



# Perspective Taking Considerations for Research and Practice



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Submission: July 16, 2021; Published: October 20, 2021

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**Keywords:** Intellectual disabilities; Behavior; Outgroups

## Introduction

The great American philosopher and writer Henry David Thoreau wrote, "Could a greater miracle take place than for us to look through each other's eyes for an instant?" The truth in his question remains equally relevant today and may be integral to reducing bias towards individuals with intellectual disabilities. Perspective taking enables individuals to understand the reasons and motivations behind disordered behavior in others by encouraging thoughts about personal action given the same circumstance.

Perspective taking, or the ability to consider another person's point of view, is beneficial when targeting change in negative attitudes towards others. The ability to take another person's perspective is also linked to prosocial behavior. Good perspective takers are more empathic, prosocial, and altruistic when compared to less competent peers [1,2]. However, perspective taking is not simply an immutable dispositional trait.

Previous research demonstrates that perspective taking can be learned (and taught). Training in perspective taking improves attitudes towards outgroups (i.e., those not specifically in one's social category). Furthermore, taking the perspective of a single individual in an outgroup (e.g., an AIDS victim, a homeless individual, or a convicted murderer) can lead to more positive attitudes towards the entire group [3]. As the ability to take the perspective of others improves, empathy for the group and helping behavior also increases [4].

## Perspective Taking in Practice

Due to the aforementioned benefits of perspective taking, we should consider, as a society, ways of training this skill when

possible. For example, many workplaces now include some type of implicit bias training to target negative attitudes towards group diversity.

a) As part of a common training, trainees should be presented with the perspective of an individual with intellectual disabilities (alongside members of other diverse groups). They could then be asked to identify the situational attributes that lead to the behavior of the characters and how they would react if the situation were reversed.

b) As with other types of training, providing workers with an overview of the training and a purpose for the training can help individuals see the benefit and engage more readily [5]. Because these processes are usually automatic, individuals may not be aware of the ways in which they are impacted (or why training is necessary). Therefore, the impact of training for outcomes (e.g., more positive workplace culture, ability to work with a more diverse group of individuals, increased potential for collaboration, etc.) should be discussed before the training begins.

c) Additionally, when designing the perspective taking aspect of implicit bias training, it may also be important to minimize negative feedback (related to identifying situational attributes of others or identifying how another individual may feel in the situation) and maximize positive feedback. Slaughter and Gopnik found that positive feedback was more effective when learning perspective taking skills than corrective feedback [6].

d) Finally, alongside diversity training initiatives, organizations should begin soliciting advice from individuals with intellectual disabilities for ways to accommodate this type

of diversity. This type of organizational perspective taking is a necessary first step to making significant change.

Schools could also encourage the integration of perspective taking into their current curricula. Although most children have the ability to take the perspective of another individual by age six, children rarely receive direct instruction on how to take the perspective of an individual who is neurodivergent from them [7].

a) Stories and videos could be used to allow for practice engaging in the perspective taking process [8]. For example, reading about an individual with intellectual disabilities and then asking the children to imagine how they would feel in the same situation could facilitate growth in this ability.

There is also reason to believe that earlier training (i.e., in younger children at the beginning of their educational journey) in perspective taking could have lasting effects [9].

## A Call for Research in Perspective Taking

Even with the suggested changes, additional research is needed to determine the most effective training for reducing bias towards individuals with intellectual disabilities. Below are some considerations for next steps in research:

a) Although the impact of perspective taking has been demonstrated for some groups (e.g., individuals with AIDS), there have been no studies focused on training individuals without intellectual disabilities to take the perspective of individuals with intellectual disabilities. Therefore, little is known about the effectiveness of using neurodivergent individuals in a perspective taking task. It may be easier to take the perspective of a neurosimilar person (and more difficult when there is neurodivergence).

b) Studies should be designed to identify the type of training that is the most effective for short-term and long-term change in trainees. Many perspective-taking studies do not utilize a pre-test/post-test design (with control group). It is important for researchers to demonstrate effective change by holding close to the experimental design.

c) Additional research is also needed to understand the frequency of training that is required to “inoculate” individuals against negative attitudes towards outgroups. It is possible that some trainings would have a more global and longer-lasting impact than others, and currently there are no studies that suggest the optimal frequency of perspective-taking training on attitudes towards individuals with intellectual disabilities.

d) Finally, more work is needed to determine the effectiveness of such a training given the age of the individual. It is likely that what will be required for attitude change in adults will differ from the training required for attitude change in children.

## Final Thoughts on Perspective Taking

Perspective taking is generally acknowledged to be essential for successful social functioning, and numerous articles have documented deficits in these skills in individuals with Autism Spectrum Disorder. It is also a known deficit for individuals with Down Syndrome [10] and Traumatic Brain Injury [11]. However, many of the training studies that included individuals with intellectual disabilities have targeted a skill known as cognitive perspective taking.

In the empirical literature, it has been argued that perspective taking is actually an ability that is comprised of three capacities: cognitive, visual, and affective [12]. Cognitive perspective taking refers to the ability to infer thoughts, motivations, and intentions to others; visual perspective taking is the capacity to infer how an object or scene will be viewed by another person who occupies a separate position in space; and affective perspective taking is the ability to understand that other’s emotional states can differ from your own.

Neurotypical individuals can recognize deficits in cognitive perspective taking. This may explain the current research focus on this deficit in individuals with Autism Spectrum Disorder. There are many articles that are targeted at perspective taking for individuals with intellectual disabilities [13-16], but there are fewer articles that encourage perspective taking for neurotypical individuals. At times, individuals without intellectual disabilities may fail to perceive even their own deficits in affective perspective taking. This is important to address because affective perspective taking leads to empathy, more positive attitude change, and more prosocial behavior [17,18]. Therefore, it is time that training and research include neurotypical individuals as well.

All three types of perspective taking (i.e., cognitive, visual, and affective) are necessary for an accepting society that welcomes and supports all its members. When there are deficits in any of these capacities, trainings can be created to facilitate improvements. Research is needed to identify the most effective strategies for modifying negative attitudes. In conclusion, it’s time for us all to take a look at ourselves (through the eyes of others) and make changes.

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DOI: [10.19080/GJIDD.2021.09.555755](https://doi.org/10.19080/GJIDD.2021.09.555755)

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