The precise problems of face and object recognition VARY across patients – due to brain damage (ACQUIRED PROSOPAGNOSIA) or in the absence of obvious brain damage (DEVELOPMENTAL PROSOPAGNOSIA).

- **Patient Heather Sellers**: no problem with recognising objects, but can’t recognise her own face or other faces (even husband). She didn’t realise until she was in her 30s because she identifies people on their hairstyle, body type, clothing, voice.

- **Case study**: Patient BR YOUTUBE (didn’t know own face, family faces)

- **Simon et al. (2011)** presented familiar and unfamiliar faces to patient PS, who showed an absence of conscious recognition of familiar faces. In spite of that, PS showed more activation in a brain area associated with face processing (the fusiform face area) when presented with familiar (but not unfamiliar) faces. So the familiar faces were processed below the level of conscious awareness.

- **Farah et al. (1995)** showed one patient who recognised inverted faces better than upright faces. Can recognise people by what they are wearing, hearing their voice etc. Can recognise common objects, have a good memory, can read and recognise line drawings – fail many tests that agnosia patients fail.

- **Bentin et al. (1999)** – congenital prosopagnosia without MRI-revealed brain damage.

Patients with prosopagnosia often have damage to the occipital face area as well as (or instead of) the Fusiform Face Area. Such finding led Gainotti and Marra (2011) to argue that face processing involves a network including those two areas rather than being localised to the Fusiform Face Area.

**Summary**

- Visual processing
- Theories of object recognition
- Visual agnosia
  - types of visual agnosia
- Facial recognition – is it special?
- Prosopagnosia

**Overall**: what does neuropsychological evidence tell us about a typical working brain? The Fusiform Face Area is definitely involved in face processing and face recognition for most (but not all) individuals. However, the notion that face processing is localised in this area is incorrect. What is more likely is that face processing involves a brain network including the fusiform face area as well as the occipital face area (Atkinson and Adolphs, 2011).