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## What if the company's "Charity of the Year" deals with severe to moderate mental disability? A case study of fundraising problems and possibilities

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**What if the company's "Charity of the Year" deals with severe to moderate mental disability? A case study of fundraising problems and possibilities**

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# What if the company's "Charity of the Year" is an organisation that deals with severe to moderate mental disability? A case study of fundraising problems and possibilities

## Structured Abstract

**Purpose:** This paper explores the use of an ABC social marketing intervention to rescue a failing corporate "charity of the year" exercise that involved a mental disability charity. It describes the improvements experienced consequent to the introduction of volunteer "charity ambassadors" appointed to champion the charity's cause.

**Design/methodology/approach:** The study revolved around company employees' responses to an open-ended question concerning their attitudes towards people with mental disabilities. A semi-automated qualitative research technique (structural topic modelling [STM]), was used to analyse the replies both pre- and post-intervention. Regression analyses were undertaken to explain whether employees' replies to the question fell in specific categories.

**Findings:** The intervention was successful. Employees' attitudes regarding mentally impaired people shifted substantially away from fear and towards feelings of benevolence and compassion. Employees' financial donations to the charity increased significantly consequent to the intervention. Levels of benevolence and compassion depended significantly on participants' prior exposure to people with mental disabilities, gender, and degree of involvement in activities associated with the intervention.

**Research limitations:** Stakeholders other than employees were not sampled. Open-ended responses to a single question can oversimplify complex issues.

**Practical implications:** Outcomes to the research demonstrate how charity ambassadors can induce positive attitudes and behaviour towards an "unpopular cause".

**Originality and value:** The results highlight some of the problems attached to corporate sponsorship of unpopular causes. A relatively recently developed open-ended qualitative research technique, STM, was used to examine employees' attitudes. Classifications of findings *emerged* from the data and did not depend on a predetermined coding scheme.

**Key words.** Fundraising, unpopular causes, mental disability, charity of the year schemes, charity ambassadors, compassion, stereotyping, structural topic model.

## 1. Introduction

This paper reports the findings of a case study based on the Appeal, Belonging and Commitment (ABC) framework for social marketing interventions. The study examined a situation wherein a company had selected as its "Charity of the Year" (CotY) a charity concerned with mental disability, but where the company's employees initially declined to

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2 engage with the CotY programme. An intervention was executed involving the appointment  
3 of employee “charity ambassadors” tasked with championing the charity’s cause. The paper  
4 begins with a description of the characteristics of CotY schemes. Then, information on the  
5 case company is presented, followed by sections on theoretical aspects of the research. Next,  
6 the details of the intervention are provided and the methodology of the study is explained.  
7 Finally the results of the investigation are discussed and a conclusion to the research is  
8 offered.  
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### 11 12 13 14 ***1.1 Charity of the Year programmes*** 15 16 17

18 Many large companies, and some smaller businesses, annually select a “Charity of the Year”  
19 to which they make donations and to which they encourage their employees and other  
20 stakeholders to give money (see Slack, 2013). Fundraising activities associated with CotY  
21 schemes include in-company raffles, auctions, placing articles and photographs in company  
22 newsletters, visits to a charity’s operations, trolley dashes through supermarkets, receptions,  
23 and end-of-sponsorship balls. Employees may be invited to donate to a CotY directly or  
24 through payroll giving. Businesses can benefit from CotY arrangements via enhanced  
25 corporate and brand exposure, participation in a charity’s digital channels, extra custom  
26 resulting from brand endorsement by the charity, improved staff motivation, and  
27 opportunities for staff training and development through seconding staff to organise charity  
28 events. Charities gain from becoming a company’s CotY by obtaining extra income, greater  
29 public awareness, contacts with fresh potential donors (employees of the business, customers,  
30 etc.), and possibly through receiving pro bono services from company managers. The  
31 selection of a specific CotY may occur through a vote of an enterprise’s entire workforce,  
32 through a personal decision of the company’s chief executive, through a decision made by a  
33 committee of senior managers, or through a committee that includes employee  
34 representatives.  
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### 41 ***1.2 The present study*** 42 43 44

45 The present study examined a situation where the management of a medium-sized UK  
46 financial services company decided that its CotY would be a charity that deals with an  
47 “unpopular” cause: mental disability. Initially, the CotY failed to attract support from  
48 employees. The case company was an investment management company based in the South  
49 East of England, employing around 450 people, and offering investment and asset  
50 management products to private clients, stock broking services, and management services for  
51 authorised unit trusts and company pension schemes. The company’s employees own, via  
52 employee share plans, a fifth of the company’s share capital. Every second year, the  
53 company’s management selects a charity to become its CotY for a 12-month period.  
54 Employees, customers and other stakeholders are then invited to donate to the charity. The  
55 company makes a direct financial contribution to the charity and pays for all activities  
56 connected with the sponsorship. Decisions regarding which charities are to become a CotY  
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3 are taken by the company's board of directors (influenced heavily by its managing director),  
4 with some input from the organisation's personnel manager. At the time the research was  
5 completed there was no direct involvement of employees in making the decision. Previously,  
6 staff had been invited to nominate charities for consideration and to vote for a specific CotY,  
7 but the practice had been abandoned because few nominations were received and hardly any  
8 employees voted.  
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11 For the year in which the study was completed the company's management selected a charity  
12 that helps beneficiaries who have "complex severe to moderate" mental impairments. The  
13 charity owns a residential-care housing facility, provides external "supported living" services,  
14 has several high street charity shops, and operates a "resource and drop-in centre" available  
15 to local people with mental problems. Both the chief executive of the company and its  
16 personnel manager were active volunteers at the charity when the CotY decision was taken.  
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19 Three months into the sponsorship it had become clear that stakeholders were not supporting  
20 the CotY. Revenues from donations were less than a third of the average for previous CotY  
21 schemes and charity-related events were poorly attended. (It is relevant to note that mental  
22 disability charities are among the least popular among the general public; with cancer,  
23 children's and animal charities competing for the top positions [see Walker, 2017].) Hence,  
24 the enterprise intervened by appointing a number of "charity ambassadors", drawn from the  
25 company's employees and trained to promote the charity's cause. Employees' attitudes  
26 regarding the charity's beneficiaries were sampled before and after the intervention.  
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### 32 *1.2.1 Theoretical considerations*

33 The study involved and contributes to (i) theories concerning an individual's motivations to  
34 donate to a charity, (ii) theories regarding the stigmatisation of people with mental  
35 disabilities, and (iii) the ABC framework of social marketing. Motivations to donate to good  
36 causes have been researched extensively, and several comprehensive models of individual  
37 charity giving behaviour have been constructed (e.g., Sargeant, 1999; Sargeant and  
38 Woodliffe, 2007; Mainardes, Laurett, Degasperi and Lasso, 2017; see also the reviews of  
39 Bekkers and Wiepking, 2011, and Bennett, 2018). Unfortunately, these "general" models of  
40 donor behaviour are not necessarily useful for charities that deal with "unpopular" causes,  
41 e.g., prisoner rehabilitation, help for immigrant asylum seekers or, as in the present case,  
42 mental disability. Certain elements of the extant models of donor behaviour are undoubtedly  
43 relevant to fundraising for mental disability, but special considerations may affect donors'  
44 willingness to give to a charity dealing with this particular type of cause (Body, 2015). Case  
45 studies are a valuable means for identifying such considerations. The study contributes also to  
46 academic literature on the role of corporates in driving social change (Stephan, Patterson,  
47 Kelly and Mair, 2016). Social change, according to Stephan et al., 2016, is "the process of  
48 transforming thought, behaviour, social relationships to generate beneficial outcomes for  
49 individuals, communities - - - beyond the benefits for the instigators of transformations" (p.  
50 1252). The current investigation demonstrates how organisational policies can effect changes  
51 in employee attitudes and behaviour in manners beneficial to a corporate sponsorship. A  
52 review of literature completed by Aguinis and Glavas (2012) on how organisations can  
53 induce social change noted the dearth of studies of the micro-foundations of change, i.e.,  
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1 those based on individual employees. This proposition was echoed by Previte and Brennan  
2 (2017) who, in their Guest Editorial for a Special Issue of this journal, emphasised the need  
3 for research into changes at the micro level that need to occur in order to generate desired  
4 social marketing outcomes.  
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7 As regards stigma against people with mental disability, it is known that stigma is widespread  
8 (Batty, 2004; Thornicroft, Rose and Mehta, 2010) and occurs across all socio-economic  
9 groups (Davey, 2013; MIND, 2015). Surveys have found that stigma causes people with  
10 mental disabilities to be among the most marginalised of all social groups (Kirkwood and  
11 Stamm, 2006; Sampogna et al., 2017). Negative stereotypes of people with mental  
12 impairments often include perceptions that people with mental disabilities are “dangerous,  
13 unpredictable, violent and bizarre”, and that mental disability results from “weak morals,  
14 poor character, malingering, lack of self-control or bad breeding” (Ross and Goldner, 2009  
15 p.560). The stigmatisation of the mentally ill can “motivate the public to fear, reject, avoid  
16 and discriminate against people with mental illnesses” (Hogan, 2003 p.4). Views of this  
17 nature can lead to assumptions that donations to mental disability charities will be squandered  
18 on undeserving people.  
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### 26 *1.2.2 The ABC social marketing framework*

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28 The management of the case company soon recognised that its CotY scheme was failing and  
29 so, together with the researchers, executed an intervention based on the ABC (Appeal,  
30 Belonging and Commitment) social marketing framework (Ellis, 1973; Geller, 1989; Kamal,  
31 Fels and Ho, 2010; Kamal, 2012). The ABC model involves the creation of desired attitudes  
32 and behaviour within a target audience. Desired attitudes and behaviour need (i) to *appeal* to  
33 audience members (ii) to entail a sense of social connection (*belonging*) vis-a-vis the subjects  
34 of desired attitudes and behaviour, and (iii) to generate *commitment* to beneficial change and  
35 hence “normalise” the desired attitudes and behaviours (Kamal et al, 2010). ABC frameworks  
36 consolidate several other social marketing intervention models including, for example, the  
37 health belief model and models derived from social cognitive theory (see Syed-Abdul et al.,  
38 2016). They derive in part from applied behavioural analysis approaches (Baer, Wolf and  
39 Risley, 1968), in that they presume that behaviours are directed by antecedent stimuli, e.g.,  
40 information provision, education, clear verbal or written prompts that designate target  
41 behaviour, or demonstrations of desired behaviour (Bandura, 1967; Daamen, Staats, Wilke,  
42 and Engelen, 2001; Lehman and Scott Geller, 2004). Thus they are concerned with the  
43 application of techniques based on the principles of learning (Lehman and Scott Geller,  
44 2004).  
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50 The “appeal” stage typically involves information provision; the “belonging” stage is  
51 associated with social interaction with specified others which leads to personal knowledge of  
52 the specified others and hence commitment to behaviour change with respect to the specified  
53 others. Once commitment to target behaviour has been achieved, individuals are expected to  
54 continue the desired behaviour (Cialdini, 2001), i.e., to be committed to the new behaviour.  
55 The ABC framework has been criticised, however, on the grounds that it can obscure  
56 alternative options and possibilities and that it pre-assumes that attitudes always drive  
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behaviour (rather than, for example, “habit” and/or transitory contextual factors) (Shove, 2010).

Many past studies have shown that the application of an established social marketing theory as an intervention develops provides an effective framework around which activities can be designed; so long as the theory fits the problem involved (Lyne et al., 2016; Manikam and Russell-Bennett, 2016). ABC theory satisfies these criteria in the present case, as described in later sections.

### *1.2.3 Contributions of the study*

Although CotY programmes are increasingly common, the mechanics of CotY schemes have not been the subject of academic research. Hence, companies introducing CotY programmes may overlook important aspects (and possible problems) of CotY schemes. Through a case study of a company facing the failure of its CotY efforts, the present research identified both the causes of difficulties and the activities leading to the successful revival of a company’s CotY situation. The investigation demonstrates how attitudes towards people with mental disabilities can vary among employees and how negative attitudes may be improved, resulting in higher levels of donation. Hence, the research contributes to knowledge regarding support for “difficult” causes (Body and Breeze, 2016; Bennett, 2018); specifically, in the current study, to understanding how stigma against people with mental disabilities can be assuaged (cf. Batty, 2004; Thornicroft, Rose and Mehta, 2010). The study extends ABC theory to a fresh application (cf. Lehman and Scott Geller, 2004; Kamal, Fels and Ho, 2010) and lays down a framework for future empirical studies.

## **2 The intervention**

The intervention involved the appointment of eight “charity ambassadors” (CAs) from within the organisation who were charged with improving employees’ levels of engagement with the charity. Appointments were made consequent to a call for expressions of interest in the role. The theory of internal marketing (e.g., Baumgarth and Schmidt, 2017; Piha and Avlonitis, 2018) suggests that individuals selected for this type of position need to be excellent communicators, have a positive and enthusiastic attitude, be well-known within the organisation, feel confident about public speaking, have initiative, and preferably possess some experience of volunteering for a non-profit organisation. Ideally, these qualities should have figured prominently in the selection process. In the present case, however, the appointments were non-competitive because only a handful of individuals expressed interest in the role. Thus, “willingness-to-serve” was the essential criterion for appointment. A study by Hemmingway and Maclagan (2004) noted that social change effected by a business is not necessarily associated with the pursuit of the organisation’s commercial interests, but is sometimes due to individual employees championing a social change (“moral agency” in Hemmingway and Maclagan’s terminology); in contrast to employees simply acting as agents

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3 of corporate policy. The “champion role model”, according to Brace-Govan (2013) can create  
4 inspiration and aspiration that influences change.  
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7 Individuals appointed as CAs attended a half-day training event organised and hosted by the  
8 charity, were shown face-to-face the charity’s work, and were advised as to the best sorts of  
9 language to use when describing to other employees the nature of mental disability (cf. Bond  
10 et al., 2018). CAs were expected to attend (during working hours) one or two charity-related  
11 activities a month and were reimbursed by the company for any out-of-pocket expenses  
12 incurred. The CAs were required to distribute information about the charity to employees via  
13 email and by putting hard copy into staff pigeon holes, to solicit donations and to encourage  
14 employees to participate in charity-related events. They were instructed to explain the  
15 charity’s current projects to employees and to describe how gifts to the charity would make a  
16 positive difference to beneficiaries’ lives. Five of the eight CAs were female, and all  
17 occupied non-managerial administrative positions. Three of the eight had a family member  
18 who was disabled.  
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22 Events organised during the company’s sponsorship of the charity included late afternoon  
23 group visits to the charity’s operations; a raffle followed by a reception on the company’s  
24 premises to announce the prize winner; a further reception at which charity personnel thanked  
25 the company for its support and showed a video of the charity’s current projects, talks given  
26 by charity employees during lunchtime receptions (with free refreshments), and an end of  
27 sponsorship dinner in a local hotel (for which attendees purchased a ticket). All events were  
28 attended by intellectually disabled beneficiaries of the charity in order to present people with  
29 mental disabilities in positive ways.  
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### 34 ***2.1 Application of the ABC framework*** 35 36 37

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39 The steps suggested for ABC analysis (see Geller, 1989; Graeff et al., 1993) are to (i) specify  
40 objectives, (ii) assess the audience by researching their current attitudes and behaviour, (iii)  
41 identify factors that might influence attitudes and behaviour and motivate change, (iv) plan  
42 and develop the intervention (v) establish success criteria, and (vi) evaluate outcomes.  
43 Objectives specified for the intervention in the present study were to “educate” employees  
44 about the charity, its values and what it stands for (cf. Piha and Avlonitis, 2018), to change  
45 employees’ negative attitudes regarding people with mental disabilities, and to encourage  
46 donations. Two main success criteria were specified: improved attitude towards people with  
47 mental disabilities among employees as measured by attitude surveys completed before and  
48 after the intervention, and increased financial donations during the course of the intervention.  
49 Current attitudes were assessed via a survey that was based on an open-ended request asking  
50 employees to “write down all the things that come into your mind when you think about the  
51 people this charity helps”. A semi-automated machine-learning qualitative research method,  
52 structural topic modelling (Roberts et al., 2014; Roberts et al., 2018), was used to analyse the  
53 replies. The exercise was repeated at the end of the intervention.  
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## 2.2 *Motivating attitude change*

In theory, the CA's activities should legitimise and reinforce the importance of giving to the charity (cf. Van Dijk, 2009), shape employees' opinions of people with mental disabilities (Bond et al., 2018), and encourage compassionate ways of thinking and behaviour towards the charity's beneficiaries. Yazbeck, McVilly and Parmenter (2004) cited a large amount of research literature suggesting that the beliefs of prejudiced individuals vis-à-vis mental disability can be changed by (i) providing accurate information about people with mental disabilities, (ii) stimulating positive attitudes towards mentally disabled people by demonstrably exhibiting a liking for them, and (iii) overtly behaving in ways that generate support for the mentally impaired. Thus, through initiating and leading conversations about mental disability with other employees, through displaying an affection for people with mental disabilities, and through overtly mixing with mentally impaired individuals, CAs should have stimulated favourable attitudes regarding people with mental disabilities.

Events within the case organisation focused on the *capabilities* of the mentally impaired participants rather than on their disability, e.g., by having people with mental disabilities act as receptionists, ushers, cloakroom attendants, etc., at each activity. Thornicroft (2009) observed how "openness" of this nature promotes awareness and understanding of people with mental disabilities, helps dispel myths and stereotypes about mental illness, and prompts people with damaging attitudes regarding mental disability to change their views (p.77). Discomfort with contact with people with mental disabilities often stems from lack of understanding (Corrigan, 2005). According to Aiden and McCarthy (2014), interactions with people who possess mental disabilities, in conjunction with greater education about mental disability, can increase understanding and hence acceptance. A study by Brown et al (2014) demonstrated how interactions between mentally disabled and non-mentally disabled people contributed to the creation of a compassionate culture vis-à-vis mentally impaired individuals within an organisation. Few members of the public have friends who are mentally disabled, Brown et al. (2014) continued, so interactions with mentally impaired people are needed to make non-disabled individuals feel confident when speaking to a mentally disabled person. Van Dijk (2009) observed how people's values and beliefs at any given time are largely constructed discursively within a person's social milieu. Thus, prejudiced beliefs might be altered via conversations with a person who champions a mental disabilities cause.

## 3 **Research method and materials**

### 3.1 *The structural topic model*

The core of the research involved an open-ended request asking employees to "write down all the things that come into your mind when you think about the people this charity helps". A semi-automated machine-learning qualitative research method, structural topic modelling (Roberts et al., 2014; Roberts, Stewart and Tingley, 2018) was used to analyse the replies. Structural topic modelling (STM) identifies latent structures ("topics") within open-ended

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2 qualitative research method that identifies latent structures within responses to an open-ended  
3 question. An advantage of STM is that it allows the incorporation of covariates into an  
4 analysis (a facility not available when using factor analysis or latent Dirichlet clustering).  
5 STM organises responses into topics defined by the homogeneity of participants' comments  
6 within each of the topics identified by the analysis. This occurs via a clustering algorithm that  
7 examines the co-occurrence of words across responses and assigns words to topics. The  
8 researcher specifies a certain number of topics (but not their contents) and the algorithm  
9 computes the extent to which a person's response belongs to each topic (e.g., 15% to topic  
10 one; 30% to topic two, etc.; the percentages summing to 100).  
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14 Aggregated across individuals, these "topic prevalence" figures, i.e., the degrees to which  
15 responses belong to various topics, can be related to demographics and personal  
16 characteristics. The most frequent and important words arising in relation to each topic may  
17 be specified and the most representative answers identified. To establish the correct number  
18 of topics the model is computed for differing numbers of topics (e.g., two to eight) and the  
19 most coherent solution (in terms of internal homogeneity and the greatest level of  
20 discrimination) is selected (for details see Roberts et al., [2014]). Topic prevalence figures for  
21 each participant may then be employed as the dependent variable in regressions with  
22 covariates (e.g., age, gender and other personal characteristics) as the independent variables.  
23 Thus, it is possible to show the strengths of the influences of the covariates on the topics that  
24 the sample members regarded as most important and how prevalence options change from  
25 person to person. Output to the algorithm includes "topical content" measures, i.e., lists of  
26 words most likely to be generated by each topic and which therefore can be subjected to  
27 further analysis. Semantically interpretable topics *emerge* from the data and are not pre-  
28 assumed. Words can belong to more than one topic and topics can themselves be correlated.  
29 There is no need for the researcher to define the dimensions of a coding scheme. Thus, no  
30 pre-assumptions are necessary; topics are *discovered* within the data and might not  
31 correspond with theoretical expectations. Regression analysis of topic structures shows the  
32 strengths of the influences of selected covariates on the topics that the sample members  
33 regard as most important. The covariates considered in the present study are outlined below.  
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### 43 **3.2 Covariates**

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46 A multitude of studies have demonstrated that socio-demographic factors affect non-disabled  
47 people's attitudes towards people with mental disabilities in many cultures and countries.  
48 Age could be relevant in that, as age increases, so too might "open-mindedness" and  
49 tolerance towards people with mental illness (see Ewalds-Kvist, Hogberg and Lutzen, 2012  
50 p.3). A Swiss study of Lauber, Nordt, Falcato and Rossier (2004) involving 1737 participants  
51 concluded that favourable views concerning people with mental disabilities increased with  
52 age. Similarly, a study completed by the Royal College of Psychiatrists (RCP, 2003) found  
53 that 16 to 19-year olds held views of mentally disabled individuals that were more negative  
54 than occurred in other age groups. Likewise, TNS-BRMB's (2015) survey of 1736 people  
55 found that 16 to 34-year olds were less understanding and tolerant of mentally ill individuals  
56 than were older people. On the other hand, a study of 2391 members of the Swedish public  
57 concluded that older people exhibited less tolerance of mentally ill people than did the young,  
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3 arguing that this might be due to older individuals being more likely to reject “odd”  
4 behaviour (see Ewalds-Kvist et al., 2012). Another Swedish survey of 500 participants aged  
5 17 to 70 also found that people under 20 possessed significantly more positive attitudes  
6 towards mental disorders than older respondents (Mirnezami, Jacobsson and Edin-Liljegren,  
7 2015). Given these contradictory findings, it may be that the influence of age on attitudes  
8 towards people with mental disabilities depends on the particular country and cultural setting  
9 wherein an investigation is completed.  
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13 Females have been found to hold fewer negative views of people with mental disabilities than  
14 males (RCP, 2003; Ewalds-Kvist et al., 2012; TNS-BRMB, 2015). Ewalds-Kvist et al. (2012)  
15 reported studies from five countries confirming this assertion. However, Holzinger et al.’s  
16 (2012) systematic review of studies on gender differences in public attitudes towards  
17 mentally ill people concluded that, on the average, women do not have significantly different  
18 attitudes regarding people with mental disabilities than men. Lauber et al. (2004) found  
19 females to be less positively inclined towards the people with mental disabilities than males;  
20 as did a study completed in Singapore by Yuan et al. (2016).  
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24 The better-educated have been observed to be more positively inclined towards people with  
25 mental disabilities than individuals with low levels of education (see, for example, Wolff,  
26 Pathare, Craig and Leff, J., 1996; RCP, 2003; Song et al., 2005; Mirnezami et al., 2015; Yuan  
27 et al., 2016). Corrigan et al.’s (2012) meta-analysis of 72 studies which examined this  
28 question across 14 countries concluded that the better-educated do tend to stigmatise the  
29 mentally ill to lesser extents than the poorly educated. Research has also found that less  
30 sympathy towards people with mental disabilities is shown by (i) people with limited past  
31 exposure to individuals with mental illnesses (Trute and Loewen, 1978; Corrigan et al., 2012;  
32 Ewalds-Kvist et al., 2012; DoH, 2015), and (ii) people who are married rather than single or  
33 divorced (Ewalds-Kvist et al., 2012), especially married couples with children (Wolff et al.,  
34 1996). The previously mentioned study of the Royal College of Psychiatrists noted that  
35 people with higher incomes were more favourably inclined towards the mentally ill than  
36 financially poor individuals (RCP, 2003). Little research has been completed into the role of  
37 ethnicity in relation to public attitudes regarding mental illness, although a study by Wolff et  
38 al. (1996) observed that a sample of non-Caucasian people exhibited less benevolent attitudes  
39 towards people with mental disabilities than other ethnicities. Yuan et al.’s (2016) survey of  
40 attitudes to mental illness in Singapore also reported some significant ethnically-based  
41 disparities. Ethnicity was not included as a covariate in the present study because the case  
42 organisation employed very few people from the UK’s ethnic minorities.  
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48 Two additional covariates were included in the post-intervention phase of the analysis, i.e.,  
49 the participants’ responses to queries regarding whether (i) they had attended “at least one;  
50 two or three; more than three; or none” of the charity-related events hosted by the company,  
51 and (ii) they had read “none; a little; quite a lot; or most of” the information about the  
52 charity’s beneficiaries distributed by the charity ambassadors.  
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### 3.3 *The sample*

Consequent to the removal of the responses of 13 individuals on the grounds of social desirability bias (see section 3.3.1 below), 212 of the company's employees participated in the research. The all-sample average age of the participants was 39 years (median 33 years). Sixty-eight per cent of the respondents were male. Employees were not questioned about their incomes as this was seen as too sensitive an issue to query, given that salaries within the company were individually negotiated. However, the participants' job titles indicated that 20% of the sample members worked in higher grade jobs; 20% occupied intermediate positions and the remaining 60% were in lower grade roles. The respondents were asked to state their highest educational qualification on leaving school or college. Twenty-six per cent of the sample had exited education at the earliest possible opportunity, 32% had received an intermediate education (leaving school or college at age 18 to 20 but without an undergraduate degree, and 42% were graduates. Sixty-eight per cent of the employees had at least one child. Sixteen per cent of the sample had a relative or friend who was mentally disabled, currently or in the past.

#### 3.3.1 *Testing for social desirability bias*

The context in which the research was conducted gave rise to the possibility of social desirability bias in the responses. Some individuals might understate their hostility to people with mental disabilities in order to appear kind-hearted, liberally-minded and "politically correct". Thus, at the outset of the study the participants were asked to complete the eight-item short-form version of the Marlowe-Crowne social desirability scale (Reynolds, 1982). Examples of the items are 'Have there been occasions when you took advantage of someone?' and "Are you quick to admit making a mistake?" (for further details see Ray [1984]). The participants' responses were correlated with their replies to the main questionnaire and suspicious cases were further analysed, e.g., by examining whether responses were particularly high for questionnaire items where social desirability bias was especially likely.

## 4 **Findings from the STM**

Models involving two to eight topics were estimated, a three-topic model (see Table 1) yielding the best result in terms of exclusivity (i.e., topics with words that have high probabilities of appearing in one topic but low probabilities of appearing in others) and semantic coherence (i.e., individual responses within a topic containing very similar words). The average length of responses to the request for participants to "write down all the things that come into your mind when you think about the people this charity helps" was 32.5 words (median 27 words, range five to 98 words). Table 1 gives the all-sample averaged prevalence figures, from which it can be seen that a topic labelled by the researchers as "fear" was, by just four per cent, the highest single type of response.

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5 INSERT TABLE 1 AROUND HERE  
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9 Many of the participants expressed aversion to the mentally impaired and voiced a number of  
10 negative stereotypes sometimes associated with mental illness. Extreme responses belonging  
11 to topic one (“fear”) included assertions that the charity’s beneficiaries were crazy, soft-in-  
12 the-head, lunatics, frightful, and that people with mental disabilities should be kept apart from  
13 “normal” people. The second topic response category (prevalence=34%) involved feelings of  
14 personal “distress” when thinking about the mentally impaired. Sentiments in this division  
15 included sadness; feeling uncomfortable and depressed, and being “shaken” and unsettled.  
16 Whereas topic two concerned internal and sometimes selfish emotions; topic three  
17 (prevalence=28%) displayed proactive emotions of wanting to help, “compassion” for people  
18 with disabilities, empathy and sympathy, thus differentiating “distress” from “compassion”.

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22 Regressions were completed using the three topics as dependent variables and the previously  
23 mentioned covariates as independent variables. Table 2 gives the results. Ordinary least  
24 squares estimation was applied as there was no evidence of significant multicollinearity or  
25 non-normality in residuals. Table 2 indicates that the likelihood of a response falling within  
26 topic one “fear” depended negatively and significantly on age (a finding compatible with that  
27 of Lauber et al. [2004]), and on the likelihood that a respondent was female. Prior exposure to  
28 people with mental disabilities was negatively associated with fearful emotions (cf. Corrigan  
29 et al., 2012; DoH, 2015). “Distressful” emotions (topic two) were significantly more likely to  
30 be reported by females, an outcome matching those of several studies reported by Ewalds-  
31 Kvist et al. (2012), but not those of Lauber et al. (2004), Lauber et al. (2004) and Yuan et al.  
32 (2016). People with children were significantly more likely to make remarks that fell into the  
33 distressed category (cf. Wolff et al., 1996). The comments of older people were significantly  
34 more likely to belong to topic three, “compassion”. This is in line with the results of the  
35 investigations of RCP (2003) and TNS-BRNB (2015), but not those of Mirnezami et al.  
36 (2015). Prior exposure and whether a respondent had children also exerted significantly  
37 positive impacts on topic three.  
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## 45 **5 Developing the intervention**

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48 The results provided a template of factors that the CAs needed to emphasize when  
49 communicating with employees. Hence the CAs were instructed to focus their conversations  
50 on how and why employees should not feel distressed when interacting with people with  
51 disabilities, on how their contributions could make a real difference to the lives of the  
52 charity’s beneficiaries, on the proposition that the beneficiaries deserved help, and on the fact  
53 that there was nothing to fear from the people with mental disabilities attending events.  
54 Compassion was to be accentuated during communications, especially when speaking to  
55 younger people and those with children. These themes were woven into the written materials  
56 distributed by the CAs.  
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### 5.1 Post-intervention results

The STM exercise was repeated at the end of the company's 12-month sponsorship. On this occasion, the responses to the open-ended query averaged 37 words (median 29 words, range five to 111 words). One hundred and eighty-nine of the original 212 participants were available for the follow-up investigation. A clear shift in attitudes was visible consequent to the intervention, as shown in Table 3. It appeared that the intervention had induced a large shift in sentiment towards feelings of "benevolence" (topic 1) towards the charity's beneficiaries. This was manifest in a desire to help the charity's beneficiaries, to offer support and somehow to reach out to people with mental disabilities. A separate "compassion" topic emerged (27% prevalence) that involved empathy with and sympathy for the intellectually impaired (rather than motives to provide actual assistance) and was connected with a realisation that people had become mentally disabled through no fault of their own.

INSERT TABLE 3 AROUND HERE

A regression analysis revealed that, for the Table 3 outputs, benevolence was positively and significantly influenced by gender (females were more likely to comment in this manner) and by prior exposure (see Table 4). The same two variables significantly affected topic two (compassion). Topic three, fear, depended negatively on prior exposure and on education level (suggesting that the intervention had a greater impact on graduates than on employees with lower levels of education). As expected, attendance at events and reading information about the charity's beneficiaries influenced benevolent and compassionate feelings positively and significantly, while reducing sentiments associated with "fear". The variable measuring how many charity-related events a person had attended correlated significantly with the extent of the individual having read the materials distributed by charity ambassadors ( $R=.36$ ), but not at a level that would create technical problems with a regression (see Cohen, West and Aiken, 2002).

INSERT TABLE 4 AROUND HERE

In financial terms, employees' donations to the charity increased to a level more than 40% higher than that reached in previous CotY sponsorships.

## 6 Discussion

The intervention was successful: sentiments connected with fear of people with mental disabilities, e.g., that the mentally impaired are crazy, dangerous, objectionable or scary were greatly reduced as a result of the exercise. Attitudes shifted substantially towards

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3 benevolence and compassion vis-à-vis people with mental disabilities. Certain determinants  
4 of attitudes towards mental illness proposed by past literature were significant in the present  
5 investigation; namely prior experience of dealing with people with mental disabilities,  
6 (female) gender, and being a parent. The substantial occurrence of comments related to “fear”  
7 prior to the intervention is unsurprising perhaps considering the numerous derogatory  
8 references to mental disability that appear in print and broadcast media (Rose, Thornicroft,  
9 Pinfold and Kassam (2007), and which occur in everyday discourse. The CotY in the present  
10 case carried a *label* associated with mental disability. Body and Breeze (2016) suggested that  
11 if a charity labels itself as one that deals with an unpopular cause (such as mental illness), the  
12 labelling *itself* will deter donors. Also, according to Socall and Holtgraves (1992), individuals  
13 labelled as mentally ill routinely “experience negative social reactions” (p.435) when  
14 interacting with other people This may result from mental illness being associated in the  
15 public mind with drug abuse, vagrancy, improper social behaviour, depression and suicide  
16 (Corrigan, 2005).  
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21 Outputs to the study indicate that exposure to people with mental disabilities can greatly  
22 mitigate prejudice. This is in line with past research suggesting that many people subjectively  
23 construct sympathy for a charitable cause not only on the basis of their own personal  
24 experiences but also through contacts with the cause (Body and Breeze, 2016) and on  
25 pressures exerted by third parties (Brown, Meer and Williams, 2017), such as charity  
26 ambassadors.  
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### 31 **6.1 Arousal of compassion**

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34 It seems from the findings that, for many employees, face-to-face contact with mentally  
35 impaired individuals, in conjunction with reading positively framed information about them,  
36 induced feelings of compassion. Goetze, Keltner, and Simon-Thomas (2010) defined  
37 compassion as “a distinctive affective experience whose primary function is to facilitate  
38 cooperation and protection of the weak and those who suffer” (p.351) that arises from  
39 “witnessing another’s suffering and motivates a subsequent desire to help” (p.352).  
40 “Compassion” is “fellow-feeling” caused by the observation of distress suffered by another  
41 person and involves “an active moral demand to address others’ suffering” (Sznajder, 1998  
42 p. 117). Compassion motivates the desire to help and, in addition, predicts helping behaviour.  
43 It goes further than sympathy (“understanding” another’s plight) and empathy (feeling what  
44 the other person feels) (Singer and Klimecki, 2014).  
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49 Alongside compassion, “distress” emerged as an important aspect of attitudes in the present  
50 study (distress before and benevolence after the intervention). Although some research  
51 literature has claimed that compassion is little more than empathetic distress or a variant of  
52 sadness; several studies have asserted that compassion is a distinct and separate emotion (see  
53 Shane et al., 2016). Goetz et al. (2010) concluded that distress (as a separate construct) may  
54 trigger compassion, which in turn results in helping behaviour. It appears that the CAs were  
55 able to “frame” conversations about mental illness in ways that encouraged compassion (cf.  
56 Corner, Markowitz and Pidgeon, 2014), and that the conversations may have been critical in  
57 creating socially shared perceptions that motivated attitude change (Marshall, 2014).  
58 Compassion has similarities with benevolence but the two constructs are not identical.  
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3 Benevolence is the *disposition* to do good and improve the well-being of others. It is  
4 characterised by the desire to help others, to alleviate suffering and to co-exist with others.  
5 “Fear” persisted in some of the participants (topic 3) but at a level (14%) less than half of that  
6 recorded prior to the intervention. Compassion and benevolence have no theoretical  
7 connections with fear (Marsh, 2017).  
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### 10 11 12 *6.1.1 Feelings of being moved*

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15 Many employees seem to have been deeply moved both by the information distributed by the  
16 CAs and by contacts with people with mental disabilities at events held at the company’s  
17 premises. Feelings of “being moved” are associated with attachment and empathy  
18 (Menninghaus et al., 2014; Tokaji (2003), and are familiar to most individuals (Kuehnast et  
19 al., 2014). Seibt et al. (2017) observed how a sense of being moved often results from the  
20 receipt of moving information and/or from participation in a moving event, as evidenced  
21 during the present investigation. It is relevant to note that the emotional ingredients of “being  
22 moved” have parallels with the “distress” topic arising in the current research, e.g., anxiety,  
23 emptiness and empathy (cf. Hanich and Menninghaus, 2017). Topic 2 of Table 1 (“distress”)  
24 contained many mentions of “sadness”. Empirical studies reported by Hanich et al. (2014)  
25 and by Cova, Deonna and Sander (2017) found that sadness greatly intensifies feelings of  
26 being moved, which in turn frequently led to changes in attitudes and behaviour.  
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## 33 **7 Conclusion**

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36 The intervention succeeded: negative attitudes diminished considerably and attitudes shifted  
37 towards sentiments of benevolence and compassion. The *appeal* of the desired attitudes of  
38 benevolence and compassion was secured via the provision of enjoyable events and the  
39 dissemination of useful and interesting information that caused many employees both to have  
40 positive feelings towards people with mental disabilities and to donate to the charity. A sense  
41 of *belonging* (social connection) vis-à-vis the charity’s beneficiaries was induced through  
42 social interactions between company employees and people with mental disabilities at events,  
43 through the formation of personal relationships, through employees’ acquisition of  
44 knowledge about mental disability, and through recognition by many employees that the  
45 charity’s beneficiaries were an integral part of a community shared by non-mentally disabled  
46 and mentally impaired individuals. *Commitment* to change was evidenced by a large increase  
47 in financial donations to the charity and by a normative acceptance of the charity’s  
48 beneficiaries by most of the company’s employees. The results demonstrate the usefulness of  
49 appointing charity ambassadors to promote an “unpopular” cause among employees of a  
50 company that decides to support an unpopular cause.  
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56 The study offers a number of “lessons learned” useful both for companies that operate charity  
57 of the year schemes and more generally for charities that deal with “unpopular” causes.  
58 Females within the case company exhibited more positive attitudes regarding people with  
59 mental disabilities than males, suggesting that special rhetorical communications directed  
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3 towards males were needed during the intervention. It is not clear why this gender-related  
4 difference arose, and the matter is worthy of further investigation. The same observation  
5 applies to the finding that employees with children tended to hold more compassionate views  
6 than others. It appears that exposure of the company's employees to intellectually impaired  
7 individuals at in-company events improved employees' sentiments vis-à-vis the charity's  
8 beneficiaries, reinforcing the view that exposure to people with mental disabilities does  
9 stimulate positive feelings towards them. An important implication of the findings is that a  
10 business that decides to have a CotY which deals with anything other than children, animals  
11 or cancer will benefit from (i) conducting a survey of employee attitudes towards the  
12 charity's cause *prior* to the start of the sponsorship, and (ii) "priming" employees in advance  
13 with copious amounts of information about the cause. The charity involved needs to provide  
14 the company with a complete package of possible in-company activities, visits to the  
15 charity's premises, promotional materials, and (critically) training for selected employees  
16 who will champion the cause to employees.  
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### 23 ***7.1 Limitations and areas for future research***

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26 A single case company undertaking a certain line of work in a specific country was  
27 investigated. Single case studies are appropriate for researching unique or unusual situations  
28 (Eisenhardt and Graebner, 2007), as in the present research. They offer opportunities for deep  
29 analysis and the identification of connections between (sometimes hidden) constructs  
30 (Reichow, Barton and Maggin, 2018). Nevertheless, replications of the present study in  
31 various other businesses in other nations would be worthwhile. The sample size was modest  
32 and did not allow for meaningful segmentation. Employees were the only stakeholder group  
33 considered, but this was justified given that a large amount of research has found that  
34 employees rather than senior management are in practice the primary triggers of change  
35 concerning social matters (Burnes and Cooke, 2012). Future research could explore the  
36 attitudes of other stakeholders in CotY situations. Another valuable area for further research  
37 would be an examination of the particular forms of contact between employees and people  
38 with mental disabilities that evoke the greatest favourable attitude change. A study of this  
39 type might focus on the contacts that induce deeply moving emotions as, according to Oliver  
40 and Bartsch (2010), feelings of being moved often activate social bonding and prosocial  
41 behaviour. It is relevant to note that the qualitative method applied within the present study  
42 can be used in other disability and corporate sponsorship contexts.  
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48 Critics of the use of requests for short responses to open-ended questions in qualitative  
49 research (see Vinten, 1995) sometimes allege that the method oversimplifies complex issues  
50 and does not lead to reliable outcomes. On the other hand, respondents to open-ended queries  
51 choose their own words candidly to express *feelings* that otherwise might be difficult to  
52 ascertain. The research employed a semi-automated approach to the analysis of responses.  
53 This structured the replies in a rational and understandable manner. It is recognised  
54 nonetheless that semi-automated methods can sometimes overlook nuances in data. In the  
55 present study the authors looked carefully at the outputs to the STM analysis, but were unable  
56 to identify any substantial anomalies. It would be interesting to compare the results of an  
57 STM study similar to the above with those of a quantitative survey of employees that asked  
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3 for answers to appropriately themed questionnaire items using conventional seven-point  
4 agree/disagree options.  
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6 A number of testable propositions arise from the study that could be examined via  
7 quantitative research. The investigation evaluated ABC theory beyond previous settings  
8 (notably environmental protection) and in the case examined found the framework to be  
9 effective. Survey research might test the generalisability of successful ABC-based  
10 interventions in a wider sample of businesses that support charities (cf. Lichters, Sarstedt and  
11 Vogt, 2015). For example, the present study concluded that compassion and benevolence  
12 could be induced among employees, and that individuals exhibited these traits according to  
13 how much information they received about people with mental disabilities and their levels of  
14 prior exposure to them. Fear of the charity's beneficiaries depended on prior exposure and  
15 employees' levels of education. These findings could form hypotheses to be tested in surveys  
16 of employee attitudes regarding unpopular causes. An additional hypothesis worthy of  
17 investigation is whether communications that promote unpopular causes to employees and  
18 which are framed around compassion are superior to communications based on other factors  
19 such as altruism, self-congruence, social norms, etc. (cf. Bekkers and Wiepking, 2011;  
20 Bennett, 2018). A more general issue that could be tested through survey research is the  
21 connection between corporate endorsement of unpopular causes and the effects of corporate  
22 endorsements on the attitudes of members of the donating public towards the beneficiaries of  
23 these causes.  
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**Table 1. Aggregated Topic Prevalence**

| <i>Topic number and label</i> | <i>Prevalence (%)</i> | <i>Most common words and phrases*</i>  | <i>Representative comment</i>  |
|-------------------------------|-----------------------|--|--|
| 1. Fear                       | 38%                   | Scary, crazy, weird, not normal, unpleasant, avoid contact, feeble minded.             | To be honest they (people with mental disabilities) give me the creeps. I feel uneasy if they are around; they are so weird. They make me feel scared and just want to be somewhere else.          |
| 2. Distress                   | 34%                   | Distressing, feel ashamed, depressing, moving, sad, disturbing, shaken.                | It (the charity) makes me feel really bad inside. It's disturbing even to think about those poor people, they look so sad. Just thinking about it (mental disability) makes me feel sort of empty. |
| 3. Compassion                 | 28%                   | Pity, must help, sympathetic, kindness, heartfelt support, not their fault, deserving. | I'm sympathetic. They are so unfairly treated by all of us – it's only right that we help as much as we can. It's great that we can make their lives a bit better – it's the decent thing to do.   |

\*The words and phrases shown are summary interpretations of the many words and phrases used to describe these feelings

**Table 2. Parameter Estimates (Prior to Intervention)**

|  | <i>Dependent Variables</i>      |                                     |                                       |
|--|---------------------------------|-------------------------------------|---------------------------------------|
|  | Topic 1<br>Prevalence<br>(Fear) | Topic 2<br>Prevalence<br>(Distress) | Topic 3<br>Prevalence<br>(Compassion) |
| <i>Explanatory Variables</i>                               |                                 |                                     |                                       |
| Age  | -.28 (2.33)*                    | .14 (1.34)                          | .30 (3.33)**                          |
| Gender<br>(female=1;<br>male=2)                            | .49 (6.66)**                    | -.20 (2.10) *                       | .38 (4.08)**                          |
| Prior exposure<br>to people with<br>mental<br>disabilities | -.27 (2.97)**                   | .10 (1.02)                          | .21 (2.09)*                           |
| Education level  | .11 (0.77)                      | .10 (1.15)                          | .19 (1.41)                            |



|                         |            |             |             |
|-------------------------|------------|-------------|-------------|
| Occupational grade      | .12 (1.24) | .11 (1.04)  | .13 (1.00)  |
| The person has children | .13 (1.22) | .24 (2.55)* | .26 (2.65)* |
| R <sup>2</sup>          | .31        | .27         | .37         |

*T-values in parentheses. \*Denotes significance at the .05 level or below. \*\*Denotes significance at the .001 level or below.*

**Table 3. Aggregated Topic Prevalence (Post-Intervention)**

| <i>Topic number and label</i> | <i>Prevalence (%)</i> | <i>Most common words and phrases*</i>  | <i>Representative comment</i>   |
|-------------------------------|-----------------------|--|---|
| 4. Benevolence                | 59%                   | Want to help, feel charitable (towards the mentally impaired), need to give comfort, feel kind-hearted, offer a helping hand, praiseworthy beneficiaries, brave beneficiaries. | It's great to be able to share their journey. We can help and give comfort in all sorts of ways, not just by giving money. I feel really kindly towards these guys (the charity's beneficiaries) and the things they have to put up with. |
| 5. Compassion                 | 27%                   | Pity, sympathy, compassionate feelings (towards the intellectually disabled), deserving, unlucky, cruel fate, feel kindly.   | Oh, how they must suffer; it's so sad. It must be terrible to be like that and to be different from the rest of us like that. They need to be taken care off – they have my full sympathy and I wish them well.                           |
| 6. Fear                       | 14%                   | Dangerous, could turn violent, need to avoid, feel anxious in their presence, mad, weird, scary.   | I've seen them wandering about the building and I don't like it. I'm not the sort of person who can handle that sort of thing, they make me feel unsafe; I wish they could be put away somewhere.   |

*\*The words and phrases shown are summary interpretations of the many words and phrases used to describe these feelings.*

**Table 4. Parameter Estimates (Post-Intervention)**

|  | <i>Dependent Variables</i>             |                                       |                                 |
|--|--|---------------------------------------|---------------------------------|
|  | Topic 1<br>Prevalence<br>(Benevolence) | Topic 2<br>Prevalence<br>(Compassion) | Topic 3<br>Prevalence<br>(Fear) |
| <i>Explanatory Variables</i>                               |  |                                       |                                 |
| Age  | .18 (1.01)                             | .10 (1.11)                            | .08 (0.09)                      |
| Gender<br>(female=1;<br>male=2)                            | -.39 (4.44)**                          | -.32 (3.18)**                         | .15 (1.08)                      |
| Prior exposure<br>to people with<br>mental<br>disabilities | .29 (2.27)*                            | .26 (2.55)*                           | -.29 (2.91)**                   |
| Education level  | .06 (0.04)                             | -.16 (1.23)                           | -.27 (2.21)*                    |
| Occupational<br>grade                                      | .08 (1.48)                             | .15 (1.15)                            | -.06 (1.05)                     |
| The person has<br>children                                 | .19 (1.47)                             | .11 (1.00)                            | .09 (0.99)                      |
| Attendance at<br>events                                    | .36 (4.04)**                           | .36 (3.91)**                          | -.40 (5.0)**                    |
| Had read<br>information<br>distributed by<br>CAs           | .26 (2.43)**                           | .29 (3.08)**                          | -.25 (2.55)*                    |
| R <sup>2</sup>   | .27                                    | .32                                   | .26                             |

*T-values in parentheses. \*Denotes significance at the .05 level or below. \*\*Denotes significance at the .001 level or below.*