

Group differences in response to charity images of children with Down's syndrome

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The advertisements produced by charities for people with learning disabilities have recently been the subject of much research. The present study investigated the responses of five different groups - school-children, university students, the 'general public', care-staff and parents of children with Down's syndrome - to two charity posters. Significant group differences were found across all measures, with university students and school-children being most likely to say they would donate money on seeing the poster. School-children were also most likely to predict a positive change of feelings on their next meeting, and to assign positive attributes to the person they saw in the poster, whilst care-staff and parents were significantly more positive than the other groups about the capabilities of people with Down's syndrome.

One initially depressing finding showed that the general public would be more likely to donate on seeing the more traditional, 'guilt-evoking' poster. However, a closer analysis revealed that this group was actually the least likely of all the groups to donate money: those groups who were most likely to donate showed a slight preference in favour of the less stereotyped poster. Thus it is concluded that charities who are looking for donations do not need to rely on feelings of pity and guilt; and in fact, for reasons of both fund-raising and consciousness-raising, would do better to use images which are positive and non-stigmatising.

Acknowledgements

Thanks are due to the Sarah Duffen Centre for all their help in distributing questionnaires, and to the many parents of children with Down's syndrome who anonymously gave us their thoughts on the posters. We also thank The Down's Syndrome Association and Mencap for permission to reproduce their posters.

Introduction

Posters which aim to raise money or awareness for charities are a familiar sight on billboards, in train stations and in magazines. It has recently become a major cause for concern that a large number of these posters present damaging and negative images of the client group they aim to represent (Stockdale and Farr, 1987; Wertheimer, 1988; Doddington, Jones and Miller, 1993). The People First self advocacy group are just one of many groups who have spoken out against the devaluing images of some posters, claiming that they discriminate against them and make people feel sorry for them. It is worrying that whilst it is the stated intention of charities to represent a particular group of people, these people will not be consulted, and their views in the designing and evaluations of charity campaigns are often ignored (Scott-Parker, 1989).

A recent study by Eayrs and Ellis (1990) asked some members of the general public to rate ten MENCAP posters on a variety of constructs. They found that some of the posters created feelings of pity and guilt, and these were the same posters which were most likely to prompt people to give money, suggesting that one reason that charities make use of negative imagery is because they suspect that it will be more likely to produce donations. This finding obviously has serious implications for the representation and perception of people with learning disability. However, Eayrs and Ellis made use of only a limited sample of thirty-four people, none of whom had much experience of or contact with people with learning disability. Thus the present study was designed to explore attitudes to charity images in more depth.

The Study

The present study wanted to find out how different groups of people would respond to two different posters, both of which portray people with Down's syndrome. To this end, the attitudes of five different groups were investigated: school-children, students, non-student adults, care-workers and parents of children with Down's syndrome. These five groups were selected because it was felt that they would have differing experience and knowledge of people with Down's syndrome, and so perhaps have different attitudes towards charity posters.

Method

Subjects

306 subjects participated in this study, and were divided into five groups:

37 subjects were school-children (mean age 14.4 years).
63 subjects were university undergraduates (mean age 24.3 years).

69 subjects were care-workers (mean age 32.8 years).

95 subjects were parents of children with Down's syndrome (mean age 38.0 years).

42 subjects were members of the 'general public', that is, not a member of any of the above four groups (mean age 33.6 years).

Materials

1. Posters

Subjects were shown one of two posters: either 'Kevin's

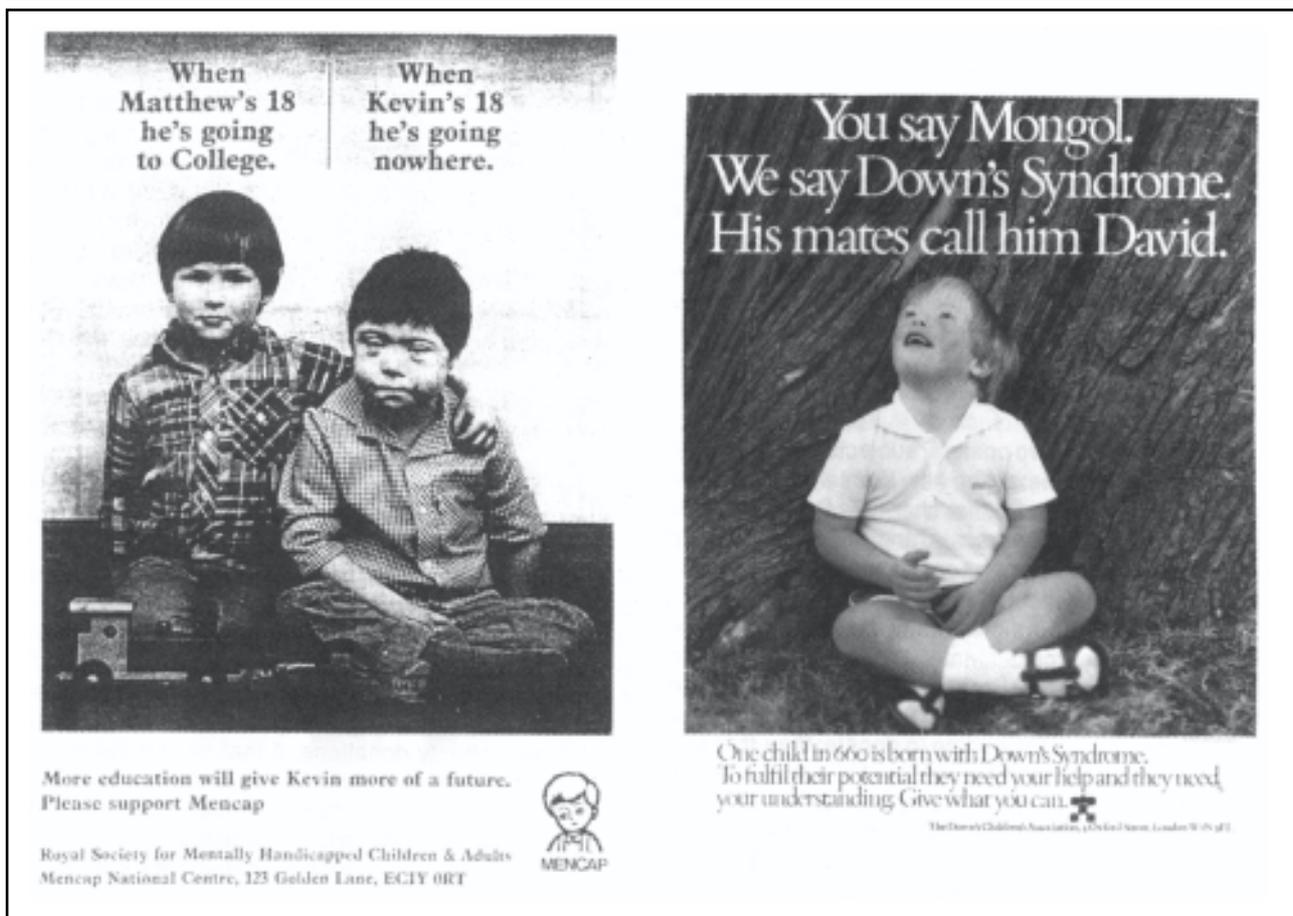


Figure 1. The two charity posters used in the study ('Kevin' from Mencap and 'David' from the Down's Syndrome Association)

[It should be pointed out that the 'Kevin' poster has not been used by Mencap for some years, and that they have recently launched an entirely new campaign. This includes a different logo and a series of posters which state their new ethos: 'Making the most of life'.]

Going Nowhere', a black and white poster produced by Mencap, or 'His Mates Call him David', a black and white poster produced by the Down's syndrome Association (Figure 1).

These two posters were chosen as comparison posters as they both depicted small boys with Down's syndrome, both were in black and white, and both had the aim of raising money.

2. Questionnaire

Subjects were asked to fill in a three-section questionnaire. The first section, (a), was completed before the subject saw the poster and concerned the subject's previous contact with and current feelings of comfort towards people with learning disability. These measures were taken to ensure that within each group, the subjects who saw one poster did not have a significantly different experience of people with learning disabilities to those subjects who saw the other poster.

The second section, (b), was completed whilst the subject looked at the poster. It asked for the subjects' reactions to that poster, such as whether they would be likely to donate money to the charity, and what characteristics they felt the person portrayed had. Section (c) of the questionnaire was an open-ended section where the respondent could make any further comments about the poster or the questionnaire.

Section (a) and some parts of section (b) were taken from questionnaires used in earlier work by McConkey et al. (1983).

Procedure

All five groups were randomly divided into two. After filling in section (a) of the questionnaire, one half of each group was shown the 'Kevin' poster and the other half was shown the 'David' poster. Subjects were not aware that there were two different posters. Subjects were asked to fill in section (b) of the questionnaire, and section (c) if they wished to add any further comments.

Attitudes from the five groups were collected in two different ways: university students, school-children and care-staff were seen all at the same time (in their two separate groups). The parents and the 'general public' were sent postal questionnaires which consisted of a photocopy of one of the posters, a questionnaire, a page of instructions and a pre-paid return envelope. Each participant received the poster inside a separate, sealed envelope and subjects were asked to fill in section (a) of the questionnaire before opening this envelope. It is worth noting here that differences in the method of presentation may possibly have had an effect on the responses of participants. However, these were the only methods of questionnaire distribution available for those particular groups, and it was felt that the importance of collecting information from as wide a population as possible outweighed any possible problems of differing formats.

Results and Discussion

(a) Pre-poster measures

Statistical analysis showed that there were no significant pre-poster differences within groups; that is, the half of each group that saw the 'Kevin' poster did not differ in the amount of prior contact or 'comfort ratings' to the half who saw the 'David' poster. However, there were obviously large differences *between* groups, with parents and care-staff naturally having had the most frequent contact and the 'general public' having had the least amount of contact.

(b) Poster measures

i. Donations

After seeing one of the two posters, subjects were asked, 'If you saw this poster in the street, how likely would you be to want to donate money to the charity?' Subjects could respond on a five point Likert scale ranging from 'very likely' to 'very unlikely' with a mid-point corresponding to 'not sure'.

University students, school-children and parents were *most* likely to say that they would donate, while care-staff and the 'general public' were *least* likely to say they would donate ($F=7.63, p<.001$). It is perhaps not surprising that care-staff would feel less inclined than some to donate; they may feel that they are already 'paying their dues' in a way which is perhaps more valuable than donating money. However, it is interesting to see that the 'general public' appeared more reluctant than all the other groups to donate. It would perhaps be thought that it would be just these adults, who are not students (low income), care-staff or parents (already involved), who would be the group that charities would be most keen to attract. That they are least likely to donate perhaps has important implications for the images charities should use. It is also interesting that parents as a group appeared to be very willing to donate money. It might perhaps be expected that this group, undoubtedly the most involved of all the groups investigated, would not be inclined to give money in this way. That they say that they would is a

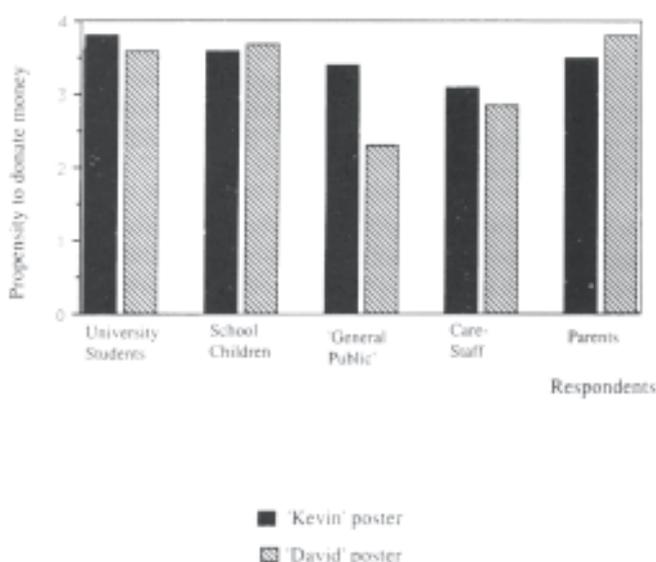


Figure 2. The interaction between the subject group and the poster for likelihood of donating (from 0 - very unlikely to donate, to 5 - very likely to donate).

surprising finding, and one worthy of further exploration. The poster which participants saw did not have an overall effect on how likely people would be to donate; however, there was a significant poster x group interaction ($F=2.61, p<.05$). That is, while the poster had almost no effect among students and school-children, it had a slight (non-significant) effect among parents and care-staff, and a significant effect amongst the 'general public'. This is illustrated in Figure 2.

It can be seen that the 'general public' were more inclined to donate on seeing the 'Kevin' poster than the 'David' poster. The 'Kevin' poster is rather more traditional than 'David'; it implies that the person with Down's syndrome is helpless and relies on charitable donations, whilst 'David' does go some way towards presenting the child with Down's syndrome as an ordinary child with 'mates'. It appears then that 'Kevin' was more likely than 'David' to provoke the feelings of pity and guilt in the general public which prompted donations in the Eayrs and Ellis (1990) study. However, a further analysis reveals that this pessimistic outlook is not the whole story. It is clear from the other groups' responses that those who are *most* likely to donate money are also those who react more favourably towards less negative portrayals. Therefore it is not unreasonable to suggest that posters which portray images of people with Down's syndrome in a very positive light may be even more successful at obtaining charity donations, if that be the desired outcome. Notwithstanding the other positive functions which charity poster campaigns may engender - consciousness-raising, education, stereotype changing, etc - positive portrayal may also generate income, although this has yet to be proven.

ii. Feelings

The next question subjects were asked was 'How would this poster affect the way you feel next time you meet someone with Down's Syndrome?' Subjects were asked to respond on a five point Likert scale ranging from 'it would make me feel a lot more comfortable' to 'it would make me feel a lot less comfortable', with the mid-point corresponding to 'my feelings wouldn't change'.

School-children were much more likely to predict a (positive) change of their feelings than any of the other groups ($F=12.24, p<.001$). However, they did have the largest scope for change, as they were the group with the lowest 'comfort rating' in the pre-poster measures. Conversely, while the care-staff were least likely to change their feelings, they already had high pre-poster comfort ratings and so it could be suggested that there was less room for them to change.

There was also a poster effect here ($F=19.12, p<.001$):

	Feelings change	Attributes
'Kevin' poster	3.16	42.98
'David' poster	3.51	45.35

Table 1. Mean 'feelings change' scores (from 1 to 5) and 'mean attributes' scores (from 10 to 70) for the two posters.

people who saw the 'David' poster were more likely to predict a positive change in their feelings than those who saw the 'Kevin' poster. The two poster means can be seen in the first column of Table I.

Finally, there was also a significant group x poster interaction ($F=2.90$, $p<.05$). This is illustrated in Figure 3.

This interaction shows that three groups, parents, university students and the 'general public', were more positively affected by the 'David' poster than the 'Kevin' poster in terms of how they expect to feel next time they meet someone who has Down's syndrome. There was very little difference between the effects of the two posters on care-staff and school-children, although school-children were much more affected by both posters than care-staff.

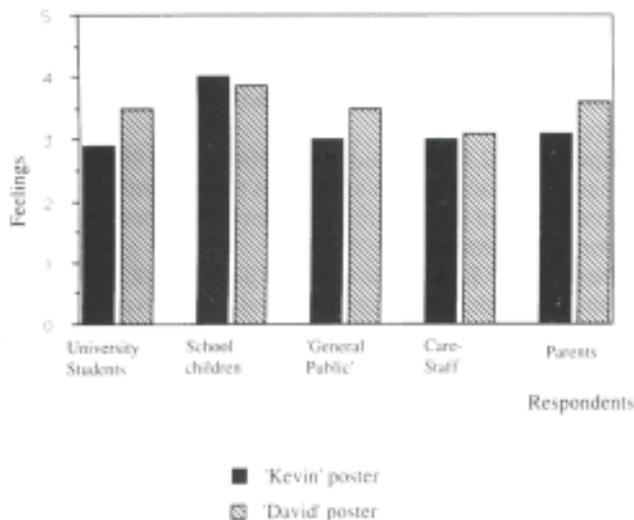


Figure 3. The interaction between the subject group and the poster for how subjects predict their feelings on next meeting someone with Down's syndrome, after having seen the poster (from 0 - will feel a lot less comfortable, to 5 - will feel a lot more comfortable).

iii. Abilities

Subjects were then asked to give their opinion of the capabilities of people with Down's syndrome, by responding to eight descriptions of various skills. For each of the skills subjects were asked whether they felt that a person with Down's syndrome was or was not capable of that skill, by responding on a five point Likert scale ranging from 'strongly agree' to 'strongly disagree' with a mid-point of 'not sure'.

Care-staff and parents were significantly more positive about the capabilities of people with Down's syndrome than school-children and the 'general public' ($F=9.53$, $p<.001$). In other words, the two groups who have least experience of people with Down's syndrome (school-children and the general public) rated their abilities the lowest, whilst the two group who have most experience (care-staff and parents) rated their abilities the highest. This suggests that the less contact people have with individuals with Down's syndrome, the more negatively they view them.

There was not a significant effect of a poster nor a significant group x poster interaction. In other words, it did not matter

whether subjects saw the 'Kevin' or the 'David' poster - it did not have an effect on their views of the capabilities of all people with Down's syndrome. However, some participants had difficulty filling in questions which asked them to consider 'all people with Down's syndrome'. Quite a few care-staff, a few parents and one or two students commented on this in the open ended section (c) of the questionnaire, making the point that people with Down's syndrome are not a homogeneous group. Several participants did not fill in this section of the questionnaire. At the other end of the knowledge scale, several children were not sure whether people with Down's syndrome can speak, whether they would be able to hold down a job, and whether they can cook for themselves. This issue of homogeneity is perhaps an example of the type of information that charities could incorporate into an awareness raising campaign.

iv. Attributes of the person in the poster

The last question asked subjects to report on what they thought the person in the poster was like, based on a series of ten bi-polar adjectives (e.g. 'Weak - Strong', 'Dependent - Independent'). Each pair of adjectives had between them seven boxes, and subjects were asked to tick whichever box was closest to their opinion. School-children were much more *positive* about the images they saw (regardless of poster) than the other groups, and care-staff were much more *negative* than the other groups ($F=4.11$, $p<.005$). There was also a significant effect of poster ($F=7.07$, $p<.01$), in that people attributed significantly more positive qualities to 'David' than to 'Kevin'. The overall means for the two posters can be seen in the second column of Table I. There was not a significant group x poster interaction.

It is perhaps useful to note that there were positive correlations found between the 'attributes of the person in the poster' measure and all the other three experimental measures. Thus, the more positive the attributes ascribed to the person in the poster, the more likely subjects were to say they would donate, predict a positive change of feelings and rate highly the abilities of all people with Down's Syndrome. It is not suggested that these are causal relationships: they may well all stem from another attitude source which was not measured by the questionnaire. However, it would be interesting to investigate whether one attitude would be necessary for the others to arise, e.g. if ascribing positive attitudes to the person in the poster is a necessary requisite for a willingness to donate. Findings from such a study would have important implications for the designers of posters, and would perhaps improve the standard of imagery often used in such posters.

Conclusion

'Kevin' or 'David' as the way forward?

The results show that the different poster images of children with Down's syndrome evoked very different reactions. The strongest reactions were found, perhaps unsurprisingly, amongst parents. Mostly, they regarded the 'Kevin' poster very negatively. The following quotes are taken from the open-ended section of the questionnaire:

My blood boiled when I saw this poster... we as parents are working hard to dispel these myths and to give our children the same human rights as others.

I have never felt happy with posters of this sort which

*appeal to my 'pity' for a group.
I think this poster is absolutely disgusting and should never have been printed. It is an insult to children with Down's syndrome.*

Why shouldn't a person with Down's syndrome not expect to go to university?

Whilst the 'David' poster evoked mostly positive comments:

... shows that Down's syndrome is not necessarily a great handicap, but with patience love and encouragement, a Down's child can learn and develop into society with great dignity, and play an important role.

As a parent of a baby I find the poster encouraging and offering hope against my prior pre-conceived ideas.

This poster is brilliant and thought-provoking, endearing and I just want to hug David.

I remember seeing this poster at a bus-stop when my son was younger, and I thought then what a lovely positive poster it was - not one of those that says 'look at our poor children'.

These comments are not intended to be representative of the comments of all five groups. Indeed, members of the other four groups questioned in this study tended to make less strong comments about the posters than did parents. However, it is interesting to hear the strength of feeling aroused in some of the people who are closest to those represented by these charities. They, perhaps better than most, can give us a real insight into how people with Down's syndrome should be portrayed, and yet it seems that their views are rarely heard or acted upon.

Their comments on the 'Kevin' poster are in line with other research which has pointed to the negative effects of portraying people with learning disabilities in a poor light (e.g. Stockdale and Farr, 1987; Siperstein, Bak and O'Keefe, 1988; Ralph, 1989). Although a superficial glance at the findings from, for example, the general public, confirm that donations are more probable with the 'Kevin' poster, the situation is not so simple. The general public were in fact the group least likely to donate: of the groups *most* likely to donate there was a non-significant trend in favour of the

'David' poster.

Therefore, to conclude, the results of this study show that it is at the very least no disadvantage to portraying people with Down's syndrome in a positive light and that indeed, income generation may be positively affected by such portrayal.

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