: 1) Good-Looking (30; CFD); 2) Average-Looking (30; CFD); 3) Anomalous (30; ChatLab Anomalous Face Database; ref 3)
- Counted and reported the number of novel faces they saw after each of 5 fMRI scans



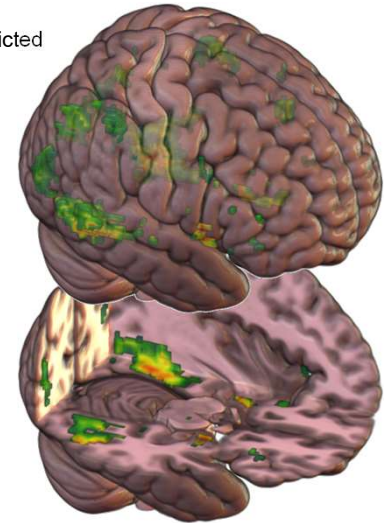
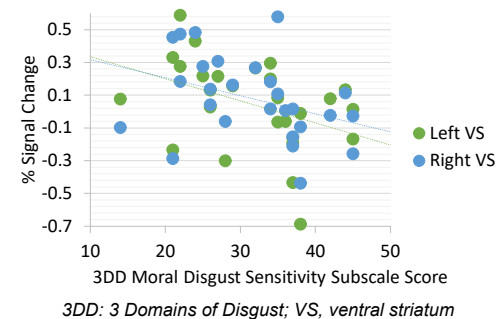
### Results

Whole-brain voxelwise analysis: ( $p < 0.05$  cluster-level FWE-corrected)

- **Anomalous > Good-Looking + Average-Looking faces:**
  - Bilateral fusiform, middle occipital gyri, amygdala, inferior frontal gyri, inferior parietal lobules
  - IAT scores correlate positively with activations across a similar occipito-temporal network
- **Anomalous < Good-Looking + Average-Looking faces:** no significant clusters

#### Region-of-interest analysis:

- Response in ventral striatum (VS) was negatively predicted by moral disgust sensitivity (slopes similar bilaterally)
  - Right VS:  $r_s(27) = -0.49$ , 95% CI [-0.94, -0.14],  $p = 0.009$
  - Left VS:  $r_s(27) = -0.44$ , 95% CI [-0.88, -0.08],  $p = 0.02$
- Pathogen disgust sensitivity: non-significant



### Discussion

- Stronger occipital activations in response to anomalous faces replicates previous study (ref 2), but a similar pattern of dmPFC blunting was not detected
- Results nevertheless favor Hypothesis 2: moral disgust sensitivity, but not pathogen-related disgust sensitivity, predicted VS blunting in response to anomalous faces
- Consistent with evidence that filmmakers use facial anomalies to signify villainy (ref 4)
- These results point toward a candidate neurocognitive mechanism that may underpin the anomalous-is-bad stereotype: moral disgust-sensitive encoding in reward circuitry

### Acknowledgements & References

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- The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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