

Tutorial: Social Perception

(See also Tutorials on [Social Competence: Friendship and Peer Acceptance](#))

WHAT IS SOCIAL PERCEPTION?

Being competent in social perception includes three domains of competence: (1) knowing that other people have thoughts, beliefs, emotions, intentions, desires, and the like, (2) being able to “read” other people’s inner states based on their words, behavior, facial expression and the like, and (3) adjusting one’s actions based on those “readings”. That is, a socially competent person can make note of other people’s facial expressions, tone of voice, posture, gestures, words, and the like, and on the basis of these clues, make reasonably accurate judgments about that person’s state of mind, emotions, and intentions. Socially competent people then use these inferences about other people’s inner states to make good decisions about how to behave socially.

Social perception is one important component of social competence and social success (including peer acceptance and friendship). In addition to social perception, socially competent people must have knowledge of social rules, roles, routines, and scripts in their social lives. Furthermore, they must make use of this knowledge and of these scripts in their decision making and acting. They also have a concern for other people and make it a habit to adjust their behavior based on the needs of others. Finally, they have the confidence needed to interact socially and accept the vulnerability associated with potential rejection.

WHY IS SOCIAL PERCEPTION IMPORTANT FOR MANY STUDENTS AFTER TBI?

The ability to “read” other people’s inner states accurately relies on specific neurological circuits in the frontal lobes and limbic system of the brain. Studies suggest that the right hemisphere frontal lobe is more involved than the left. When one sees in neurological or neuropsychological reports that the frontal lobes—particularly the right frontal lobe – is injured, one should suspect some difficulty with social perception.

Furthermore, social perception may not be specifically impaired, but weak nonetheless because of the many cues that need to be processed in order to “read” social situations accurately. Many people with brain injury have restrictions on how much information they can process at any one time. Thus if they are focusing on the content of the other person’s message, they may not be able to attend to nonverbal cues, like facial expression or tone of voice. They may not be able to integrate other context information. Misinterpretations and “misreadings” may be the consequence.

Another source of “misreadings” is impulsiveness. A student who is generally impulsive may leap to quick conclusions about others’ intentions, emotions, beliefs, and the like, and therefore not take into account all of the relevant evidence. Impulsive judgments about others are likely to be mistaken.

Furthermore, if students with brain injury are depressed or anxious, they may routinely “misread” others’ intentions in specific ways. For example, depressed students may routinely believe that other students are criticizing or ridiculing them, when in fact they are not. Anxious students may routinely believe that others are criticizing them when in fact they are not. Most people have a tendency to explain others’ behavior in terms of their internal intentions, for example, “He said that because he wanted to hurt my feelings.” When a student with brain injury is depressed or anxious, this tendency is exaggerated and may result in seriously mistaken perceptions of others’ internal states.

Mistaken social perceptions may be validated because they become self-fulfilling prophecies. That is, a depressed person may misidentify others’ behavior as negative and critical, and then behave negatively in response. This negative behavior may then result in others becoming critical, thus apparently confirming the original misreading – and setting off a downward spiral.

Impaired social perception can have serious social consequences. For example, an adolescent boy might misread a girl's sympathetic smile as a romantic invitation, and proceed to respond in a sexually offensive manner. Or a child might misread a peer's teasing gesture as a threat and react aggressively. In these cases, the socially unsuccessful responses were not a result of inadequate social skills. Rather, they resulted from social "misreadings", that is, impaired social perception. As these examples suggest, effective social perception contributes in important ways to social success, peer acceptance, and friendship.

WHAT ARE THE MAIN THEMES IN INSTRUCTION AND SUPPORT FOR STUDENTS WHO HAVE DIFFICULTIES WITH SOCIAL PERCEPTION? (See also Tutorials [Social Competence](#); on [Friendship and Peer Acceptance](#))

1. Understanding the Problem: As with all neurologically-based difficulties, the first step in helping is to understand the problem. A combination of observable behavioral evidence combined with the neurology and neuropsychology reports can confirm that the student has neurologically-based problems with social perception. If so, some combination of the following supports and interventions would be relevant.

2. Environmental Supports: Success in social interaction for students with social perception difficulties may require environmental supports.

Competent and Sensitive Social Partners: For students with weak social perception, it is critical to have knowledgeable, understanding, and competent communication partners who therefore do not misinterpret and react punitively to neurologically based awkward behaviors that result from misreading social cues. Therefore education and training for everyday communication partners, including peers, family members, and school staff, may be critical to social success.

Explicit Clues to Partners' Mental States: Interactions with students with social perception impairment may need to include explicit statements about communication partners' mental states. For example, a communication partner may need to say "Let me tell you a joke..." rather than just telling the joke; or the communication partner may routinely add "Just kidding" after a tease rather than leaving it up to the student with social perception impairment to figure out that it is teasing. In these and other ways, communication partners make their mental states known to the student with social perception deficits.

3. Instructional Strategies to Assist Students with Social Perception Problems

Context-Sensitive Social Perception Training Social perception training and coaching can occur as the adult discusses the child's inner life, the adult's own inner life, and the inner lives of others. For example, young children need to be able to perceive whether others are happy, sad, mad, or scared (the four earliest identified emotional states). Adults can identify the state that the child is in and say why they think so (e.g., "You're smiling and jumping around; I think you must be happy"; "You're crying; you must be very sad about something; let me give you a big hug"). The same judgments along with the evidence can be made by the adult about the adult's mental state or about others' mental states. The point is to attach words to mental states, and to associate the mental state words with evidence that the person is in such a state and what to do about it. For older children and adolescents, the inner state words can be progressively more refined and abstract (e.g., jealous, resentful, excited, ambitious, etc).

Sometimes this training is done in therapy sessions, using photos of people to illustrate emotion words. As with all decontextualized training, this is second best to actual situational coaching. However, decontextualized presentation of this sort may be useful at the beginning of the intervention to explain the mental-state language.

Practice During Book Reading and Dinner Time Conversations: With young children, practice of this sort can be ideally implemented during evening book reading time. For older children, dinner time conversations are an ideal time to talk about daily events and explore the mental lives of people, their beliefs, emotions, desires, motivations, and the like.

Objective Readings of Others: It is important that these conversations about inner states (e.g., emotions, feelings, thoughts, beliefs, desires, etc.) emphasize the ease with which one can misperceive others true feelings, intentions, motivations, and the like.

Requesting Verification: “Am I right?”: When students know that they are routinely mistaken in their readings of others mental states, it may be important for them to get into the habit of requesting validation. For example, the student may be taught to say, “You seem angry about something; am I right about that?”

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