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Violent attacks on public figures by persons suffering from psychiatric disorders

Their effect on the social distance towards the mentally ill

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Abstract In connection with two attempts on the lives of prominent politicians committed by mentally ill individuals during 1990 there occurred a marked increase in social distance towards the mentally ill among the German public. Even though the level of social distance subsided again during the 2 years following the attacks, it had not yet completely returned to its initial level by the end of 1992. The negative effects of these incidents on the attitude of the general public were able to be replicated on a regional level, after yet another violent attack by a mentally ill assailant in 1993, this time on the life of a famous female athlete.

Key words Violence · Mentally ill · Social distance · Representative survey

Introduction

Of late there have been several attacks on the lives of prominent persons in Germany, which had been committed by mentally disturbed individuals. The following incidents were the ones best known and which bore the gravest consequences:

- On 25 April 1990, Oskar Lafontaine, the Social Democratic Party's candidate for Chancellor, was attacked during an election campaign by a 42-year-old woman bearing a butcher's knife. She stabbed him in the throat, barely missing the jugular vein. Fortunately, Lafontaine sustained no lasting physical injuries. According to psychiatric experts, the woman suffered from schizophrenia.
- Six months later, on 12 October 1990, there was an assassination attempt by a 37-year-old man against the German Secretary of the Interior Wolfgang Schäuble. This man

shot his revolver twice, one bullet hitting Schäuble in the spine. Since then, Schäuble is partially paralyzed. According to psychiatric experts, this assailant was also suffering from schizophrenia. In addition, he was addicted to drugs.

- Finally, on 30 April 1993, a 39-year-old man attacked Monica Seles with a knife during the Citizen Cup '93 Tennis Tournament in Hamburg. Monica Seles, who at that time was ranked number one among professional women tennis players, has not participated in an international tournament ever since. The assailant was diagnosed as suffering from severe personality disorder.

The assassination attempts against the two politicians were reported in great detail all over Germany. The headlines of the print media were dominated by this topic for weeks. It was covered equally extensively on both radio and television. By contrast, the attack on the tennis player was mainly reported in the local media. The supra-national media, on the other hand, covered the event only briefly.

It was merely by accident that we were conducting a series of representative surveys in the old Länder of the Federal Republic of Germany and West Berlin on the public's attitudes towards the mentally ill during the same time period. The first survey in April 1990 had almost been completed when the first assassination attempt occurred. Only 2 weeks after this attack the second survey started. The third survey, finally, was carried out 1 month after the second violent attack. During the following year we conducted two additional surveys, namely in May and in October/November 1991. The sixth survey was carried out 1 year later in October/November 1992. In 1993, another two surveys followed, one in May, immediately after the third attack, and another 6 months later during October/November.

On the basis of these eight surveys we are able to assess the impact of the three attacks on the attitude of the general public towards the mentally ill.

Methods

In all eight representative studies, random samples were drawn from everyone of German nationality who was at least 18 years old and lived in a private household in the former FRG or the old Länder of Germany. The sampling procedure was always the same: it started with sample points in the first stage. Households were used in the second and individuals in the third stage. Households within the sample points were selected by means of the random route procedure and the target individuals in each household by means of random digits. The samples in all eight surveys were drawn independently of one another. Our study is not a panel study but rather a comparison of cross sections.

The surveys were carried out in cooperation with the Center of Surveys, Methods and Analyses (Zentrum für Umfragen, Methoden und Analysen e.V.) (ZUMA) in Mannheim. The field work was entrusted to the Association for Marketing, Communication and Social Research, Inc. (Gesellschaft für Marketing, Kommunikations- und Sozialforschung mbH) (GFM-GETAS) in Hamburg.

A personal, fully structured interview was carried out in all eight surveys. The interview began with the presentation of a vignette containing a case history without a diagnosis. The symptoms described therein fulfilled the DSM-III-R criteria for the respective disorder. Before their use in the survey, the vignette texts were submitted to five experts in the field of psychopathology for the purpose of a blind diagnostic allocation. The experts were able to provide the correct diagnosis for each of the case histories on the basis of the information contained in the vignettes. We used the case history of a schizophrenically ill male for subsamples in all eight surveys. In the first, second and fifth survey, we presented yet another subsample with a case history of major depressive disorder, also involving a male. The number of interviews conducted and the response rates are reported in Table 1.

In the further course of the interview we inquired which degree of intimacy and social involvement the respondents would be willing to enter into with the person depicted in the case history. In so doing we used the seven social distance items published by Link et al. (1987). They encompass the following situations: subleasing an apartment/house, common place of work, neighborhood, child care, family relationship due to marriage, introduction into circle of friends, as well as personal employment brokering. Using a five-point Likert scale the interviewers could respond whether they would, in the situation presented, accept the person described "in any case" (1) or "in no case at all" (5).

With the seven distance items a homogeneity analysis (Gifi 1990) was carried out which yielded a two-dimensional solution. This very general form of dimensional reduction provides an optimal quantification of both the item categories and the observations under study. The object scores are the left eigenvectors of the scaled indicator matrix of the data. These object scores can be interpreted as weighted averages of the optimally scaled items and may serve as indicators for "social distance". The second dimension can be considered as the quadratic form of the first axis and is not

analyzed further in this paper. The form of a "horseshoe" is an indicator of the unidimensionality of the underlying dimension (Shriever 1983). The eigenvalues show that about 40% of the variability of the optimally scaled categories are due to the first axis. The categories are in the expected order for all the items, which allows straightforward interpretation of the object scores.

Results

Effect of assassination attempts on two politicians on the social distance towards the schizophrenically ill

For each of the seven different relationship constellations at each of the six survey occasions in the years 1990–1992, Fig. 1 presents separately the percentage of the general public that refused to establish contact with the schizophrenically ill person depicted in the case history (response categories 4 and 5 combined). The same pattern was encountered time and again. In all the social relationships offered the extent of the desired social distance increased markedly throughout the year 1990. The increase amounted to 16–19%, culminating in 24% for the apartment to be sublet. This means that, in addition to the 44% of the general public who already in April 1990 refused to sublet to a schizophrenically ill person, another 24% did so at the end of the same year. While in April 1990 only 19% of the general public refused to tolerate a schizophrenically ill male as a neighbor, their number had increased to 36% by December of the same year, meaning that the aversion in this area of relationship had almost doubled. When in April of that year "only" 46% of the population would have refused to help such a mentally ill person find a job, by December 65% would have refused to provide a recommendation. Marriage of such a person into one's own family already met with rejection by more than half of the population (59%) in April 1990 and was out of the question for three-fourths (75%) by December 1990. Even for the rejection of a role in the family for schizophrenically ill men, which was refused by a wide segment from the very beginning, the rate rose by 16 percentage points within only 8 months. The rate of rejection peaked in December 1990 with 86% of the general public not wishing to see the person described providing child care to their children.

Table 1 Number of interviews conducted and response rates of the eight representative surveys carried out in the former FRG or the old Länder of Germany

Time period	Number of respondents			Response rate %
	Total	Subsample man suffering from schizophrenia	Subsample man suffering from major depressive disorder	
(1.) April 1990	2.045	505	503	68.9
(2.) May/June 1990	2.118	553	535	71.9
(3.) Nov./Dec. 1990	1.022	500		72.3
(4.) May 1991	1.912	1.912		70.9
(5.) Oct./Nov. 1991	2.030	500	515	67.8
(6.) Oct./Nov. 1992	3.114	1.040 (195) ^a		70.0
(7.) June 1993	2.143	964 (188) ^a		73.0
(8.) November 1993	2.024	956 (175) ^a		70.3

^aSubsample of respondents with residency in Hamburg, Schleswig-Holstein and Lower Saxony

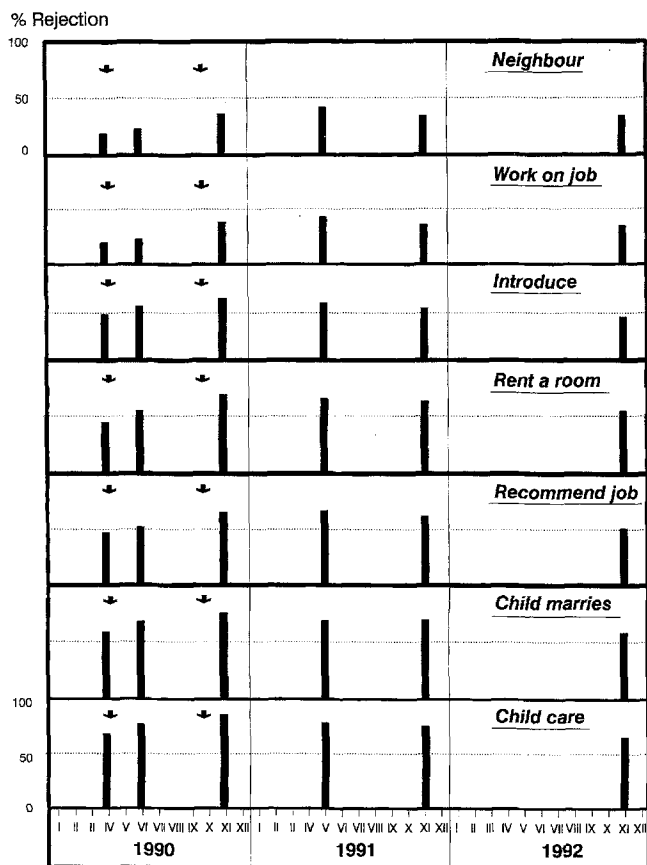


Fig. 1 Development of social distance towards a man suffering from schizophrenia in the new Länder of the FRG during 1990–1992. Arrows indicate date of violent attacks against the two politicians Oscar Lafontaine and Wolfgang Schäuble

Using the first principal component, yielded by the analysis of homogeneity, as indicator for the construct of social distance and for conducting a multiple regression analysis with the age, gender and educational level of respondents serving as variables of control, we are able to replicate the development described by the single items (Table 2). At all survey points the values of the distance scores remain below those of the third survey, which had been carried out shortly after the second assassination attempt on a politician and which represents our base category. In direct temporal relation with the assassination attempts social distance first shows a rapid increase followed by a gradual decrease without ever returning to its initial value recorded at the beginning of 1990. There is no observable interaction effect between the survey points and the sociodemographic characteristics of gender, age and educational level since the development of social distance was the same across all segments of the population.

Effect of the violent attack on tennis player Monica Seles on the social distance towards the schizophrenically ill

For each of the seven different relationship constellations the percentage of those questioned who refused to enter

Table 2 Determinants of social distance. Time period April 1990–Oct./Nov. 1992. Multiple regression analysis with the first principal component derived by homogeneity analysis with the seven distance items (higher scores indicate higher social distance)

	<i>B</i>	s.e.	<i>t</i>	<i>p</i>
Survey				
April 1990	-0.65	0.06	-10.53	0.000
May/June 1990	-0.42	0.06	-6.95	0.000
Nov./Dec. 1990	Base category			
May 1991	-0.08	0.05	-1.71	0.087
Oct./Nov. 1991	-0.20	0.06	-3.34	0.000
Oct./Nov. 1992	-0.41	0.05	-7.77	0.000
Gender				
Male	0.03	0.03	1.27	0.205
Female	Base category			
Age				
18–30 yrs	-0.29	0.05	-6.36	0.000
31–45 yrs	-0.25	0.05	-5.52	0.000
46–65 yrs	0.15	0.04	3.45	0.000
+ 65 yrs	Base category			
Education				
Low	0.20	0.04	4.79	0.000
Medium	0.14	0.04	3.21	0.000
High	Base category			

into contact with schizophrenic persons is shown in Fig. 2 for the three surveys of interest (October/November 1992, June 1993, November 1993). Since in this case we expected only a regional effect of the act of violence, we analyzed the results separately for Hamburg plus the two adjacent Länder Schleswig-Holstein and Lower Saxony and the remaining “old” Länder. As can be seen from Fig. 2, in the three northern Länder, there was a marked increase in negative attitude throughout all relationships considered right after the violent attack. Even 6 months later, the level of rejection had only slightly decreased. Thus, we encountered the same pattern we had already seen in our first study. Interestingly enough, such a development was not observed in the remaining of the “old” Länder. There, the amount of social distance remained unchanged over the time period October 1992–November 1993.

We then conducted a multiple regression analysis with the time of the survey, the region (Hamburg, Schleswig-Holstein and Lower Saxony vs. the remaining “old” Länder) and the sociodemographic characteristics (gender, age and education) as independent variables, and the first principal component of the analysis of homogeneity of the seven distance items serving as dependent variable (Table 3). Our particular interest was the interaction effect between survey time and region. In fact, an increase in social distance from the first to the second survey (the attack on the female tennis player falls within that time period) could only be demonstrated for the city of Hamburg and the two neighboring Länder and was not evident in the remaining “old” Länder of the Federal Republic of Germany. During the period of time between the second and third survey, however, the level of social distance re-

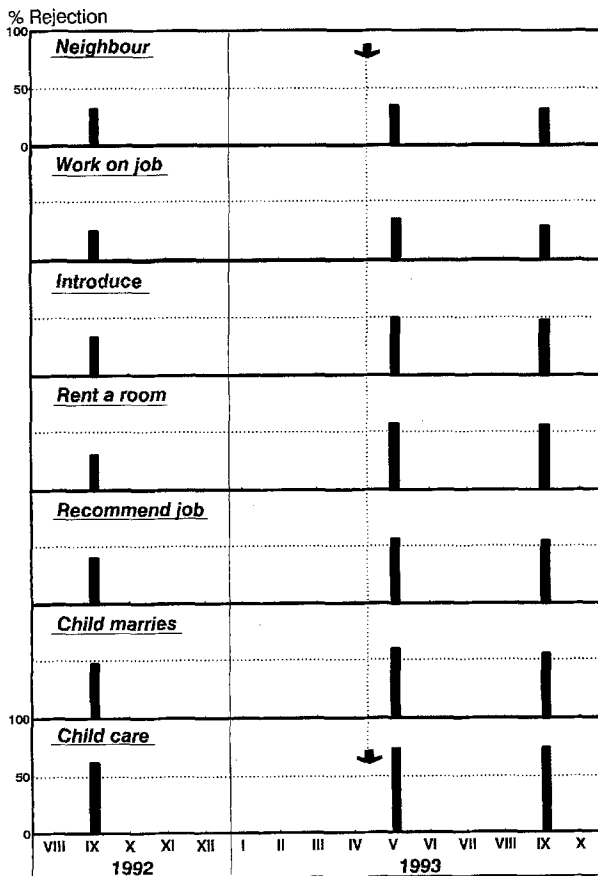


Fig. 2 Development of social distance towards a man suffering from schizophrenia in Hamburg, Schleswig-Holstein and Lower Saxony during 1992–1993. Arrow indicates date of violent attack against tennis player Monica Seles

mained unchanged. This pattern did not vary depending on the sociodemographic characteristics of respondents (three-fold interaction effect not significant).

Discussion

In summary, we can state that, in close temporal relationship to each violent attack by mentally ill assailants on prominent figures of society, the level of desired social distance towards schizophrenic individuals was markedly increased among the general public. It is, however, our contention that this is not only a matter of temporal but also a matter of causal relationship. We do not believe that this development documented by us may be attributed to an increase in hostile and discriminatory attitudes towards foreigners which appear to be prevalent among the German population, and which might lead to an intensification in the tendency to also discriminate against other minorities, and thus also against the mentally ill, who are considered “strange”: at least not primarily. The following arguments speak against the explanation that the cause for this noted increase in distancing behavior towards the mentally ill might instead be attributed to either sociopolitically or ethnically based hostilities:

1. It appears doubtful that the present problems concerning foreigners might have induced such pronounced and rapid changes in attitude towards schizophrenically ill persons after only such a short period of time. Especially in light of the fact that the most spectacular acts of violence against foreigners occurred only after both assassination attempts against politicians.

2. If this was the case, other mentally ill individuals, with whom the aspect of potential violence does not stand in

Table 3 Determinants of social distance. Time period Oct./Nov. 1992–Nov. 1993. Multiple regression analysis with the first principal component derived by homogeneity analysis with the seven distance items (higher scores indicate higher social distance)

	Coefficient	s.e.	t	p
Region × survey				
Hamburg × Oct./Nov. 1992	-0.27	0.10	-2.71	0.007
Hamburg × June 1993	0.01	0.10	0.08	0.932
Hamburg × Nov. 1993	Base category			
Other Länder × Oct./Nov. 1992	-0.01	0.05	-0.22	0.823
Other Länder × June 1993	-0.02	0.05	-0.32	0.745
Other Länder × Nov. 1993	Base category			
Gender				
Male	-0.02	0.04	-0.51	0.607
Female	Base category			
Age				
18–30 years	-0.28	0.06	-4.73	0.000
31–45 years	-0.23	0.06	-4.10	0.000
46–65 years	-0.11	0.05	-1.97	0.049
+65 years	Base category			
Education				
Low	0.29	0.06	4.45	0.000
Medium	0.24	0.07	3.38	0.000
High	0.04	0.07	0.58	0.565
Very high	Base category			

the foreground and who do not readily evoke the image and stereotype of the dangerous and unpredictable mental patient, would also have to have been affected in addition to the schizophrenically ill (see below). This, however, did not hold true. As we were able to demonstrate, the social distance towards individuals suffering from depression remained unchanged during the period of observation (Angermeyer and Siara 1994 a).

3. The fact that there was no additional increase in social distance 6 months after the second attempt on the life of a politician (the same holds true in connection with the attack on Monica Seles) and since it subsequently even started to approach original levels, speaks against the hypothesis that sociopolitical influences could be held responsible for this change in attitude towards the schizophrenically ill. In fact, one would have expected the opposite to occur.

In order to guard against possible misunderstandings, the following should be clarified. We do not exclude the possibility that sociopolitical trends might also have subliminally influenced the development in social distance documented by us - however, it was not a primary causal factor. The danger that existing hostile currents against foreigners in this country might, sooner or later, also shift towards the mentally ill is being taken quite seriously by us; this all the more, because we have ourselves been able to provide empirical evidence for a rather close relationship between a right-radical orientation and a negative and discriminating attitude towards individuals suffering from mental disorders (Angermeyer and Matschinger, unpublished data).

Furthermore, our ability to also replicate this relationship between violent attacks and an increase in social distance, as observed after the attempts on the lives of politicians, with reference to the attempt on the life of the professional tennis player, lends strong support to our interpretation. Thus, it appears rather unlikely that we might just be looking at a string of coincidences.

After hopefully having dispelled possible concerns with regard to content as far as our interpretation of results is concerned, we would briefly like to address some methodological aspects of our research. As has already been mentioned, our study was not conducted in form of a panel study but rather as a series of cross-sectional studies. Even though this approach carries the disadvantage of not being able to evaluate possible changes in attitude on an individual level (which, we admit, might prove quite interesting), it nevertheless allows us to provide an optimal representation of developmental trends with regard to the total population (or subpopulations), which was the expressed aim of our study. Indeed, the design of our study appears better suited for this purpose than a panel design would have been, inasmuch as we are not confronted with the problem of sample attrition and the resulting sample distortions, which, considering the large number of survey waves, might assume considerable proportions.

There is no evidence that the observed change in social distance might simply be a methodological artifact, as we

employed an identical sampling procedure in all eight population surveys. Furthermore, there was no marked difference in the composition of (sub)samples with regard to the relevant sociodemographic characteristics of respondents. Additionally, any possible deviations were controlled for during statistical analysis. In order to measure social distance, all surveys employed both the same stimulus (i.e., a case history of a schizophrenic man) and the same instrument, which proved quite stable with regard to its structural characteristics over the different measuring time points (Matschinger and Angermeyer 1995).

How might we envision this correlation between the assassination attempts and the stated increase in social distance? Which mediatory psychosocial mechanisms might have come into force? According to concepts developed by Thomas Scheff, one of the most prominent representatives of the labelling approach, this "missing link" might be found in the reactivation of the stereotype of the unpredictable and dangerous mental patient occurring as a result of reports on the violent attacks - which in turn prompted the observed increase in the social distance maintained towards the mentally ill (Scheff 1963).

Additional results of our survey indicate that this assumption holds true. Both, in our survey prior to the second assassination attempt and in the survey immediately following this event, in addition to inquiring about individuals' desired levels of social distance, we had also asked respondents to list those characteristics which they ascribe to mental patients. The fact is that following this event there was a marked increase in the portion of individuals, who considered mental patients to be both unpredictable and dangerous, a trend which - completely analogous to the development in social distance - subsided over the ensuing period of time (Angermeyer and Siara 1994 a, b).

There are two aspects, however, in which both attempted assassinations of politicians differ from the attack on the athlete. First, while media coverage of the latter was limited to Hamburg and vicinity, the former events were reported quite extensively by the mass media all over Germany. Accordingly, the population of the entire "old" Federal Republic of Germany reacted to the assassination attempts on Lafontaine and Schäuble by displaying an increase in desired social distance, whereas the attack on Monica Seles was only of local impact.

And secondly, while both attempts on the lives of the politicians were committed by individuals suffering from schizophrenia, the assailant of Monica Seles was suffering from severe personality disorder. This, nevertheless, did not prevent the media from labelling the latter as a "madman" and "maniac"; a fact, which in the end was probably more crucial for determining the public's reaction to these events than the psychiatric diagnosis provided by experts.

In closing we might add, that the assassination attempts reported in this paper are by no means unique. Over the last few years there has been a whole series of similar attacks on prominent persons (especially athletes) in the Federal Republic of Germany, which were somewhat less spectacular and whose consequences fortunately were also less serious. This leads us to conclude that we

are looking at some kind of imitation effect similar to the one already established with regard to suicidal tendencies (e.g. Schmidtke and Häfner 1988).

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