

THINKING OF PSYCHIATRIC DISORDERS AS "NORMAL" ILLNESS

Data from a questionnaire on social stigma: a multicenter study

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SUMMARY

Prejudice and stigma about mental illness is still present in society. Patients suffer both from the disease, and from the marginalization behavior exhibited by others towards them and their families. Psychiatric professionals may also become ill and suffer for the same reason. The authors of this international multicenter study have set themselves the question of whether there may be prejudice and/or stigma among psychiatric professionals towards their suffering colleagues, among patients towards nursing staff affected by the same disease and between patients themselves. Using two standardized questionnaires which have been tested, but have not been used before they have studied 207 mental health professionals and 407 patients, of Italian, Belgian, Hungarian and Croatian nationalities. The results show that there are in fact prejudices among Mental Health Professionals about colleagues suffering from mental illness because they responded that such persons cannot treat well patients with their own pathology. However Mental Health Professionals do not demonstrate behaviors which are not frankly marginalizing or stigmatizing towards colleagues suffering from mental illness. On the other hand, among patients the prevailing view was that psychiatric professionals who suffer from mental illness, can better understand the sick, because they are also suffering. This is in analogy with the Jungian theory of the "wounded healer" in the myth of the centaur Chiron. Patients did not demonstrate rejection or marginalization behavior towards other sick patients. Finally both the professionals and the patients tend to be cautious in relating to healthy persons and tend not to disclose their suffering for fear of being misjudged or marginalized.

Key words: social stigma - mental illness – questionnaire - psychiatric professionals - psychiatric patients

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INTRODUCTION

Mental disorders are often still viewed with suspicion and are often not considered like other illnesses. Prejudices are still strong and present. The historical legacy of the old mental hospital, potential social danger and difficulty in effecting cure is still alive. Misinformation, or worse bad information helps to emphasize the aggressiveness of the psychiatric patient, forgetting that aggressive behavior is present both in healthy persons and in those who are mentally ill. The "stigma" (which means contamination, from the ancient greek *στίγμα*) is a sign that distinguishes a person in a negative way: it becomes an additional difficulty for him / her that deeply affects the social life of patients and their families (Casacchia 2005). It

manifests itself in Western countries, for example in Germany (Angermey 1997) or the UK (Crisp 2000), and in Eastern Countries, for example in Hong Kong (Chou 1996) and Singapore (Lai 2001).

The purpose of our project is to assess how relevant the fear of stigma is in the interpersonal relationships of mental health professionals and psychiatric patients, and how prejudices about mental illness may possibly adversely affect the delivery of care and trust in the doctor-patient relationship.

THEORETICAL BACKGROUND

The psychoanalyst psychiatrist C. Jung, in the greek myth of the centaur Chiron (Smith, 1997) the "wounded healer", suggests that those who have experienced the

pain of a disease is more sensitive in understanding and treating sufferers. Barr Ellison, an English psychoanalyst, in 2006 showed that 73.9% of 253 respondent psychotherapists and counselors who work in mental health, had personally had psychological problems (65%) affecting themselves or their families (10%), and that this has directed their career choice in psychiatry (Barr 2006).

Close to the "wounded healer position" the authors of this study wanted to investigate whether there were prejudices or stigmatizing behavior among in psychiatric professionals and patients and how this affected the therapeutic relationship. They wanted to assess the burden which a professional suffering from mental illness would experience when caring for a patient with a similar condition and to evaluate the prejudice experienced by other professionals towards a colleague who suffers from mental illness.

Can an unwell mental health professional treat patients who suffer from his own illness? Does he find it difficult to treat them, and therefore abstains from engaging with them, entrusting them to a colleague? Or do they care for the mentally ill with dedication and professionalism? How do his colleagues relate to him? Do they helping him and care for him, or avoid him and isolate him? How would his patients judge him and relate to him if they knew that he was suffering from the same illness they? How do patients judge others who are mentally ill and how do they relate to them? These were the questions that inspired the researchers of this study.

OBJECTIVES AND METHODS

Stigma is an indelible mark that characterizes the psychiatrically ill and is projected on to the social group they belong to. It continues to be present and continues to be a major obstacle to treatment and recovery programs for psychiatric patients. The mentally ill continue to remain the object of discrimination and prejudice, because we are still ashamed of mental illness and emotional suffering. To overcome discomfort through knowledge is the goal that the group of researchers of this study wish to achieve. Psychiatric patients often suffer for two reasons, the first is directly caused by their illness and the second is related to social stigma. This increases the difficulties and the psychic pain of those who are suffering from severe psychiatric disorder. The specific purpose of this research was to study and to assess the prejudices that may be present and/or the social stigma of mental illness among psychiatric patients and mental health professionals. This project was a multicenter, statistical, observational study, proposed by a group of the Department of Health Work Mental ASL Napoli 3 Sud, Italy and was approved by the Ethics Works Council with deliberative act, to start work on July 1,

2015 and was completed in six months (31 December 2015).

The Scientific Committee has developed the formulation, processing, and the development of two questionnaires: one for mental health professionals (psychiatrists, psychologists, nurses, social workers, workers in the rehabilitation service) and another for patients. Both questionnaires were self-administered by persons who were of age, had never been involved in forensic issues and were fully informed about the purpose of the study. The questionnaires are new, standardized, based on closed questions, formulated in Italian and translated into English. They are anonymous and the rights to privacy of the respondents were protected. The respondents were free not to answer the questions posed in the test. The questionnaires were evaluated in a sample of respondents, prior to administration to the whole group, to confirm their simplicity and functionality (Tavormina et al. 2015).

The project is a multicentric international study including Italy, Belgium, Hungary and Croatia, and included the provinces of Naples, Avellino, Rome, Bari, Brescia, Yvoir, Budapest and Split. The questionnaires were self-administered to workers and psychiatric patients both in the public sector and in the private sector. In Italy the Unit of Health of the Health Department of the Torre del Greco Mental ASL Napoli 3 Sud is the reference center of research in the public sector. The International not-for-profit Scientific Association Cen.Stu.Psi (Psychiatric Studies Centre), based in Provaglio Iseo (Brescia), is the reference center for the private sector.

EVALUATION OF DATA

Questionnaire for Mental Health Professionals (Tables 1-2)

The highest number of answers produces a prevalent picture of a Mental Health Professional who, in most cases is a woman (57.48%), with nursing qualifications (36.71% of tested), with an average age of between 51/60 years old (30.43%), working in the public service (70.53%) who is of Italian nationality (138 of 207 respondents, 66.66%). She has chosen to work in psychiatry for personal interest (60.86%), and continues to work in this industry by choice and had no psychiatric problems (68.11%). 129 operators out of 207 (62.31%) just happen to work with colleagues who suffer from mental illness.

By comparison, in the Hungarian sample there is a contrasting figure: 44 people out of 45 (97.77% of respondents) have worked with colleagues who suffer from mental illness. Also 41 professionals out of 45 (91.11%) responded that they had psychological problems.

Table 1. The research data. Questionnaire for the psychiatric professional – part A

N° 207 Answering professionals			
Province: Napoli, Avellino, Roma, Bari, Brescia, Yvoir, Budapest, Split			
Age:		Qualification:	
a) till to 30 years	23	a) Psychiatrist	44
b) from 31 to 40 years	46	b) Psychologist	36
c) from 41 to 50 years	57	c) Nurse	76
d) from 51 to 60 years	63	d) Social Worker	21
e) over 60 years	18	e) Technician in rehabilitation service	20
Sex:		Country:	
	M 88	a) Italy	138
	F 119	b) Belgium	16
Place of work:		c) Hungary	45
a) public	146	d) Croatia	8
b) private	61		

Questions

<i>Please, give only one answer, choosing the closest</i>			
1. Did you choose to work in Psychiatry?		7. Were you or are you being treated for your problem?	
YES	126	YES	37
NO	81	NO	28
2. Why did you choose to work in this sector?		<i>Please, allowed also more then one answer</i>	
a) Because of Personal Interest	96	8. What sort of therapy?	
b) Because of Scientific Interest	27	a) Medication	23
c) Because it was easy to get an opportunity to work in this sector	68	b) Psychotherapy	32
3. Why are you still working in Psychiatry?		9. Has your problem caused / Does your problem now cause difficulties in the exercise of your profession?	
a) By Choice	150	YES	22
b) Out of necessity	57	NO	48
4. Have you experienced Psychological or psychiatric problems?		10. Do you feel that a patient with a problem similar to yours could reactivate your problems?	
YES	66	YES	33
NO	141	NO	37
<i>(Please, note that Hungary collected: YES = 41 NO = 4)</i>			
● <i>if NO, go to the answer number 13!</i>			
5. If Yes, what sort of problem?		11. Would you have difficulty treating a patient with a problem similar to yours?	
a) Mood or Affective Disorders	23	a) NO	40
b) Anxiety Disorders	32	b) A little	19
c) Psychotic Disorders	3	c) Quite a lot	10
d) Personality Disorders	1	d) A great deal	1
e) Substance abuse	6	12. What would you do if you have to treat a patient with a problem similar to yours?	
6. In which period of your life did the problems begin?		a) I must look after him	43
a) Infancy	10	b) I will delegate the care of the patient	21
b) Adolescence	21	c) I will minimise the illness	6
c) Adult Life	35		

December 31th, 2015

Within the whole population surveyed, the most common disorders found are anxiety disorders (48.48%) and depression (34.84%). Their nature/ training as professionals encourages them to heal themselves (30.23%, 39 people), although as many as 36 professionals respond that they are obliged to work together (27.90%) and only 17.82% tend to avoid relating to professionals who have mental health problems and consider that their behavior towards colleagues with mental health problems in these circumstances to be right and necessary (53.62%).

Professionals with mental health problems tend not to share them with others (50 professionals out of 66, 75.75% of responses) and the prevailing opinion among the professionals is that those who are sick can not cure others (90 negative versus 65 positive answers) and they tend to exclude the 'therapeutic effectiveness of those who suffer or have suffered from mental illness'. This bias is in contrast to the findings in the patient questionnaire. The patients trust most of the professionals who have suffered from mental illness and answered that they "can understand me

Table 2. The research data. Questionnaire for the psychiatric professional – part B

N° 207 Answering professionals		Questions	
Province: Napoli, Avellino, Roma, Bari, Brescia, Yvoir, Budapest, Split			
<i>Please, indicate a single answer; the one which is most representative or frequent</i>			
13. Have you ever worked with a colleague who is affected by a mental illness?		19. Do you have psychiatric problems?	
YES	129	YES	23
NO	78	NO	168
(of whom in Hungary YES = 44 NO = 1)		NR	16
• if NO, go to the answer number 19!		• only continue if the answer is affirmative!	
14. If Yes, what was the diagnosis?		20. How do your colleagues behave towards you?	
a) Mood Disorders	37	a) well	18
b) Anxiety Disorders	35	b) badly	5
c) Psychotic Disorders	25	21. Are you afraid to tell your colleagues about your illness?	
d) Personality Disorders	28	YES	15
e) Substance abuse	14	NO	8
15. How do you relate to him?		22. Do your colleagues comment on your absences from work?	
a) I avoid him/her	23	YES	9
b) I am forced to work together	36	NO	14
c) I tell him/her to get treatment	39	23. Do your colleagues band together against you?	
d) I look after him/her	35	YES	9
16. How do you feel about how you relate to your mentally ill colleague?		NO	14
a) Good	67	24. Do you believe that you should be protected from their behaviour?	
b) Necessary	44	YES	11
c) Defensive	16	NO	12
17. How does your mentally ill colleague relate to you?		25. Have you ever wished to change your workplace?	
a) He/she is aggressive	28	YES	14
b) He/she is diffident	50	NO	9
c) He/she is absent frequently from work	14	26. Has it ever been 'suggested' to you that you should change your workplace?	
d) He/she shows gratitude	37	YES	13
18. Do you believe that someone who cannot look after himself can look after others?		NO	10
YES	65	27. Do you want to continue working in psychiatry?	
NO	90	YES	17
		NO	6

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better because they too are sick" (237 responses out of 476, accounting for 49.78%). One hundred and fifty five professionals answered Question 18: "do you think that one who is sick can cure the sick?" (90 NO and 65 YES), although they were specifically told in the questionnaire that they should only answer this question if they had had work experience with a colleague suffering from mental illness (SI 129, accounting for 62.31%). This highlights how important it is for the respondent to answer this question even though not required.

Another significant indicator is that out of 207 mental health professionals who have answered Question 4: "have you had/have psychological/psychiatric problems", 141 persons (68.11%) have answered NO and 66 (31.88%) YES. In Hungary, however, there is the opposite tendency, in that 41 persons (91.11%) responded YES and 4 responded NO. The most prevalent diagnoses are anxiety disorders (48.48%) and mood disorders (34.84%), and treatment is usually

with medication and psychotherapy. The sick workers (72.72%) do not feel difficulty in treating people with an illness similar to theirs, the 56.06% believe that the patient will not cause them suffering and 65.15% of responders are willing to care for patients. To the direct question, No. 19: "Do you suffer from mental health problems?" 168 professionals (81.15%) answered NO, with 23 (11.11%) answering YES and 16 (7.72%) did not respond, implying a resistance to answering this question. There is a discrepancy between the percentage of positive responses to Question 4 (31.88%) and the sum of positive responses added to the failure to answer question 19 (total =18.83%). The latter, "Do you suffer from mental health problems?" is a direct question to control (check) the answers to question 4: "Have you had /do you have psychological/psychiatric problems." The diversity of results further highlights how difficult it is for the respondent to express their present state of discomfort due to their psychological problems.

The typical mental health professional who suffers from Mental health problems, believes that other colleagues behave well towards her (78.26%), but is afraid to reveal her illness to other professionals (15 of 23=65.21%), She does not wish to point out to other professionals her absences from work (60.86%), but

does not feel marginalized (60.86%) and 52.17% believe that they should not be especially protected from the behavior of her colleagues. She will have considered changing the working environment (60.86%) and people will have suggested this to her (56.52%), but she still wishes to continue to work in psychiatry (73.91%).

Table 3. The research data. Questionnaire for the psychiatric patient

N° 476 Answering psychiatric patients			
Province: Napoli, Avellino, Roma, Bari, Brescia, Yvoir, Budapest, Split			
Age:		Work Status:	
a) from 18 to 30 years	76	a) Student	30
b) from 31 to 40 years	99	b) Unemployed	115
c) from 41 to 50 years	149	c) Worker	169
d) from 51 to 60 years	90	d) Housewife	54
e) over 60 years	62	e) Pensioner	80
What is your level of education?		Country:	
a) Elementary	54	a) Italy	321
b) Middle	141	b) Belgium	128
c) Secondary	143	c) Hungary	18
d) University	76	d) Croatia	9
e) Other	54		
Sex:		Where do you receive treatment?	
M	212	a) public	244
F	264	b) private	232

Questions

<i>Please, indicate a single answer; the one which is most representative or frequent</i>			
1. Do you know that you are ill or were ill?			
YES	408		
NO	18		
Not Answer	50		
● <i>only continue if the answer is affirmative!</i>			
2. Of what type of illness?			
a) Mood Disorders	232		
b) Anxiety Disorders	140		
c) Psychotic Disorders	66		
d) Personality Disorders	34		
e) Learning Disability	10		
f) Substance abuse	36		
g) Other	9		
3. In which period of your life did the problems begin?			
a) Infancy	57		
b) Adolescence	174		
c) Adult Life	140		
4. Are you presently being treated for your problem?			
YES	452		
NO	24		
<i>Please, allowed also more than one answer</i>			
5. What sort of therapy?			
a) Medication	386		
b) Psychotherapy	181		
c) Psychosocial Rehabilitation	42		
6. Does/did your suffering cause problems between you and others?			
YES	370		
NO	106		
		7. Have you got difficulties about talking to others about your mental illness?	
		YES	295
		NO	181
		8. If Yes: why?	
		a) They judge me badly	112
		b) They do not understand me	131
		c) I do not want people to be sorry for me	52
		9. How do you relate to the other mental health patients?	
		a) I push them away	93
		b) I understand them because they suffer	257
		c) We become friends	109
		10. What would you think of psychiatry professionals if you knew them to have mental health problems?	
		a) They cannot possibly treat their patients well	135
		b) They should change their work	76
		c) They can understand me better because they are unwell themselves	237
		d) Not Answer	28
		11. Have they ever told you "you are mad and you understand nothing?"	
		YES	223
		NO	228
		Not Answer	25
		12. When others avoid you and or act badly towards you what do you do?	
		a) I become angry	127
		b) I isolate myself/cry	150
		c) They do not avoid me	93
		d) Not Answer	106

Questionnaire for Psychiatric Patients (Table 3)

From the most frequent responses to the questionnaire one can build up the typical (prevalent) 'profile' of the respondent psychiatric patients. She is female (55.46% of the responses), with an age range between 41/50 years old (31.30%). She is a graduate (30.04%), she works (35.50%), she is treated in a public facility (51.26%) and is of Italian nationality (67.43%). The patient knows that she is or has been unwell (85.71%), although 50 people out of a total of 476 (10.56%) have not answered this question, showing an obvious resistance to express their knowledge of their own state of health. The typical patient suffers most frequently from a mood disorder (48.73%), the next most common diagnosis is anxiety (29.41%) and the third most frequent diagnosis is a psychotic disorder (13.86%). She had usually first became ill in adolescence and is still being treated, the treatment most commonly being with psychotropic medication. 77.73% of the patients surveyed say that because of their illness they experience interpersonal relationship problems (370 patients out of 476). 61.97% of respondents (295 people) have difficulty or are ashamed to talk to others about their own mental health problems. The patients more frequently do not feel understood (131 people), they feel misjudged (112 patients) and do not want to be pitied (52 people).

As we see mental illness creates difficulties in the relationship between people and is a cause for the patients expressing concern and negative opinions about their standing in society.

To Question 9 of the questionnaire: "how you behave with other psychiatric patients?" which was to see whether there are stigmatising attitudes or behaviors among patients in relation to other people with mental health problems, 257 people responded: "I understand them because they suffer" and 109 responded "I offer them friendship." As is seen clearly there prevail among patients feelings of understanding, sharing and solidarity, without prejudice or social exclusion because of their mental health problems. Only 19.53% of the respondents (93 patients out of 476) answered: "I send them away", manifesting intolerance towards persons with mental health problems.

To Question 10: "What do you think of mental health professionals who have mental problems" 237 patients out of 476 (49.78%) responded "they can understand me better because they too are sick", thus not implying any negative judgments about their health care providers. 135 patients (28.36%), by contrast, stated that they believed that "sick workers can not treat their patients well", 76 people (15.96%) were even more certain because they stated that "they should change jobs", and 28 (5.88%) did not respond. As seen about half of patients do not express prejudice against or stigmatize sick mental health professionals; they trust such professionals and feel more understood, while less

than a third of the patients surveyed did not trust them and believed that the mental health professionals who have mental health problems are unable to treat other patients well. Attitudes of frank mistrust and exclusion were only expressed by 76 people (15.96) while 28 patients (5.88%) did not respond.

To assess how a patient copes with his illness day to day, we formulated the question: "Has anyone ever told you that you're crazy and understand nothing?" 223 patients (46.84%) answered YES, 228 people No (47.89%) and 25 did not respond (5.25%). To feel excluded and judged incapable is an opinion present in about half of the patients and this adds further suffering to their illness. The most frequent reaction of patients faced with marginalization and social stigma projected to them by others is: "I isolate myself / I cry" (150 people, or 31.51%), followed by "I get angry" (127 patients, 26.68%) while 106 patients do not respond (22.26%). Only 93 people (19.53) responded: "they do not avoid me." These responses show that at present patients still experience a strong feeling of social exclusion, and they respond to the stigma by isolating themselves, crying, getting angry or simply closing up and not responding, even to the simple question in the questionnaire.

CONCLUSIONS

Analysis of the data shows that there are still prejudices among mental health professionals about the possibility of a patient being treated by a professional who suffers from a similar mental health problem to that of the patient. There also exists a degree of mistrust and resistance among professionals to communicating to colleagues their psychiatric problems. Apart from the issue of protection of privacy, this resistance may be motivated by the need not to be judged badly by fellow workers, because of the risk of prejudice and social stigma. From a statistical point of view we could not find any evidence of marginalization, exclusion or frank social stigma against sick colleague. However, 13 people out of 23 (56.52%) has been advised to change their jobs, and 14 (60.86%) and had considered the possibility of doing so. As can be seen, within the mental health workforce there is a frank discomfort with working with mentally ill colleagues.

Colleagues who have had psychological / psychiatric problems (66 of 207, or 31.88%) say that they do not have trouble treating their patients with the same illness, and they do not express marginalizing behaviors. Only 34.84% of them feel it necessary to delegate treatment to a colleague. They are wary (75.75%) in relation to other professionals, are afraid to disclose their suffering (65.21%) to them while only 21.73% said that other colleagues behave badly towards them. They reveal a clear distrust and a certain resistance to say that they have or have had psychiatric problems, preferring not to answer.

On the other hand, psychiatric patients (49.78% of respondents), however, trust professionals who have had mental health problems, while only 28.36% said that they can not treat their patients effectively. Only 15.96% said that professionals who have had mental health problems should change their jobs, expressing a frank prejudice about their capacity to deliver therapy. Patients also have difficulty or are ashamed to talk about their illness (61.97%), their illness causes problems in relating to others (77.73%). They do not feel understood (27.52%) or feel badly judged (23.52%). They do not express marginalizing behaviors towards other patients (76.89%) and suffer because they feel marginalized ("I get angry" 26.68%, "I isolate myself and/or cry" 31.51% and 22.26% did not answer to the question). Only 19.53% of them do not feel shunned by others.

One can therefore conclude that among the respondents, both patients and professionals, both sick and healthy, do not demonstrate any frank behaviors of marginalization and social stigma. Among professionals there prevail preconceived ideas and prejudices about the possibility that sick professionals would be able to adequately treat patients who suffer from similar conditions. Both among professionals and patients there are feelings of distrust and shame in revealing mental illness for fear of being misunderstood or misjudged. On the other hand, 49.78% of the patients interviewed trust the professionals who suffer from mental illness because they feel more understood, in perfect harmony with the concept of the therapeutic efficacy of the "wounded healer."

Any further prospective multicenter statistical studies could give further contributions to a better understanding of how severe the discomfort of staff and patients concerning mental illness is, and also demonstrate the degree of discomfort at the concept of mental illness within the general population.

There are some limitations to this study. It is a questionnaire, with no control group. The fact that, although designed as a multicenter study, most recruitment has been from Italian senior female nurses means that we cannot extrapolate the results to all European mental health professionals. Indeed, we have demonstrated that Hungarian Mental health professionals do have different characteristics. Hence in the future we would recommend that similar studies should be carried out among different groups of mental health professionals.

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Conflict of interest:

Mark Agius is a Member of an advisory board to Otsuka, Japan.

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