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**RELATIONSHIP BETWEEN INTERNALIZED STIGMA AND TREATMENT EFFICACY IN MIXED NEUROTIC SPECTRUM AND DEPRESSIVE DISORDERS**

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**Introduction:**

Stigma can be divided into several subgroups – social, structural, and internalized (i.e. self-stigma).

**Method:**

The purpose of this study was to identify the extent of internalized stigma in in-patients with neurotic disorders with or without comorbid depressive disorders and to clarify the relationship between internalized stigma and change of the severity of the symptoms during a treatment. The following methods of evaluation were used at the start of the treatment: MINI, Internalized Stigma Of Mental Illness (ISMI); and at the start and in the end of the treatment: BAI, BDI-II, CGI. All patients underwent a treatment by group therapy (CBT or psychodynamic) and pharmacotherapy.

**Results:**

76 patients were included, the mean age was  $40.20 \pm 12.85$  years. The primary diagnosis was an anxiety disorder in 52 patients (68.5%) and a depressive disorder in 24 patients (31.6%). The mean overall scores in BAI, BDI-II, subjCGI, and objCGI significantly declined during treatment. There was a negative correlation between a subjective evaluation of the change of the anxiety symptoms during the treatment and internalized stigma. As for the change of the severity of the symptoms evaluated by a physician, the overall score of the ISMI scale statistically highly negatively correlated with the change measured by objCGI (Pearson  $r = -0.7665$ ;  $p \leq 0.0001$ ).

**Conclusion:**

The more individuals agree with prejudices about psychiatric patients and apply them on themselves, the less they improve in their anxiety symptoms severity during the treatment both from the subjective and objective point of view.