



Interpersonal sensitivity training

Looking beyond the face: A training to improve perceivers' impressions of people with facial paralysis

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ABSTRACT

Objective: Healthcare providers and lay people alike tend to form inaccurate first impressions of people with facial movement disorders such as facial paralysis (FP) because of the natural tendency to base impressions on the face. This study tested the effectiveness of the first interpersonal sensitivity training for FP.

Methods: Undergraduate participants were randomly assigned to one of two training conditions or an untrained control. Education raised awareness about FP symptoms and experiences and instructed participants to form their impressions based on cues from the body and voice rather than the face. Education + feedback added feedback about the correctness of participants' judgments. Subsequently, participants watched 30 s video clips of people with FP and rated their extraversion.

Results: Participants' bias and accuracy in the two training conditions did not significantly differ, but they were significantly less biased than controls. Training did not improve the more challenging task of accurately detecting individual differences in extraversion.

Conclusion: Educating people improves bias, but not accuracy, of impressions of people with FP.

Practice implications: Information from the education condition could be delivered in a pamphlet to those likely to interact with this population such as healthcare providers and educators.

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1. Introduction

Upon first acquaintance, lay people and healthcare providers alike frequently misinterpret facial movement disorders such as facial paralysis or palsy (FP) as unfriendliness or unhappiness [1–3]. More than 130,000 Americans develop FP each year from a variety of conditions, including Bell's Palsy, Moebius syndrome, damage to the facial nerve from neoplasms, and trauma [4]. Often, once the underlying condition has been resolved, chronic FP remains [4]. Due to the low muscle tone caused by FP, facial sagging may be misinterpreted as a frown. Even unilateral FP, in which facial expression is preserved on one side, disrupts communication of facial expression [5]. For example, a unilateral smile might be interpreted as a contempt expression.

Most discussions of how to improve social functioning for people with FP and other facial differences have taken a medical model perspective, focusing on changing the individual through

surgery [6], cognitive behavioral therapy [7], or social skills training [8]. However, social, psychological and disability studies perspectives, which promote a social construction model of disability [9], would suggest that a more appropriate and powerful way to improve communication for people with FP would be to attempt to change the way others perceive them. An intervention of this nature could be administered to people who are likely to interact with people with FP, such as healthcare providers and educators. The present study represents an initial attempt to train perceivers to form more positive and accurate impressions of people with FP.

To compensate for their lack of facial expression, some people with FP report increasing expressivity in their bodies and voices [10,11]. Indeed, people with congenital FP are more likely to use this compensatory expression than those with acquired FP [12], in line with the general finding that people with congenital disabilities are better adapted than those with acquired conditions [13]. One of the few studies of impressions of people with FP used a thin slice design common to first impression research, meaning participants viewed short (20 s) clips of people with severe and mild unilateral and bilateral FP and rated their impressions of them [1]. Participants were randomly assigned to view combinations of

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channels (e.g. voice + speech + body or all channels). Participants were particularly poor at recognizing happiness in people with severe, compared to mild, FP, but were less impaired in recognizing sadness. Results showed that perceivers rated the happiness of severe and mild targets most similarly and most positively when they could observe all channels except the face. Importantly, perceivers were better able to recognize happiness in people with FP who used compensatory expression. Thus, focusing on channels other than the face results in better impressions of FP targets.

Recognizing extraversion, or friendliness and interest in socializing, at first acquaintance is perhaps even more crucial to social functioning than recognizing emotion. Because smiling signals extraversion and a willingness to socialize [14–16], people with FP are likely to be perceived as introverted. Although perceivers are usually quite accurate in judging extraversion of people without facial movement disorders based on photos or very short video clips [17,18], extensive research on people with Parkinson's disease (PD), a condition that often results in impaired nonverbal expression, has found that perceivers have difficulty recognizing extraversion in these individuals [2,3]. A notable finding is that healthcare practitioners experienced with PD had similar levels of difficulty as university students or older adults [3]. The tendency to assume that people with inexpressive faces are less sociable seems to be based on a largely automatic and unconscious heuristic strategy [19]. Even the most well-intentioned healthcare practitioners may have difficulty overriding this natural tendency to form social judgments based on facial expression [3]. These judgment errors may have important ramifications for healthcare practitioners' abilities to assess patients' pain, make diagnoses, and formulate individualized treatment plans appropriate to the patients' personality [20].

Starting in infancy, people automatically attend to the face [21]. However, the best strategy for forming accurate impressions of people with FP is to override this tendency and attend to the body and voice [1]. Additionally, people stare at novel stimuli, such as people with disabilities, in an attempt to understand them [22,23]. Indeed, being stared at in public is a common concern for people with FP [10]. Madera and Hebl [23] recently demonstrated the detrimental effects of focusing too much on a facial difference when forming impressions. In this study, participants viewed a photo of a job candidate, listened to an audio recording of a purported job interview, and rated the candidate on his or her qualifications. Some of the photos were digitally altered to include a facial disfigurement on one cheek. Using eyetracking methodology, the researchers found that participants looked more frequently at the job applicant's cheek when there was a scar present. Crucially, visual fixations on the scar were associated with lower ratings of the applicant's qualifications, and this was mediated by poorer memory of facts about the applicant. Thus, staring at a facial difference results in divided attention, reducing perceivers' ability to focus on information important to accurate impressions.

We drew our training intervention from the interpersonal sensitivity training literature, which attempts to improve people's ability to recognize traits or emotions in others. To our knowledge, this research has not yet been extended to people with expressive disorders, one of the populations that would benefit most. Interpersonal sensitivity trainings can be categorized into four approaches: practice, awareness raising (about the importance of interpersonal sensitivity), education (about what diagnostic cues to look for), and performance feedback [24]. Blanch-Hartigan [25] tested a program to improve interpersonal sensitivity toward patients in a sample of undergraduate students and found that a combination of all four approaches was the most effective, with the single most effective method being performance feedback.

Education about how to interpret behavior has only shown modest success in improving interpersonal sensitivity toward typical and stigmatized groups [25–28]. However, we suspected this approach might be more useful for FP. Most people have not heard of FP and are not aware of the communication challenges faced by individuals with it. FP is a highly visible, but *unrecognizable* condition. That is, people will notice that the face looks unusual but will not understand the cause or nature of the difference, or the accommodations that might be needed. People may become preoccupied by trying to figure out the cause (did the person get a Novocain shot at the dentist?). They may not even be able to pinpoint that the nature of difference is due to paralysis, and they may attribute it to the person's character, assuming they are unfriendly or even intellectually disabled [10,11]. People are unfamiliar with the appropriate accommodations for a person with FP (focus on the body and voice). Indeed, people with FP observe confusion among strangers meeting them for the first time. "I always think that there is a moment of hesitation when I start talking to people. They are listening, but they are thinking, 'why is she talking like that?'" [10]. Educating about FP causes, nature, and accommodations could improve interpersonal sensitivity.

Providing feedback about whether a perceiver's judgment is correct is the single most effective approach to improving interpersonal sensitivity [29]. Feedback resembles the natural process through which people's perceptions are shaped by their social environment; people learn whether their social judgments about a person are right or wrong based on the person's subsequent behavior. Thus, feedback is expected to help people hone their diagnostic skills. Explicitly attending to the body and voice may become implicit as people learn which expressive cues predict extraversion from trial and error.

Accuracy and bias are distinct concepts in personality impression formation research [30]. Trainings typically define interpersonal sensitivity in terms of accuracy, or the ability to detect individual differences among targets. In other words, it is the ability to identify that one person is extraverted, while another one is introverted. Fewer studies have examined bias, or the tendency to rate a group of people negatively overall. A bias analysis would detect whether perceivers rated people with FP as low on extraversion on average, an indication of perceivers' amount of stigmatization of the group. It is possible to have both inaccurate and biased judgments or one or the other. Thus, both accuracy and bias analyses are needed to get a complete understanding of the way people with FP are perceived.

This study fills an important gap in the literature, testing a social model approach to improve interpersonal sensitivity toward people with FP. Further, we tested the boundary conditions of interpersonal sensitivity trainings, examining a specific condition which may benefit from training approaches that have been found to be ineffective among a general patient population, and examining how both bias and accuracy are affected. Our first hypothesis was that perceivers would be better at recognizing extraversion in people with mild FP compared to those with severe FP. Second, we hypothesized that the training conditions would result in better recognition of extraversion than the control group, with the best recognition occurring in the education + feedback condition. Third, we hypothesized that this effect would be strongest among those with severe FP.

2. Methods

2.1. Stimuli

The stimuli were drawn from an existing stimuli set of videos of people with FP (targets). The process for obtaining and coding the stimuli is described in the original paper [12] and summarized

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