Any minority group is susceptible to prejudice (the endorsement of negative stereotypes and generation of negative emotional attitudes) simply because they are different. The Acquired Brain Injury (ABI) community is no exception to this form of social judgement, poor understanding of the effects of ABI has already been shown to facilitate prejudice in this population. It is imperative to correct negative attitudes as prejudice has the capacity to hinder the ability of necessary social and medical support during rehabilitation and acts as a barrier to community reintegration. Therefore, the purpose of this study was to examine four variables that may be contributing to the formation of negative attitudes towards those with ABI.

Hypothesis II: The interaction between injury responsibility and presentation of behaviour shows a tendency to rate characters more negatively as a function of socially disruptive behaviour.

Hypothesis III: Variables associated with injury responsibility and presentation of behaviour are positively related to negative attitudes. 

Hypothesis IV: Participants with a MHI show the expected pattern of negative attitudes decreasing more between the control and arousal conditions when compared to their no-MHI cohorts. 

Participants
Brock University Students (N=45)
- 33% (n=15) sustained at least one MHI (7 Male, 8 Female)
- 67% (n=30) reported never sustaining a MHI (15 Male, 25 Female)

Methods
Participants’ physiological arousal levels were continuously measured (HR, EDA) using polygraph equipment (Polygraph Professional). Arousal was manipulated via the induction of negative or positively charged music (or pink noise for control). Four vignettes depicting a character’s responsibility and presentation of behaviour were read, followed by taking a measure of social judgement (19-item questionnaire of social attitudes). 

Discussion
In summary, prejudice and negative attitudes are greater if the agent is responsible for the cause of their injury and/or exhibits socially disruptive behaviour. Moreover, the judge is more likely to endorse prejudice and negative attitudes if they are less aroused. This may place persons with MHI, or ABI in general, at a particular disadvantage in that they may be more judgemental of persons with injuries similar to their own than others. These findings also indicate a possible means by which to influence prejudice in a broader social context. Perhaps manipulating arousal can be applied to real world settings such as increasing arousal may reduce social barriers that minorities typically face. Fortunately, the potential for both valences to decrease negative attitudes indicates that manipulation in arousal may be achieved by positive stimuli (rather than typical arousal manipulation via negative or unpleasant stimuli).