

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

Roger Bennett, Kingston University London

Rohini Vijaygopal, Open University, UK

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 health 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

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

1.1. The present study

This paper presents the results of a case study of a situation wherein the management of a medium-sized UK financial services company decided that its Charity of the Year would be a charity that deals with an "unpopular" cause: mental disability. Initially, the CotY failed to attract support from employees. The company involved was an investment management company based in the South East of England. It employs around 450 people and offers investment and asset management products to private clients, stock broking services, and management services for authorised unit trusts and company pension schemes. The company's employees via employee share plans own a fifth of the company's share capital. Every second year, the management of the company selects a charity to become its CotY for a 12-month period. Employees, customers and other stakeholders are then invited to donate to the charity. The company makes a direct financial contribution to the charity and pays for all activities connected with the sponsorship. Decisions regarding which charities are to become a CotY are taken by the company's board of directors (influenced heavily by its managing director), with some input from the organisation's personnel manager. At the time the research was completed there was no direct involvement of employees in making the decision. Previously, staff had been invited to nominate charities for consideration and to vote for a specific CotY, but the practice had been abandoned because few nominations were received and hardly any employees voted.

For the year in which the study was completed the company's management selected a charity that helps beneficiaries who have "complex severe to moderate" mental impairments. The charity owns a residential-care housing facility, provides external "supported living" services, has several high street charity shops, and operates a "resource and drop-in centre" available

to local people with mental problems. Both the chief executive of the company and its personnel manager were active volunteers at the charity when the CotY decision was taken.

Three months into the sponsorship it had become clear that stakeholders were not supporting the CotY. Revenues from donations were less than a third of the average for previous CotY schemes and charity-related events were poorly attended. (It is relevant to note that mental health charities are among the least popular among the general public; with cancer, children's and animal charities competing for the top positions [see Walker, 2017].) Hence, the enterprise intervened by appointing a number of "charity ambassadors", drawn from the company's employees, who were trained to promote the charity's cause. Employees' attitudes regarding the charity's beneficiaries were sampled before and after the intervention.

1.1.1 Theoretical considerations

The study examined the situation regarding the company's employees who, initially, appeared to hold stereotypical negative attitudes concerning individuals who are mentally impaired. It involved and contributes to theories concerning the motivations of members of the public to donate to charity, to theories relating to the stigmatisation of people with mental disabilities, and to the ABC framework of social marketing. Donor motivations have been extensively researched, and several comprehensive models of individual charity giving behaviour have been constructed (e.g., Sargeant, 1999; Sargeant and Woodliffe, 2007; Mainardes, Laurett, Degasperi and Lasso, 2017; see also the reviews of Bekkers and Wiepking, 2011, and Bennett, 2018). Unfortunately, however, "general" models of donor behaviour are not necessarily useful for charities that deal with "unpopular" causes, e.g., prisoner rehabilitation, help for immigrant asylum seekers, and mental disability. Elements of the extant models of donor behaviour are undoubtedly relevant to fundraising for mental health, but special considerations might affect donors' willingness to give to a mental disability charity (Body, 2015). Case studies are a valuable means for identifying such considerations.

As regards stigma against people with mental disability, it is known that stigma is widespread (Batty, 2004; Thornicroft, Rose and Mehta, 2010) and is known to occur across all socio-economic groups (Davey, 2013; MIND, 2015). Surveys have found that stigma causes people with mental disabilities to be among the most marginalised of all social groups (Kirkwood and Stamm, 2006; Sampogna et al., 2017). Negative stereotypes of people with mental impairments often include perceptions that people with mental disabilities are "dangerous, unpredictable, violent and bizarre", and that mental disability results from "weak morals, poor character, malingering, lack of self-control or bad breeding" (Ross and Goldner, 2009 p.560). The stigmatisation of the mentally ill can "motivate the public to fear, reject, avoid and discriminate against people with mental illnesses" (Hogan, 2003 p.4). Views of this nature can lead to assumptions that donations to mental disability charities will be squandered on undeserving people.

1.1.2 The ABC social marketing framework

Recognising that its CotY scheme was failing the company together with the researchers executed an intervention based on the ABC (Appeal, Belonging and Commitment) social marketing framework (Ellis, 1973; Geller, 1989; Kamal et al., 2010; Kamal, 2012). The ABC model involves the creation of desired attitudes and behaviour within a target audience. Desired attitudes and behaviour need (i) to *appeal* to audience members (ii) to entail a sense of social connection (*belonging*) vis-à-vis the subjects of desired attitudes and behaviour, and (iii) to generate *commitment* to beneficial change and hence “normalise” the desired attitudes and behaviours (Kamal et al, 2010). ABC frameworks consolidate several other models including, for example, the health belief model and models derived from social cognitive theory (see Syed-Abdul et al., 2016). They derive in part from applied behavioural analysis approaches (Baer, Wolf and Risley, 1968) in that they presume that behaviours are directed by antecedent stimuli, e.g., information provision, education, clear verbal or written prompts that designate target behaviour, and demonstrations of desired behaviour (Bandura, 1967; Daamen, Staats, Wilke, and Engelen, 2001; Lehman and Scott Geller, 2004). Thus they are concerned with the application of techniques based on the principles of learning (Lehman and Scott Geller, 2004).

The appeal stage typically involves information provision; the belonging stage is associated with social interaction with specified others that leads to personal knowledge of the specified others and hence commitment to behaviour change. Once commitment to target behaviour has been achieved, individuals are expected to continue the desired behaviour (Cialdini, 2001). The ABC framework has been criticised, however, on the grounds that it can obscure alternative options and possibilities and that it pre-assumes that attitudes always drive 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 the following sections.

1.1.3 *Contributions of the study*

Although CotY programmes are increasingly common, the mechanics of CotY schemes have not been the subject of academic research, meaning that companies when introducing CotY programmes may overlook some aspects of CotY exercises (including possible problems). Through a case study of a company facing the failure of its CotY efforts, the study identified both the causes of difficulties and the activities leading to the successful revival of the scheme. The research demonstrates how attitudes towards people with disabilities can vary among employees and how negative attitudes may be improved, resulting in higher levels of donation to the charity. Hence, the research contributes to knowledge concerning support for “difficult” causes (Body and Breeze, 2016; Bennett, 2018), specifically in the current study to understanding how stigma against people with mental disabilities (see Batty, 2004;

Thornicroft, Rose and Mehta, 2010) can be assuaged. 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 and 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, 2018⁶) 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.

Individuals appointed as CAs attended a half-day training event organised and hosted by the charity, were shown face-to-face the charity’s work, and were advised as to the best sorts of language to use when describing to other employees the nature of mental disability (cf. Bond et al., 2018). CAs were expected to attend (during working hours) one or two charity-related activities a month and were reimbursed by the company for any out-of-pocket expenses incurred. The CAs were required to distribute information about the charity to employees via email and by putting hard copy into staff pigeon holes, to solicit donations and to encourage employees to participate in charity-related events. They were instructed to explain the charity’s current projects to employees and to describe how gifts to the charity would make a positive difference to beneficiaries’ lives. Five of the eight CAs were female, and all occupied non-managerial administrative positions. Three of the eight had a family member who was disabled.

Events organised during the company’s sponsorship of the charity included late afternoon group visits to the charity’s operations; a raffle followed by a reception on the company’s premises to announce the prize winner; a further reception at which charity personnel thanked the company for its support and showed a video of the charity’s current projects, talks given by charity employees during lunchtime receptions (with free refreshments), and an end of sponsorship dinner in a local hotel (for which attendees purchased a ticket). All events were attended by intellectually disabled beneficiaries of the charity in order to present people with mental disabilities in positive ways.

2.1 Application of the ABC framework

The steps suggested for ABC analysis (see Geller, 1989; Graeff et al., 1993) are to (i) specify objectives, (ii) assess the audience by researching their current attitudes and behaviour, (iii) identify factors that might influence attitudes and behaviour and motivate change, (iii) plan and develop the intervention (iv) establish success criteria, and (iv) evaluate outcomes. Objectives specified for the intervention in the present study were to “educate” employees about the charity, its values and what it stands for (cf. Piha and Avlonitis, 2018), to change employees’ negative attitudes regarding people with mental disabilities, and to encourage donations. Two main success criteria were specified: improved attitude towards people with mental disabilities among employees as measured by attitude surveys completed before and after the intervention, and increased financial donations during the course of the intervention. Current attitudes were assessed via a survey that was based on 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 et al., 2018), was used to analyse the replies. The exercise was repeated at the end of the intervention

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 et al. (2004) cited a large amount of research literature suggesting that the beliefs of prejudiced individuals can be changed by (i) providing accurate information about people with mental disabilities, (ii) stimulating positive attitudes towards intellectually 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 health 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 qualitative research method that identifies latent structures within responses to an open-ended question. An advantage of STM is that it allows the incorporation of covariates into an analysis (a facility not available when using factor analysis or latent Dirichlet clustering). STM organises responses into topics defined by the homogeneity of participants' comments within each of the topics identified by the analysis. This occurs via a clustering algorithm that examines the co-occurrence of words across responses and assigns words to topics. The researcher specifies a certain number of topics (but not their contents) and the algorithm computes the extent to which a person's response belongs to each topic (e.g., 15% to topic one; 30% to topic two, etc.; the percentages summing to 100).

Aggregated across individuals, these “topic prevalence” figures, i.e., the degrees to which responses belong to various topics, can be related to demographics and personal characteristics. The most frequent and important words arising in relation to each topic may be specified and the most representative answers identified. To establish the correct number of topics the model is computed for differing numbers of topics (e.g., two to eight) and the most coherent solution (in terms of internal homogeneity and the greatest level of discrimination) is selected (for details see Roberts et al., [2014]). Topic prevalence figures for each participant may then be employed as the dependent variable in regressions with covariates (e.g., age, gender and other personal characteristics) as the independent variables. Thus, it is possible to show the strengths of the influences of the covariates on the topics that the sample members regarded as most important and how prevalences change from person to person. Output to the algorithm includes “topical content” measures, i.e., lists of words most likely to be generated by each topic and which therefore can be subjected to further analysis. Semantically interpretable topics *emerge* from the data and are not pre-assumed. Words can belong to more than one topic and topics can themselves be correlated. There is no need for the researcher to define the dimensions of a coding scheme. Thus, no pre-assumptions are necessary; topics are *discovered* within the data and might not correspond with theoretical expectations. Regression analysis of topic structures shows the strengths of the influences of selected covariates on the topics that the sample members regard as most important. The covariates considered in the present study are outlined below.

3.2 Covariates

A multitude of studies have demonstrated that socio-demographic factors affect non-disabled people's attitudes towards people with mental disabilities in many cultures and countries. Age could be relevant in that, as age increases, so too might "open-mindedness" and tolerance towards people with mental illness (see Ewalds-Kvist et al., 2012 p.3). A Swiss study of Lauber et al. (2004) involving 1737 participants concluded that favourable views concerning people with mental disabilities increased with age. Similarly, a study completed by the Royal College of Psychiatrists (RCP, 2003) found that 16 to 19-year olds held views of mentally disabled individuals that were more negative than occurred in other age groups. Likewise, TNS-BRMB's (2015) survey of 1736 people found that 16 to 34-year olds were less understanding and tolerant of mentally ill individuals than were older people. On the other hand, a study of 2391 members of the Swedish public concluded that older people exhibited less tolerance of mentally ill people than did the young, arguing that this might be due to older individuals being more likely to reject "odd" behaviour (see Ewalds-Kvist et al., 2012). Another Swedish survey of 500 participants aged 17 to 70 also found that people under 20 possessed significantly more positive attitudes towards mental disorders than older respondents (Mirnezami et al., 2015). Given these contradictory findings, it may be that the influence of age on attitudes towards people with mental disabilities depends on the particular country and cultural setting wherein an investigation is completed.

Females have been found to hold fewer negative views of people with mental disabilities than males (RCP, 2003; Ewalds-Kvist et al., 2012; TNS-BRMB, 2015). Ewalds-Kvist et al. (2012) reported studies from five countries confirming this assertion. However, Holzinger et al's (2012) systematic review of studies on gender differences in public attitudes towards mentally ill people concluded that, on the average, women do not have significantly different attitudes regarding people with mental disabilities than men. Lauber et al. (2004) found females to be less positively inclined towards the people with mental disabilities than males; as did a study completed in Singapore by Yuan et al. (2016).

The better-educated have been observed to be more positively inclined towards people with mental disabilities than individuals with low levels of education (see, for example, Wolff et al., 1996; RCP, 2003; Song et al., 2005; Mirnezami et al., 2015; Yuan et al., 2016). Corrigan et al's (2012) meta-analysis of 72 studies which examined this question across 14 countries concluded that the better-educated do tend to stigmatise the mentally ill to lesser extents than the poorly educated. Research has also found that less sympathy towards people with mental disabilities is shown by (i) people with limited past exposure to individuals with mental illnesses (Trute and Loewen, 1978; Corrigan et al., 2012; Ewalds-Kvist et al., 2012; DoH, 2015), and (ii) people who are married rather than single or divorced (Ewalds-Kvist et al., 2012), especially married couples with children (Wolff et al., 1996). The previously mentioned study of the Royal College of Psychiatrists noted that people with higher incomes were more favourably inclined towards the mentally ill than financially poor individuals (RCP, 2003). Little research has been completed into the role of ethnicity in relation to public attitudes regarding mental illness, although a study by Wolff et al. (1996) observed that a sample of non-Caucasian people exhibited less benevolent attitudes towards people with

mental disabilities than other ethnicities. Yuan et al's (2016) survey of attitudes to mental illness in Singapore also reported some significant ethnically-based disparities. Ethnicity was not included as a covariate in the present study because the case organisation employed very few people from the UK's ethnic minorities.

Two additional covariates were included in the post-intervention phase of the analysis, i.e., the participants' responses to queries regarding whether (i) they had attended "at least one; two or three; more than three; or none" of the charity-related events hosted by the company, and (ii) they had read "none; a little; quite a lot; or most of" the information about the charity's beneficiaries distributed by the charity ambassadors.

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.

INSERT TABLE 1 AROUND HERE

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

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

INSERT TABLE 2 AROUND HERE

5 Developing the intervention

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

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. Compassion has similarities with benevolence but the two constructs are not the same. Benevolence is the disposition to do good and improve the well-being of others. It is characterised by the desire to do good and alleviate suffering and to co-exist with others in mutually helpful ways. "Compassion" is "fellow-feeling" caused by the observation of distress suffered by another person and involves "an active moral demand to address others' suffering" (Sznajder, 1998 p.117). Not only does compassion motivate the desire to help; it also predicts helping behaviour. Thus, it goes further than sympathy ("understanding another's plight) and empathy (feeling what the other person feels) (Singer and Klimecki, 2014). "Fear" persisted in some of the participants (topic 3) but at a level (14%) less than half of that recorded prior to the intervention. Compassion and benevolence have no theoretical connections with fear (Marsh, 2017).

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 benevolence and compassion vis-à-vis people with mental disabilities. Certain determinants of attitudes towards mental illness proposed by past literature were significant in the present investigation; namely prior experience of dealing with people with mental disabilities, (female) gender, and being a parent. The substantial occurrence of comments related to "fear" prior to the intervention is unsurprising perhaps considering the numerous derogatory references to mental disability that appear in print and broadcast media (Rose et al., 2007), and which occur in everyday discourse. The CotY in the present case carried a *label* associated with mental disability. Body and Breeze (2016) suggested that if a charity labels itself as one that deals with an unpopular cause (such as mental illness), the labelling *itself* will deter donors. Also, according to Socall and Holtgraves (1992), individuals labelled as mentally ill routinely "experience negative social reactions" (p.435) when interacting with other people. This may result from mental illness being associated in the public mind with drug abuse, vagrancy, improper social behaviour, depression and suicide (Corrigan, 2005).

Outputs to the study indicate that exposure to people with mental disabilities can greatly mitigate prejudice. This is in line with past research suggesting that many people subjectively construct sympathy for a charitable cause not only on the basis of their own personal experiences but also through contacts with the cause (Body and Breeze, 2016) and on pressures exerted by third parties (Brown et al., 2017), such as charity ambassadors.

6.1 Arousal of compassion

It seems from the findings that, for many employees, face-to-face contact with mentally impaired individuals, in conjunction with reading positively framed information about them, induced feelings of compassion. Goetz et al. (2010) defined compassion as "a distinctive

affective experience whose primary function is to facilitate cooperation and protection of the weak and those who suffer” (p.351) that arises from “witnessing another’s suffering and motivates a subsequent desire to help” (p.352). Alongside compassion, “distress” and “benevolence” emerged as important aspects of attitudes in the present study (distress before and benevolence after the intervention). Although some research literature has claimed that compassion is little more than empathetic distress or a variant of sadness; several studies have asserted that compassion is a distinct and separate emotion (see Shane et al., 2016). Goetz et al. (2010) concluded that distress (as a separate construct) may trigger compassion, which in turn results in helping behaviour. It appears that the CAs were able to “frame” conversations about mental illness in ways that encouraged compassion (cf. Corner, Markowitz and Pidgeon, 2014), and that the conversations may have been critical in creating socially shared perceptions that motivated attitude change (Marshall, 2014).

6.1.1 Feelings of being moved

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

7 Conclusion

The intervention succeeded: negative attitudes diminished considerably and attitudes shifted towards sentiments of benevolence and compassion. The *appeal* of the desired attitudes of benevolence and compassion was secured via the provision of enjoyable events and the dissemination of useful and interesting information that caused many employees both to have positive feelings towards people with mental disabilities and to donate to the charity. A sense of *belonging* (social connection) vis-à-vis the charity’s beneficiaries was induced through social interactions between company employees and people with mental disabilities at events, through the formation of personal relationships, through employees’ acquisition of knowledge about mental disability, and through recognition by many employees that the charity’s beneficiaries were an integral part of a community shared by non-mentally disabled and mentally impaired individuals. *Commitment* to change was evidenced by a large increase in financial donations to the charity and by a normative acceptance of the charity’s beneficiaries by most of the company’s employees. The results demonstrate the usefulness of

appointing charity ambassadors to promote an “unpopular” cause among employees of a company that decides to support an unpopular cause.

The study offers a number of “lessons learned” useful both for companies that operate charity of the year schemes and more generally for charities that deal with “unpopular” causes. Females within the case company exhibited more positive attitudes regarding people with mental disabilities than males, suggesting that special rhetorical communications directed towards males were needed during the intervention. It is not clear why this gender-related difference arose, and the matter is worthy of further investigation. The same observation applies to the finding that employees with children tended to hold more compassionate views than others. It appears that exposure of the company’s employees to intellectually impaired individuals at in-company events improved employees’ sentiments vis-à-vis the charity’s beneficiaries, reinforcing the view that exposure to people with mental disabilities does stimulate positive feelings towards them. An important implication of the findings is that a business that decides to have a CotY which deals with anything other than children, animals or cancer will benefit from (i) conducting a survey of employee attitudes towards the charity’s cause *prior* to the start of the sponsorship, and (ii) “priming” employees in advance with copious amounts of information about the cause. The charity involved needs to provide the company with a complete package of possible in-company activities, visits to the charity’s premises, promotional materials, and (critically) training for selected employees who will champion the cause to employees.

7.1 Limitations and areas for future research

A single case company undertaking a certain line of work in a specific country was investigated. Single case studies are appropriate for researching unique or unusual situations (Eisenhardt and Graebner, 2007), as in the present research. They offer opportunities for deep analysis and the identification of connections between (sometimes hidden) constructs (Reichow, Barton and Maggin, 2018). Nevertheless, replications of the present study in various other businesses in other nations would be worthwhile. The sample size was modest and did not allow for meaningful segmentation. Employees were the only stakeholder group considered, but this was justified given that a large amount of research has found that employees rather than senior management are in practice the primary triggers of change concerning social matters (Burnes and Cooke, 2012). Future research could explore the attitudes of other stakeholders in CotY situations.

Critics of the use of requests for short responses to open-ended questions in qualitative research (see Vinten, 1995) sometimes allege that the method oversimplifies complex issues and does not lead to reliable outcomes. On the other hand, respondents to open-ended queries choose their own words candidly to express *feelings* that otherwise might be difficult to ascertain. The research employed a semi-automated approach to the analysis of responses. This structured the replies in a rational and understandable manner. It is recognised nonetheless that semi-automated methods can sometimes overlook nuances in data. In the present study the authors looked carefully at the outputs to the STM analysis, but were unable to identify any substantial anomalies. It would be interesting to compare the results of an STM study similar to the above with those of a quantitative survey of employees that asked

for answers to appropriately themed questionnaire items using conventional seven-point agree/disagree options. It is relevant to note, moreover, that the qualitative method applied within the present study can be used in other disability and corporate sponsorship contexts. Another valuable area for further research would be an examination of the particular forms of contact between employees and people with mental disabilities that evoke the greatest favourable attitude change. A study of this type might focus on the contacts that induce deeply moving emotions as, according to Oliver and Bartsch (2010), feelings of being moved often activate social bonding and prosocial behaviour.

A number of testable propositions arise from the study that could be examined via future quantitative research. The investigation evaluated ABC theory beyond previous settings (notably environmental protection) and found the framework to be effective. Survey research might test the generalisability of successful ABC-based interventions in a wider sample of businesses that support charities (cf Lichters, Sarstedt and Vogt, 2015). Interventions could include the encouragement of employee donations to a selected charity via the promotion of positive attitude change vis-à-vis the charity's beneficiaries. The present study concluded that compassion and benevolence could be induced among employees and that individuals exhibited these traits according to how much information they received about and prior exposure to people with mental disabilities. Fear of the charity's beneficiaries depended on prior exposure and employees' levels of education. These findings could form hypotheses to be tested in wider investigations of employee attitudes concerning unpopular causes. An additional hypothesis worthy of study is whether communications promoting unpopular causes to employees that are framed around compassion are superior to communications based on other factors such as altruism, self-congruence, social norms, etc. (cf. Bekkers and Wiepking, 2011; Bennett, 2018). A more general issue that could be tested through survey research is the connection between corporate endorsement of unpopular causes and public attitudes towards the beneficiaries of these causes.

References

- Aiden, H. and McCarthy, A. (2014), *Current Attitudes towards Disabled People*, London, Scope.
- Baumgarth, C. and Schmidt, H. (2017), Brand ambassador programmes: An analysis of the "ghost" of internal branding instruments, *Proceedings of the 12th Global Brand Conference of the Academy of Marketing*, Kalmar, Linnaeus.
- Baer, D., Wolf, M. and Risley, T. (1968), Some current dimensions of applied behaviour analysis, *Journal of Applied Behaviour Analysis*, 1 (1), 91-97.
- Bandura, A. (1967), *Social Learning Theory*, Englewood Cliffs New Jersey, Prentice-Hall.
- Batty, D. (2004), Government unveils drive to combat mental health stigma, *The Guardian*, 14 June 2004, www.theguardian.com.
- Bekkers, R. and Wiepking, P. (2011), A literature review of empirical studies of philanthropy: Eight mechanisms that drive charitable giving, *Nonprofit and Voluntary Sector Quarterly*, 40 (5), 924-973.

- Bennett, R. (2018), *Nonprofit Marketing and Fundraising: A Research Overview*, London, Routledge.
- Body, A. (2015), Foundations have an important role to play in helping “unpopular” causes, *Alliance Magazine*, 9 July 2015, www.alliancemagazine.org.
- Body, A. and Breeze, B. (2016), What are “unpopular” causes and how do they achieve fundraising? *International Journal of Nonprofit and Voluntary Sector Marketing*, 21 (1), 57–70.
- Bond, C., Stacey, G., Field-Richards, S., Callaghan, P., Keeley, P., Lymn, J., Resell, S. and Spidy, H. (2018), The concept of compassion within UK media generated discourse: A corpus informed analysis, *Journal of Clinical Nursing*, 27 (15/16), 3081-3090.
- Brown, B., Crawford, P., Gilbert, P., Gilbert, J. and Gale, C. (2014), Practical compassions: Repertoires of practice and compassion talk in acute mental healthcare, *Sociology of Health and Illness*, 36 (3), 383-399.
- Brown, A., Meer, J. and Williams, J. (2007), Social distance and Quality Ratings in Charity Choice, *Journal of Behavioural and Experimental Economics*, 66, 9-15.
- Burnes, B. and Cooke, B. (2012), The past, present and future of organisation development: Taking the long view, *Human Relations*, 65, 1395-1429.
- Cialdini, R. B. (2001), *Influence Science and Practice*, Boston, Allyn and Bacon.
- Cohen, J., West, J. and Aiken, L. (2002), *Applied Multiple Regression/Correlation Analysis for the Behavioural Sciences*, New York, Routledge.
- Corner, A., Markowitz, E. and Pidgeon, N. (2014), Public engagement with climate change: The role of human values, *Wiley Interdisciplinary Reviews: Climate Change*, 5 (3), 411-422.
- Corrigan, P. (2005), *On the Stigma of Mental Illness*, Washington, American Psychological Association.
- Corrigan, P., Morris, S., Michaels, P., Rafacz, J. and Rusch, N. (2012), Challenging the public stigma of mental illness: A meta-analysis of outcome studies, *Psychiatric Services*, 63 (10), 963-973.
- Cova F., Deonna J. and Sander D. (2017), “That’s deep!”: The role of being moved and feelings of profundity in the appreciation of serious narratives, in D. Wehrs and T. Blake (Eds), *The Palgrave Handbook of Affect Studies and Textual Criticism*, London, Palgrave Macmillan.
- Daamen, D., Staats, H., Wilke, H. and Engelen, M. (2001), Improving environmental behaviour in companies: The effectiveness of tailored versus nontailored interventions. *Environment and Behaviour*, 33, 229-248.
- Dan-Glauser, E. and Scherer, K. (2013). The difficulties in emotion regulation scale (DERS): Factor structure and consistency of a French translation. *Swiss Journal of Psychology*, 72 (1), 5-11.
- Davey, G. (2013), Mental illness and stigma, *Psychology Today*, 20 August 2013, pp.1-5, www.psychologytoday.com.

- DoH (Department of Health) (2015), *Attitude to Mental Illness 2014: Research Report*, London, Department of Health.
- Downey, J. (2012), Changing attitudes to mental health, *Personnel Today*, 3 September, 2012, www.Personneltoday.com.
- Eisenhardt, K. and Graebner, M. (2007), Theory building from cases: Opportunities and challenges, *Academy of Management Journal*, 50 (1), 25-32.
- Ellis, A. (1973), *Humanistic Psychotherapy*, New York, McGraw-Hill.
- Ewalds-Kvist, B., Hogberg, T. and Lutzen, K. (2012), Impact of gender and age on attitudes towards mental illness in Sweden, *Nordic Journal of Psychiatry*, 67 (5), 360-368.
- Geller, E. (1989), Applied behavioural analysis and social marketing: An integration for environmental protection, *Journal of Social Issues*, 45 (1), 17-36.
- Goetze, J., Keltner, D. and Simon-Thomas, E. (2010), Compassion: An evolutionary analysis and empirical review, *Psychological Bulletin*, 136 (3), 351-374.
- Graeff, J., Elder, E. and Booth, M. (1993), *Communication for Health and Behaviour Change. A Developing Country Perspective*, San Francisco, Jossey-Bass.
- Hanich, J. and Menninghaus, W. (2017), Beyond sadness: The multi-emotional trajectory of melodrama, *Cinema Journal*, 56 (4), 76-101.
- Hanich, J., Wagner, V., Shah, M., Jacobson, T. and Menninghaus, W. (2014), Why we like to watch sad films: The pleasure of being moved in aesthetic experiences, *Psychology of Aesthetics, Creativity and the Arts*, 8 (2), 130-143.
- Hogan, M. (2003), *Achieving Promise: Transforming Mental Health Care in America*, Rockville MD, President's New Freedom Commission on Mental Health.
- Holzinger, A., Floris, F., Schomerus, G., Carta, M. and Angermeyer, M. (2012), Gender differences in public beliefs and attitudes about mental disorder in western countries: A systematic review of population studies, *Epidemiology and Psychiatric Sciences*, 21 (1), 73-85.
- Kamal, N. (2012), Determining the determinants of health behaviour change through an online social network, in M. Bangs and E. Ragnemalm (Eds), *Persuasive Technology: Design for Health and Safety*, Berlin, Springer, pp. 1-12.
- Kamal, N., Fels, S. and Ho, K. (2010), *Online Social Networks for Personal Informatics to Promote Positive Health Behaviour*, New York, ACM Press.
- Kuehnast, M., Wagner, V., Wassiliwizky, E., Jacobsen, T. and Menninghaus, W. (2014), Being moved: Linguistic representation and conceptual structure, *Frontiers in Psychology*, 5, 1-11.
- Lauber, C., Nordt, C., Falcató, L. and Rossier, W. (2004), Factors influencing social distance towards people with mental illness, *Community Mental Health Journal*, 40 (3), 265-274.
- Lehman, P. and Scott Geller, E. (2004), Behavioural and environmental protection: Accomplishments and potential for more, *Behaviour and Social Issues*, 13, 13-32.

- Lichters, M., Sarstedt, M. and Vogt, B. (2015), On the practical relevance of the attraction effect: A cautionary note and guidelines for context effect experiments, *Academy of Marketing Science Review*, 5, 1-19.
- Lyne M., Blanchette, V., van de Gaar, H., French, J. and Jansen, W. (2016), The development of the “Water Campaign”: Combining social marketing and intervention mapping, *Journal of Social Marketing*, 6 (4), 318-334.
- Mainardes, E., Laurett, R., Degasperi, N. and Lasso, S. (2017), External motivators for donation of money and/or goods: External motivators that encourage the donation of money or goods by individuals, *International Journal of Nonprofit and Voluntary Sector Marketing*, 22 (2), e1568.
- Manikam, S. and Russell-Bennett, R. (2016), The social marketing theory-based approach for designing interventions”, *Journal of Social Marketing*, 6 (1), 18-40.
- Marsh, A. (2017), *The Fear Factor*, New York, Basic Books.
- Marshall, G. (2014), *Don't Even Think about It: Why Our Brains are Wired to Ignore Climate Change*, New York, Bloomsbury Publishing.
- Menninghaus, W., Wagner V., Hanich, J., Wassiliwizky, E., Kuehnast, M. and Jacobsen, T. (2015), Towards a psychological construct of being moved, *PLoS ONE*, 10 (6), 1-33, <https://doi.org/10.1371/journal.pone.0128451>.
- MIND (2015), *Time to Change: Attitudes to Mental Illness 2014 Research Report*, London, MIND.
- Mirnezami, H., Jacobsson, L. and Edin-Liljegren, A. (2015), Changes in mental attitudes towards mental disorder and psychiatric treatment 1976-2014 in a Swedish population, *Nordic Journal of Psychiatry*, 70 (1), 38-44.
- Oliver, M. and Bartsch, A. (2010), Appreciation as audience response: Exploring entertainment gratifications beyond hedonism, *Human Communication Research*, 36 (1), 53-81.
- Piha, L. and Avlonitis, J. (2018), Internal brand orientation: Conceptualisation, scale development and validation, *Journal of Marketing Management*, 34 (3/4), 370-394.
- Ray, J. (1984), The reliability of short social desirability scales, *Journal of Social Psychology*, 123, 133-134.
- RCP (Royal College of Psychiatrists) (2003), *Stigmatisation of People with Mental Illness*, London, Royal College of Psychiatrists.
- Reichow, B., Barton, E. and Maggin, D. (2018), Development and applications of the single-case design risk of bias tool for evaluating single-case design research study reports, *Research in Developmental Disabilities*, 79, 53-64.
- Reynolds, W. (1982), Development of reliable and valid short forms of the Marlowe-Crowne social desirability scale, *Journal of Clinical Psychology*, 38, 119-125.

- Roberts, M., Stewart, B. and Tingley, D. (2018), *STM: An R package for the Structural Topic Model*. (Free software for STM estimation.), www.structuraltopicmodel.com.
- Roberts, M., Stewart, B., Tingley, D., Lucas, C., Leder-Luis, J., Gadarian, S., Albertson, B. and Rand, D. (2014), Structural topic models for open ended survey responses, *American Journal of Political Science*, 58 (4), 1064-1082.
- Rose, D., Thornicroft, G., Pinfold, V. and Kassam, A. (2007), 250 labels used to stigmatise people with mental illness, *BMC Health Services Research*, 7 (97), 1-7.
- Ross, C. and Goldner, E. (2009), Stigma, negative attitudes and discrimination towards mental illness within the nursing profession: A review of the literature, *Journal of Psychiatric and Mental Health Nursing*, 16, 558-567.
- Sargeant, A. (1999), Charitable giving: Towards a model of donor behaviour, *Journal of Marketing Management*, 15, 215-238.
- Sargeant, A. and Woodliffe, L. (2007), Gift giving: An interdisciplinary perspective, *International Journal of Nonprofit and Voluntary Sector Marketing*, 12 (4), 275-307.
- Seibt, C., Schubert, T., Zickfeld, J. and Fiske, A. (2017), Interpersonal closeness and morality predict feelings of being moved, *Emotion*, 17 (3), 389-394
- Shane, S., Norris, J., Shelagh J., McConnell, H., Chochinov, M., Hack, T., Hagen, N., McClement, S. and Bouchal, S. (2016), Compassion: A scoping review of the healthcare literature, *BMC Palliative Care*, 15 (6), 1-16.
- Shove, E. (2010), Beyond the ABC: Climate change policy and theories of social change, *Environment and Planning (A)*, 42, 1273-1285.
- Singer, T. and Klimecki, O. (2014), Empathy and compassion, *Current Biology*, 24 (18), 875-878.
- Slack, B. (2013), How to become a company's charity of the year, *The Guardian*, 29 January 2013, www.theguardian.com/voluntary-sector-network.
- Socall, D. and Holtgraves, T. (1992), Attitudes toward the mentally ill: The effects of label and beliefs, *Sociological Quarterly*, 33 (3), 435-445.
- Song, L., Chang, L., Shih, C., Lin, C., and Yang, M. (2005), Community attitudes towards the mentally ill: The results of a national survey of the Taiwanese population, *International Journal of Social Psychiatry*, 51 (2), 174-188.
- Staniland, L. (2009), *Public Perceptions of Disabled People: Evidence from the British Social Arts Survey*, London, HM Government Office for Disability Issues.
- Syed, S., Gabboran, E. and Lau, A. (2016), *Participatory Health through Social Media*, Amsterdam, Elsevier.
- Sznaider, N. (1998), The sociology of compassion: A study in the sociology of morals, *Cultural Values*, 2 (1), 117-139.
- Thornicroft, G. (2006), *Shunned: Discrimination Against People with Mental Illness*, Oxford, Oxford University Press.

Thornicroft, G., Rose, D., and Mehta, N. (2010), Discrimination against people with mental illness: What can psychiatrists do? *Advances in Psychiatric Treatment*, 16 (1), 53-59.

TNS-BRMB (2015), *Attitudes Towards Mental Illness: 2014 Research Report*, London, Kantar Public UK

Tokaji, A. (2003), Research for determinant factors and features of emotional responses of “kandoh” (the state of being emotionally moved), *Japanese Psychological Research*, 45 (4), 235-249.

Trute, B. and Loewen, A. (1978), Public attitudes toward the mentally ill as a function of prior social experience, *Social Psychiatry*, 13, 79-84.

Van Dijk, T. (2009), *Society and Discourse: How Social Contexts Influence Text and Talk*, Cambridge, Cambridge University Press.

Vinten, G. (1995), Open versus closed questions: An open issue, *Management Decision*, 33 (4), 27-31.

Walker, C. (2017), The most popular charity causes, *Charity Financials*, 20 February 2017, www.charityfinancials.com.

Wolff, G, Pathare, S., Craig, T. and Leff, J. (1996), Community attitudes to mental illness, *British Journal of Psychiatry*, 168, 183-190.

Yazbeck, M., McVilly, K. and Parmenter, T. (2004), Attitudes toward people with intellectual disability, *Journal of Disability Studies*, 15 (2), 97-111.

Yuan, Q. et al. (2016), Attitudes to mental illness and its demographic correlates among general population in Singapore, *PlosOne*, 11 (11), 1-19.

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 Prevalence (Fear)	Topic 2 Prevalence (Distress)	Topic 3 Prevalence (Compassion)
<i>Explanatory Variables</i>			
Age	-.28 (2.33)*	.14 (1.34)	.30 (3.33)**
Gender (female=1; male=2)	.49 (6.66)**	-.20 (2.10) *	.38 (4.08)**
Prior exposure to people with mental 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 ²	.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,	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

		feel kind-hearted, offer a helping hand, praiseworthy beneficiaries, brave beneficiaries.	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 Prevalence (Benevolence)	Topic 2 Prevalence (Compassion)	Topic 3 Prevalence (Fear)
<i>Explanatory Variables</i>			
Age	.18 (1.01)	.10 (1.11)	.08 (0.09)
Gender (female=1; male=2)	-.39 (4.44)**	-.32 (3.18)**	.15 (1.08)
Prior exposure to people with mental disabilities	.29 (2.27)*	.26 (2.55)*	-.29 (2.91)**
Education level	.06 (0.04)	-.16 (1.23)	-.27 (2.21)*
Occupational grade	.08 (1.48)	.15 (1.15)	-.06 (1.05)
The person has children	.19 (1.47)	.11 (1.00)	.09 (0.99)
Attendance at events	.36 (4.04)**	.36 (3.91)**	-.40 (5.0)**

Had read information distributed by CAs	.26 (2.43)**	.29 (3.08)**	-.25 (2.55)*
R ²	.27	.32	.26

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