Using Visual Art to Reduce Public Stigmatization of People with Mental Disabilities

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ABSTRACT

This study examined the effectiveness for reducing stigmatizing attitudes towards mental disability of presenting people who do not have a mental disability with paintings completed by individuals who do have a mental disability. Study participants were placed into one of four groups. Members of the first group were shown 12 paintings created by people with mental disabilities and then asked to complete a questionnaire exploring their attitudes

regarding mental disability. Group two participants were shown the paintings, additionally spent one minute writing down their thoughts about what it must be like to have a mental disability, and completed the same questionnaire. People in group three also wrote down their thoughts about being mentally disabled and filled in the questionnaire, but without having seen the paintings. Group four was a control group comprising individuals who simply completed the questionnaire without either viewing the paintings or writing down their thoughts about mental disability.

Key words: mental disability, visual artwork, stigmatization, empathy arousal, stereotypes.

Introduction

Individuals with mental disabilities are frequently stigmatized by members of the public who themselves have never been diagnosed with a mental disability (Evans-Lacko et al. 2013; Fox et al., 2018; McCullock and Scrivano 2023), and this can detrimentally affect their quality of life (Evans-Lacko et al. 2012; Kirkwood and Stamm 2006; Lai, Hong and Chee 2001; Vrbova et al. 2017). Goffman (1963) described stigma as "the attribution to an individual of a characteristic that is deeply discrediting", and which reduces the bearer "from a whole and usual person to a tainted, discounted one" (p. 3). Often, Goffman (1963) continued, a stigmatised person is seen as "morally defective and to be avoided", leading to overt prejudice against that individual (p.5). Stigmatization typically involves cognitive, emotional, and behavioural aspects which include prejudice, discrimination, and the expression of explicitly negative (and often unfair) social attitudes (Corrigan and Watson 2002; Werner et al. 2012). It includes public stigmatization via expressions of disapproval of a stigmatized group by members of the public in conjunction with social avoidance, plus structural

3

stigmatization which legitimatizes and perpetuates a group's stigmatized status via society's institutions and ideological systems. Such realities can result in self-stigma among stigmatized individuals themselves (see Biernat and Dovidio 2000; Bos et al. 2013). The present study concerns public stigma and how it might be reduced.

Sometimes, stigmatization results from negative stereotyping, i.e., the ascription to an entire group (often an out-group) of simplified, inaccurate, and offensive generalized beliefs or representations (Biernat and Dovidio 2000; Pelleboer-Gunnink, van Weeghel and Embregts 2021)). Stereotypes enable a person to make quick judgments about others based on a few defining aspects which are assumed to apply to everyone in the stereotyped group. Common stereotypes of people with mental disabilities include presumptions that they are incompetent, irresponsible, unpredictable, morally deficient, uncooperative, unreliable, possibly dangerous, and that they have values and engage in practices different to those found in mainstream society (see Biernat and Dovidio 2000; Scior, 2011; Fox et al., 2018). Stereotypes of this nature appear to be widespread (Corrigan et al. 2003) and can contribute to prejudice, discrimination, and reduced opportunities for people with intellectual disabilities to participate in society (Ali et al. 2008; Pelleboer-Gunnink et al. 2021). Discrimination may extend to segregation (contributing to social isolation - see Pelleboer-Gunnink et al. 2021), withholding help, and limited work and housing opportunities (Werner et al. 2012; Ditchman et al. 2016; Jansen-van Vuuren and Aldersey 2020).

Pressures to stigmatize can arise from family, friends, work colleagues and/or other social contacts. Childhood experiences may be particularly influential in the creation of negative attitudes towards people with disabilities. Parental actions, words, tone of voice, gestures, etc., transmitted to children can have a crucial impact on the formation of attitudes toward disability. Parents often emphasize to their children the importance of health and normalcy and this could result in aversion toward individuals with disabilities (Livneh 1982).

4

Nature of Mental Disability

A mental disability is a cognitive or psychological condition that limits a person's activity in some way or requires special services. Mental disability is a category of mental illness (a term used to describe all forms of diagnosable mental disorders) characterised by a functional impairment that affects a person's daily life (Sartorious 2009; APA 2022). Mental disability need not (but could) involve "intellectual disability", which is usually defined in terms of low intellectual ability (e.g., IQ lower than 70, see Shree and Shukla 2016), because some people with mental disabilities have high IQs. Mental disabilities can be caused by biological factors, environmental factors, substance abuse or brain trauma (WHO 2022). Many different types of mental health condition can lead to a disability, including bipolar disorder, chronic depression, generalized anxiety disorder, and psychotic disorders such as schizophrenia (see Price 2013; WHO 2022). Mental disability is a long-term condition (defined in the UK by the 2010 Equality Act as one that lasts more than 12 months). Manifestations of mental disability can extend to disabilities in communication skills, social skills, personal independence, trouble in regulating emotions and behaviour, work functioning, and/or in the ability to learn, reason and solve problems (cf. APA 2013; Shree and Shukla 2016). Many people with a mental disability experience stigma, discrimination, and violations of human rights (Stuart and Sartorious 2005; WHO 2022).

Interventions to Reduce the Stigmatization of People with Mental Disabilities

Several types of intervention have attempted to counteract the stigmatization of individuals with mental disabilities, focusing mainly on the provision of knowledge about issues relating to mental health. Achar, Dunn and Agrawal (2022), conversely, suggested the prominent inclusion within anti-stigma campaigns of innocuous characteristics of the affected group that ignored reference to potentially stigmatizing issues. Usually, interventions aim to change

stigmatizers' beliefs and attitudes, refute causal attributions, diminish feelings of difference, and alter how members of the public think and feel about the disabled people they observe (Clair, Daniel and Lamont, 2016). Further objectives include reducing ridicule, enhancing empathy, tolerance and understanding (Moses, 2010), discouraging intended or actual discriminatory actions (Seewooruttun and Scior 2014; Walsh and Foster 2021), and improving stereotypes.   Examples of interventions include pop-up booths in shopping malls, films, television programmes, radio broadcasts, school visits, theatre initiatives, and celebrity appeals (Clement et al. 2013; Gaiha et al. 2021; Walsh and Foster 2021). However, three difficulties can affect many of these interventions, namely (i) their high financial cost, (ii) the time and complexity required to set them up together with the possible absence of trained and experienced personnel capable of executing interventions (Libera et al. 2023), and (iii) measurement and assessment problems that lead to uncertainties regarding whether a particular intervention has succeeded (Clement et al. 2013; Thornicroft et al. 2007; Walsh and Foster 2021). Also, stereotypes can be highly resistant to change and hence difficult to alter (Clair et al. 2016).

The Present Study

The current research sought to establish whether showing to non-mentally disabled individuals a selection of paintings completed by people with mental disabilities led to more positive attitudes concerning mental disability among viewers, in comparison with the attitudes of non-mentally disabled people who were not shown such paintings. Additionally, the study examined the effects of having some of the participants complete an "empathy exercise" whereby they recorded their thoughts about what it must be like to have a mental disability. The objective of this exercise was to compel certain study participants to confront the realities of having to live with a mental disability. Empathy involves the abilities to be affected by and to share in another person's situation, to assess possible reasons for the

situation, and to identify with the person by adopting that individual's feelings and perspectives (Burks and Kobus 2012). Empathy concerning people with mental disabilities is important because it can help reduce stigma and discrimination (Gateshill, Kucharska-Pietura and Wattis 2011). By cultivating empathy via the exercise, viewers of the paintings might be better able to understand the challenges and experiences faced by individuals with mental disabilities. Cognitively, viewers could step into the shoes of people with mental disabilities, recognize the barriers they encounter in everyday life, and perhaps appreciate their unique perspectives (Mirete et al. 2020). Research has found that empathy processes motivate prosocial behaviours, caring for others, and can challenge stereotypes and misconceptions surrounding mental disabilities (Burks and Kobus 2012). The effects of the empathy exercise on the attitudes of people who (i) were shown the paintings, and (ii) were not shown the paintings, were then measured.

Several considerations suggest the usefulness of the present research. Although viewers' reactions to pieces of artwork (paintings in the present study) will differ among viewers, it is known that art can invoke strong emotions capable of stimulating a person's thoughts and feelings (Christensen, Cardillo and Chatterjee 2023a; Malchiodi 2012). Exposure to an artwork may promote critical thinking, and possibly invoke personal honesty vis-à-vis the observer's biases. According to Ioannides, Pantagoutsou and Jury (2021), viewing artwork can enhance open mindedness, and hence invoke a willingness to reconsider previously held opinions. Viewers discern the meaning of a painting from the visual information it presents (patterns, facial expressions of depicted characters, etc. [Bruder and Ucok 2000]), and the content of a painting can create new knowledge within the observer, promote understanding, and allow insights, perspectives, feelings, and ideas to emerge (Christensen, Cardillo and Chatterjee 2023a, 2023b). The feelings induced in a viewer of a painting could include interest, curiosity (Pelowski et al. 2020; Wassiliwizky and Menninghaus 2021) and (in the

present context) sympathy for the people or situations depicted in a picture and/or for the artist (Koh and Shrimpton 2014). Gaiha et al. (2021) completed a systematic review of interventions that employed various pieces of artwork produced by people with mental disabilities, concluding that the behaviour of non-mentally disabled people towards individuals with mental disabilities typically improved after viewing the artwork. Effect sizes were usually small but always positive and no studies reported unintended harmful consequences.

Effects on Viewers of Paintings Completed by People with Mental Disabilities

Certain beliefs (especially negative beliefs) about mental disability and the characteristics of people with mental disabilities held by non-mentally disabled individuals may be challenged if the latter view paintings skilfully completed by people with mental disabilities. A non-mentally disabled individual who holds derogatory opinions about mental disability and who observes such paintings will have to reconcile possible differences between, on the one hand, what the person sees, and on the other, the individual's currently held unfavourable sentiments concerning mental disability (cf. Christensen et al 2023b; Mykitiuk, Chaplick and Rice 2015; Pelowski et al. 2017). Viewers without mental disabilities are presented with educative (and potentially transformative) experiences which might encourage them to examine their existing attitudes towards mental disability. Exhibitions of artwork produced by people with mental disabilities "can provide the appropriate reflective space where viewers can consider the nature of mental disability and how it affects individuals", thereby "counteracting negative stereotypical views by promoting a more positive perception of mental disability" (Koh and Shrimpton 2014, p.171). Hence the non-mentally disabled observer might come to understand the capacities of some individuals with mental disabilities to paint meaningful pictures and, in general, the actuality of mental disability in ways that words alone cannot express (Fraser and Al Sayah 2011). Empirical research has demonstrated

that exhibitions of art by people with mental disabilities can significantly induce sympathetic perceptions of mental disability (see for example Health Scotland 2008; Sartorious and Schulze 2005; Stuart and Sartorious 2005; Thomashoff and Sartorious 2004). Viewers could experience emotional connection with the artwork on display (Gentle et al. 2020) and hence enhanced awareness of mental health issues (Koh and Shrimpton 2014).

The present study examined the effects of observing paintings completed by people with mental disabilities on viewers' possible negative stereotypes of the characteristics of people with mental disabilities, e.g., that they are incompetent, irresponsible, even dangerous and threatening (see the Appendix section 3). Attitudes that could derive from such negative stereotypes include, for example, a desire for social distance, the need to protect the public from people with mental disabilities, and reductions in state welfare spending on mental disability. Tofilski and Stawski (2019) cited a substantial amount of literature indicating that knowledge about the mental health of an artist can have an impact on a viewer's general assessment of the artist's work, and that the assessment is likely to be negative. This could include stereotypes that, typically, people with a mental disability lack the self-awareness and skill necessary to produce the levels of artistry frequently present in the work of "sane" and "rational" artists, consequently reducing the viewer's perception of the value of the work created. While in some quarters artistic creativity and mental disability have historically been regarded to be closely related (evidenced for example in the paintings of Van Gogh or Edvard Munch) (see Spaniol 2001), the "mad genius" image of certain artists with mental disabilities could also contribute to the stigmatisation of artists with a mental disability as degenerate and deviant (Koh and Shrimpton 2014; Ho et al. 2017). In general, and to the extent that people with a mental illness are believed by members of the non-mentally disabled public to be less competent and fundamentally different from "normal" people, artists with a mental disability might be considered unable to engage in creative artistic activities (such as painting).

Simulation Intervention

Presenting audiences of people who do not have intellectual disabilities with paintings by individuals with mental disabilities is an application of "simulation intervention" i.e., the practice of exposing people to an item that reflects a stigmatized condition. Viewers might then engage with the artwork on display, establish a cognitive connection with the artist, and hence empathise with the artist's perspective. Negative attitudes could then be revised (Libera et al. 2023). Observing paintings by individuals with mental disabilities can challenge non-mentally disabled people's preconceived perceptions of the existence of differences between people with or without a mental disability (Thomashoff and Sartorious 2004), can see that individuals with mental disabilities are "not necessarily weird", and hence may come to understand that people with mental disabilities should be treated with respect (Koh and Shrimpton 2014; Seidler 2011). However, although simulation intervention might increase empathy, it could also create detrimental effects, e.g., by creating a desire for social distance (Fraser and Al Sayah, 2011; Yee and Bailenson 2006). Some viewers may feel inspired and reflective whereas others could be unsettled, even distressed, by the experience (Fraser and Al Sayah 2011).

Materials and Methods

Participants in the study comprised students at the home university of one of the authors. This was for two reasons. Firstly, the student body at the university in question was largely homogenous (coming mostly from middle-income families), and secondly because the university has many thousands of students from which sub-samples could be drawn. The students in the samples would have entered the university with similar educational qualifications and were likely both to have had broadly similar lifetime experiences and to engage in the same sorts of pastimes. This relative comparability of sample members should

reduce the likelihood of extraneous variables influencing the results. Only students aged between 19 and 26 were included in the study, which was undertaken over a full academic year.

Individuals were assigned (during classes) to one of four groups. Members of group 1 (N=231) were shown 12 paintings produced by people with mental disabilities and were told that all the paintings were the work of people with mental disabilities. (The paintings used in the study were downloaded from Internet sources via the search term "paintings by people with mental / intellectual disabilities, and are available from the authors on request.) Then, the participants completed a questionnaire (see the appendix to the paper) which queried their personal characteristics, assessed the extents of their stigmatized attitudes towards people with mental disabilities and included covariates likely to affect outcomes (e.g., past familiarity with art and sense of presence when viewing a painting). The 12 paintings were selected by asking 40 students who possessed characteristics comparable to those of individuals in the main sample to rate each of 20 contemporary paintings created by people with mental disabilities and downloaded from websites. The pictures involved various line configurations, shapes, textures, and colours, i.e., features known to affect feelings among viewers of paintings (e.g., sad, happy, angry, or empathetic [Bruder and Ucok,2000]). Participants rated each picture (five-point scales) according to the extents to which it "stirred my feelings", "made me think", "spoke to me", "attracted my attention", and "aroused emotions in me" (cf. Gentle et al., 2020). The 12 pictures with the highest aggregate ratings were used in the study.

Members of group 2 (N=191) were also shown the paintings and told that the paintings were by people with mental disabilities. Group 2 participants were given the same questionnaire as the members of group 1, and in addition completed a short exercise to evaluate their empathetic feelings regarding mental disability. This required group 2 members to spend up

to a minute writing down their thoughts about what it is like to live with a mental disability (cf. Libera et al. 2023). Arguably, through enabling a participant empathetically to adopt the perspective of a stigmatized person, this exercise might cause participants to revise negative beliefs they may previously have held about people with mental disabilities (Batson et al. 1997). On the other hand, compelling an individual to think hard about mental disability could possibly increase prejudice.

Individuals in group 3 (N=171) were not shown the paintings, but did complete the empathy exercise and the questionnaire. Group 4 was a control group (N=124) comprising people who only completed the questionnaire. Members of group 4 were asked to fill in the same questionnaire three weeks later, 93 members of the original group responding. This was to check whether the questionnaire might have been completed flippantly in the first instance, which would be evidenced by substantially divergent replies. In fact, there was close correspondence between the two sets of responses, suggesting that proper thought had been applied to the task. All four groups were approximately evenly divided between males and females.

Measures of Variables

Stigmatizing attitude was measured using three items adapted from Link et al's (1987) Social Distance Scale and eight items from Taylor and Dear's (1981) Community Attitudes to Mental Illness Scale. Perceived negative attributes of people with mental disabilities were evaluated via six items suggested by Yeh, Jewell and Thomas (2017). As familiarity with mental disability could affect a person's responses, this was assessed through two items based on Evans-Lacko et al. (2011). A person's knowledge of art was evaluated by a single item from Kottasz and Bennett (2006). (People with more knowledge of art are likely to have more nuanced emotions when viewing artwork [Chatterjee et al. 2010; Fayn et al. 2018].)

Enthusiasm for art could also exert an effect and thus was measured by three items, also taken from Kottasz and Bennett (2006). A viewer who experiences a deep sense of presence when observing a painting might be affected more deeply by the event than other people (Starr and Smith 2023). Thus, among the participants shown the paintings, a viewer's sense of presence vis-à-vis the artworks was measured using four items based on Gatineau's Presence Questionnaire (Laforest et al. 2016). This instrument assesses an observer's feelings of (i) "being there", (ii) the paintings being meaningful, and (iii) how deeply the paintings communicated with the participant.

The questionnaire was pretested via administration to 16 volunteer students not included in the main samples in order to identify and correct any ambiguities in item wordings. This pretest included items from the Crowne-Marlowe (1960) social desirability scale to assess the possible presence of social desirability in responses. However, the Crowne-Marlowe items were viewed very negatively by the pre-test participants, who objected to their highly personal nature and lack of relevance to the main study. Hence, these items were not included in the final version of the questionnaire. Instead, the likelihood of social desirability bias arising within the responses to the final questionnaire was assessed via an examination of the frequencies, means and standard deviations of replies to items that a priori might be expected to give rise to bias. None of the average percentages in the highest response categories of these items exceeded 28%, suggesting the absence of substantial social desirability bias in the study outcomes.

Results

Group Response Differences

Mean averages of the items measuring each of the constructs listed in the appendix are shown in table 1, which indicates that participants who were shown the paintings prior to filling in

the questionnaire recorded more favourable attitudes towards mental disability than people who had not seen the pictures. The data for community attitudes (see the appendix) was normally distributed, with similar variances across the four groups so an ANOVA was applied to this data, which revealed the presence of significant differences among the groups ($F=6.72$, $p=0.004$). Tukey post-hoc tests showed that (a) people who saw the paintings *and* completed the empathy exercise recorded more positive community attitudes concerning mental disability than people who only viewed the paintings ($p=0.04$), and (b) on average the members of both these groups (G1 and G2) were more sympathetic vis-à-vis community attitudes than (i) individuals who were only given the empathy exercise (G3), and (ii) people in the control group (G4) ($p<0.04$ in all cases).

TABLE 1 HERE

The same patterns of results emerged from the data for social distance and perceived characteristics. Data for neither of these variables was normally distributed. Thus, a nonparametric Kruskal-Wallis test was employed, which identified the presence of significant difference across the four groups (Chi-square=6.58, $p=0.037$). Post-hoc Dunn's Z-tests revealed the same pattern of significant differences as for community attitudes ($p<0.05$ in all cases), i.e., members of G1 and G2 displayed more positive attitudes towards people with mental disabilities than people in G3 and G4. On average there were no statistically significant differences between the responses of members of the control group (G4) and people only given the empathy exercise prior to filling in the questionnaire (G3). There were no significant differences in table 1 regarding the variables other than social distance, community attitudes, and perceived characteristics.

Outcomes to the Empathy Exercise (Groups 2 and 3)

Members of group 2 used an average of 16 words (group three 20 words) to express their thoughts about what it must be like to have a mental disability. A variety of mostly negative feelings were reported by members of the two groups, often concerning anxiety, stress, fear, confusion, feelings of helplessness, and/or feeling inferior. Other comments related to coping strategies, e.g., need to ignore adverse comments, and not to be ashamed. The participants' responses were worded in different ways, making it impossible to extract meaningful word clusters using conventional sentiment analysis software. Hence the replies were analysed by hand, using the Quirkos coding package (https://www.quirkos.com/). Codes were generated via a constant comparison technique, i.e., provisional codes were allocated to the first few responses and the remarks of subsequent respondents were then allotted to these codes whenever possible. New codes were created for emerging sub-categories and, where appropriate, existing codes were adjusted or combined. Six parent codes and examples of comments are shown in table 2, from which it can be seen that the comments of the participants shown the paintings were considerably more positive than members of group three who completed the exercise but were not shown the paintings. People in G2 frequently observed that people with mental disabilities are often capable of developing skills and able to look after themselves, although they are likely to face unfair discrimination. Conversely, individuals in G3 tended to focus on problems and personal deficiencies, perceptions of helplessness, and on the need for assistance.

TABLE 2 HERE

Associations with Stigmatizing Attitudes

15

Table 3 presents the correlations between the three dependent variables and other variables within the data for G1 and G2. As expected, people with knowledge and/or experience of mental disability recorded more favourable attitudes towards mental disability than did individuals who were unfamiliar with the condition (cf. Chatterjee et al. 2010; Fayn et al. 2018), However, participants who were knowledgeable and/or enthusiastic about art did not respond significantly differently to the favourability measures than other members of either of the samples that saw the pictures, although Gatineau's Presence measure correlated significantly with the dependent variables for both of these groups.

TABLE 3 HERE

Discussion and Conclusion

The results indicate that viewing the paintings *and* completing the empathy exercise substantially improved the attitudes of the members of this group of participants, none of whom had a mental disability, towards mental disability. Viewing the paintings but without completing the empathy exercise (Group 1) was rather less effective, yet still led to more favourable attitudes among viewers than was the case for members of groups three and four (who had not seen the pictures). This suggests that exhibitions of artwork completed by people with mental disabilities have the capacity to constitute a low cost yet powerful means for improving public attitudes concerning mental disability. It is relevant to note the questionable effectiveness and high cost of alternative forms of intervention intended to reduce the stigmatization of people with mental disabilities (Libera et al., 2023; Thornicroft

et al. 2007). Paintings by people with mental disabilities can be shown online, obviating the need for a viewer to be present in the place where the intervention is implemented (Libera et al. 2023). The findings confirm past literature which asserted that viewing artwork can exert a deep emotional impact on the observer (Christensen et al. 2022; Gentle et al. 2020; Malchiodi 2012), even to the point of changing the person's attitudes (cf. Christensen et al. 2023b; Pantagoutsou and Jury 2021). It seems that artwork produced by people with mental disabilities presents viewers with impressions of the "normality" of the artists who created the work (cf. Gaiha et al. 2021; Koh and Shrimpton 2014; Pelowski et al. 2020).

Substantial differences arose between the favourability of attitudes towards mental disability expressed by (i) people shown the paintings in association with the empathy inducing exercise (Group 2), and (ii) those just completing the empathy exercise in the absence of the paintings (Group 3). The bottom row of table 2 indicates that around 70% of the comments of members of group two were positive in nature, while about 70% of the comments of group three were negative. While it will not usually be possible to ask visitors to an exhibition to complete an empathy exercise of the kind used in the present study, venues can present statements around specific exhibits worded in ways designed to arouse empathy among viewers. As expected, familiarity with mental disability correlated significantly with favourable attitudes regarding mental disability (see Evans-Lacko et al. 2013). However, neither knowledge of, nor enthusiasm for, art exerted significant influences (cf. Chatterjee et al. 2010; Fayn et al. 2018). It appears therefore that arts devotees within the samples were likely to hold similar attitudes towards mental disability consequent to seeing the paintings as anyone else in the study. Gatineau's Presence measure correlated significantly with the favourability variables among the participants who saw the paintings (G1 and G2). The more a viewer felt "inside" the paintings the more favourable the responses. Stimulation of a viewer's sense of presence could occur through (i) the appropriate physical construction of

exhibition environments, (ii) suitable wordings of text in exhibit labels, (iii) introductory talks discussing exhibitions, or perhaps (iv) by providing collateral haptic experiences within galleries (cf. Barnby and Bell 2017).

People with mental disabilities form the largest disability population on earth. Thus, it is necessary for state agencies, charities that support people with mental disabilities, museums, and art galleries to be prepared to mount exhibitions of artwork produced by people with mental disabilities. The nature and contents of such exhibitions should be widely publicised, and perhaps subsidised by national governments. Public relations campaigns within the general arts community could be undertaken to stimulate interest in exhibitions of this kind among private and public galleries and museums.

Limitations and Areas for Future Research

Certain limitations apply to the research, including the use of a student sample (employed to ensure a reasonable degree of homogeneity among the participants), modest sample sizes, and the fact that the study took place in a single country. Also, the research was completed within a university environment (in classrooms) rather than in a physical art gallery. Replication of the study in other countries and other viewing environments would be worthwhile. Further research would be useful in relation to how exactly emotions are aroused as a person who does not have a mental disability observes a painting created by a person with a mental disability. What are the precise psychological mechanisms involved? Are disparate emotions aroused when people without mental disabilities view artwork produced by individuals with different types of mental disability? Are particular genres of artwork created by people with mental disabilities (paintings, sculpture, tapestry, painting of landscapes, avant-garde modernistic works, etc.) more effective for influencing individuals who do not have a mental disability, and if so, what are the reasons for differences? Do improvements in viewers'

attitudes towards mental disability last for long periods or do they quickly dissipate? What are the cognitive connections between observing artwork created by people with mental disabilities and specific types of attitude change? It has been suggested that viewing artwork promotes critical thinking (see Christensen et al. 2023a and 2023b; Ioannides et al. 2021). How exactly might this occur in the context of mental disability?

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APPENDIX. THE QUESTIONNAIRE

Unless otherwise stated all items were scored on 5-point agree/disagree scales.

1. **Social distance**

I would feel very comfortable about:

(a) renting a room in my home to someone with a mental disability?

(b) working on the same job alongside with someone with a mental disability?

(c) having someone with a mental disability as my next-door neighbour?

2. Community attitudes

(a) In general, I feel favourable towards people with mental disabilities.

(b) More emphasis should be placed on protecting the public from people with mental disabilities. (Reverse scored [RS])

(c) People with mental disabilities have for too long been the subject of ridicule.

(d) We need to adopt a far more tolerant attitude toward people with mental disabilities in our society.

(e) Increased welfare spending on people with mental disabilities is a waste of money. (RS)

(f) We have a responsibility to provide the best possible care for people with mental disabilities.

(g) It is best for people with mental disabilities to live in secure and supervised accommodation apart from the rest of the community (RS).

(h) Residential neighbourhoods are not suitable places to locate mental disability support organisations and facilities (RS).

3. Perceived characteristics

People with mental disabilities:

(a) Can be dangerous.

(b) Tend to be irresponsible.

(c) Tend to be unpredictable.

(d) Tend to be incompetent.

(e) Can appear threatening.

(f) Can be very difficult to deal with.

4. Familiarity with mental disability

(a) Have you ever worked with, lived with, been close to or had a neighbour with mental disability? (Yes/No).

(b) I know a lot about mental disability (five-point scale).

5. Adaptation of the Gatineau Presence Questionnaire

(a) I felt I was immersed in some of the paintings.

(b) My experience of engaging with the paintings seemed very real.

(c) My experience of engaging with the paintings seemed artificial (reverse scored).

(d) I felt I was there alongside some of the artists.

6. Self-reported knowledge of art

(a) Compared to other people I have a great deal of knowledge about art and art history.

7. Enthusiasm for art

(a) Art/s and culture represent a vital part of my life.

(b) All in all, I am a true enthusiast when it comes to attending art exhibitions.

(c) In general, I am a frequent visitor to museums and art galleries.

TABLE 1. PARTICIPANT RESPONSES: MEAN VALUES

	Group 1	Group 2	Group 3	Group 4
Social distance	2.71	2.99	2.44	2.34
Community attitudes	3.40	3.68	3.02	2.99
Perceived characteristics of people with mental disabilities	2.41	2.58	3.13	3.20
Familiarity with mental disability	2.22	2.26	2.34	2.29
Knowledge of art	2.36	2.25	2.35	2.42
Enthusiasm for art	2.54	2.45	2.51	2.55

Gatineau's Presence Measure	3.18	3.26	NA	NA

TABLE 2. PARENT CODES*

<table>
<tr><th colspan="6">As a person with a mental disability, I:</th></tr>
<tr><th colspan="3">Group 2</th><th colspan="3">Group 3</th></tr>
<tr>
<td>might be treated unfairly, for example, I am likely to:</td>
<td>am worthy of support, for example I:</td>
<td>have certain abilities, for example I:</td>
<td>tend to lack control, for example I:</td>
<td>often lack understanding, for example I:</td>
<td>tend to be vulnerable, for example I:</td>
</tr>
<tr>
<td>- experience a lot of discrimination
- be frequently excluded from social events</td>
<td>- can do things like those done by non-disabled people
- am capable of developing skills</td>
<td>- can be creative
- am capable of participating in community life
- have the ability to</td>
<td>- often find it hard to control my emotions
- have problems communicating with others
- often miss deadlines</td>
<td>- become confused
- tend to be illogical
- tend to forget things
- frequently do not understand what is said to me</td>
<td>- tend to be gullible
- find it difficult to look after myself
- need a lot of assistance
- can be helpless</td>
</tr>
</table>

- often be ignored or rejected - often be badly treated - feel lonely and isolated	- can live a reasonably independent life	confront and overcome challenges - should be able to take care of myself in most respects	- often do not behave like other people		
% of the sample making this type of comment					
20	23	28	32	22	16

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

TABLE 3. CORRELATIONS*

	Group 1			Group 2		
	Social distance	Community attitudes*	Perceived characteristics	Social distance	Community attitudes	Perceived characteristics
Familiarity with mental disability	.55 (.000)	.47 (.007)	-.31 (.042)	.61 (.000)	.55 (.000)	-.38 (.038)

Knowledge of art	-.10 (.391)	.09 (.444)	-.16 (.255)	.09 (.400)	-.07 (.397)	.10 (.132)
Enthusiasm for art	.20 (.099)	.21 (.087)	-.11 (.177)	.09 (.238)	.09 (.311)	.16 (.300)
Gatineau's Presence Measure	.32 (.044)	.29 (.045)	-.25 (.049)	.35 (.018)	.33 (.011)	-.37 (.024)

*Pearson's R. All other correlations computed as (nonparametric) Kendall's Tau. Significance levels in parentheses.