

ITALIAN PSYCHIATRY AND FASCISM: RACIAL LAWS AND LIFE IN PSYCHIATRIC HOSPITALS DURING WORLD WAR II

Valentina Casetti^{1,2},
Andreas Conca^{2,3}

¹ Provincia Autonoma di Bolzano;

² Department of Psychiatry of Bolzano, Italy; ³ Department of childhood and adolescence Psychiatry of Bolzano, Italy

Abstract

Objectives: After the establishment of Mussolini's dictatorship, Italian psychiatry gave a significant contribution to the promotion of eugenics principles and of fascist racism.

Materials and Methods: In 1938 the Italian Society of Psychiatry (SIP), embodied by its president Arturo Donaggio, signed the Manifesto of Racist Scientists.

Results: This document provided scientific justification to the forthcoming Italian racial laws. During World War II patients admitted to psychiatric hospitals suffered from severe deprivations, which caused a 60-fold increased mortality as compared to the general population. However, Italian historiography and the SIP have for long failed to recognize and properly discuss these events.

Conclusions: The authors argue that, in order to prevent further misuse in the future, Italian psychiatry need to gain a full awareness of its history and take responsibilities for the crimes committed. This will allow to achieve a stronger professional integrity and to deal with future ethical challenges in a proper and informed way.

Key words: Fascism, eugenics, racial laws, psychiatry, World War II

Eugenics at the beginning of the 20th century

At the beginning of the 20th century, the emergence of eugenics exerted a significant influence on science worldwide, especially the psychiatric field. The term was coined by Sir Francis Galton to describe a science dealing with the improvement of the “inborn qualities of a race”¹. Eugenics aimed at preventing the inheritance of undesirable traits or, in its extreme occurrence, at eliminating all individuals considered “unfit”. In the late 1920s – early 1930s, eugenics movements were well established in most Western countries, particularly in the US and the UK. The US was the first country to undertake sterilization programs for the purpose of limiting the reproductive rights of the mentally ill. Here, 18.552 individuals were compulsorily sterilized between 1907 and 1940². In the 1930s, forced sterilization programs were active in various European countries, including Switzerland, Denmark, Estonia, Sweden, and Finland. In Nazi Germany, the application of eugenic principles reached the most destructive forms. Nazi eugenics was influenced by the Swiss psychiatrist Ernst Rüdin (1874-1952). Racial hygiene (*Rassenhygiene*) policies increasingly won favour and advocated the euthanasia of the so-called “life unworth of living” (*Lebensunwertes Leben*^{3,4}). The first German compulsory sterilization law was approved in 1933. Between 1934 and May 1945, 360.000 individuals were sterilized⁵; 6.000 (1.7%) of them died during the operation. In 1939, the Aktion T4 programme was initi-

Correspondence

Umberto Albert
umberto.albert@unito.it

ated in an effort to kill all individuals with incurably physical and mental illnesses. Before the programme was discontinued under the pressure of public opinion and the Church, in 1941, 70.000 individuals were killed, including 5.000 children⁵⁶. However, the extermination of patients continued in the so-called period of “wild euthanasia”. Deliberate killings by starvation and injections undertaken into psychiatric hospitals caused the death of other 100.000 people in 1941-1945⁷. Overall, the German euthanasia program led to the death of between 250.000 and 300.000 people with physical and mental illnesses⁵.

In Italy, eugenics was adapted to the scientific, cultural and institutional contexts and was strongly influenced by Lombroso's theories⁸. The participation of a substantial delegation to The First International Eugenics Congress, held in London in 1912, was a defining moment in the history of Italian eugenics⁹. This event contributed to the organization and institutionalization of the eugenics movement and anticipated the constitution of the first Italian Committee of Eugenic Studies (*Comitato Italiano per gli studi di Eugenia*) (1913). Italian eugenics was opposed to sterilization and killings of people with incurable diseases. Nevertheless, it advocated the use of indirect practices of social prophylaxis, including prevention, education about eugenics, and segregation of dysgenic types. This was also the position of Italian psychiatry¹⁰.

Fascism and Italian psychiatry

The first scientific society for Italian psychiatry, called Italian Phreniatric Society (*Società Freniatrica Italiana* – SFI), was founded in 1873. This name reflected the efforts made by psychiatry to combine itself with organic medicine and neurology while taking distance from psychology. It was changed to Italian Society of Psychiatry (*Società Italiana di Psichiatria* – SIP) in 1932. In 1904 the first comprehensive law on mental health (law 14th February 1904, n. 36) was issued. It described the general principles regulating psychiatric care and established a bond between mental illness and “social dangerousness”¹¹.

Italian psychiatry and the conditions of mental hospitals and their patients were strongly affected by the establishment of the Fascist dictatorship. In October 1922 Mussolini, who had formed the Fascist Party seven years before, led the March on Rome, which marked the beginning of the Fascist era. Invited by King Emanuele III to form a new government, he became Prime Minister. In 1925 Mussolini declared himself dictator

and remained in power until he was deposed in 1943. During Fascism, important state interventions were implemented to centralize, reorganize and modernize social and health sectors; however, the psychiatric sector was excluded from this process¹². Although 13 new were built, many hospitals remained located in poor-state buildings and the problem of the shortage of beds was not solved¹². The number of admissions to asylums increased by 30% in 15 years, growing from 60.000 in 1926 to 96.500 in 1941¹³. Since at that time psychiatric, neurological and psycho-organic diseases were grouped together, patients admitted suffered from a wide range of illnesses, encompassing mental disorders but also dementia, pellagra, epilepsy, tuberculosis, syphilis, alcoholism, and encephalitis¹². Moreover, the 1930 Penal Code had strengthened the concept of “social dangerousness”. This opened the doors of asylums to dissidents and political opponents. Over the 20-year period of Fascism, 475 antifascists were compulsorily admitted to mental hospitals (a significant number in the asylum of Aversa, near Caserta), often with the consent of their directors. 122 of them died during psychiatric internment¹⁴.

During the 1920s and especially the 1930s, psychiatry progressively supported the fascist ideology. Enrico Morselli (1852-1929), president of the SIF from 1919 to 1929, protected the society from political interferences¹⁵. At the same time he adhered personally to the Fascist movement and was one of the signatories of the Manifesto of Fascist Intellectuals (*Manifesto degli Intellettuali del Fascismo*). The Manifesto was edited during the Conference of Fascist Culture held in Bologna in 1925. It gathered the signatures of exponents of Italian culture and established the ideological foundation of Fascism. However, the most prominent figure contributing to the promotion of Fascism was Arturo Donaggio (1868-1942), chairman of neurology at the University of Bologna and President of the SIP from 1929 to 1942, who adhered to and fiercely promoted racist ideology. In the XIXth and the first part of the XXth century, racism was embedded in psychiatric knowledge¹⁶. In Western countries psychiatrists commonly maintained that black people were mentally degenerated because of their “savage” state and of the primitive culture¹⁶. The fascist imperialist campaign reinforced Italian racism, while the scientific community provided ideological justification to it, although not in such extreme ways as in Germany¹⁷. While opening the ceremonies of various SIP Congresses held between 1930 and 1940, Donaggio manifested his praise to the regime and

the colonial expansion in Ethiopia; furthermore, he exalted the Italian race and its superiority to black populations¹⁸.

Even more remarkable was the role played by the SIP, embodied by Donaggio, in supporting anti-Jews propaganda. Among European countries, Italian anti-Semitism was probably the least deeply rooted¹⁹. The Jews represented a small minority (little more than 0.1% of the total population) and were generally well integrated into society; anti-Semitic episodes existed but remained isolated events. In July 1938, *Il Giornale d'Italia* published the Manifesto of Racist Scientists (*Manifesto degli scienziati razzisti*) with the signatures of 10 scientists and scholars, including Donaggio. The Manifesto defined race as a biological concept and announced the existence of a pure "Italian race" of Aryan descent, from which the Jewish one was excluded. Despite lacking a strong scientific rationale, this document provided scientific justification to Italian racism. It combined Italian anti-Semitism, previously almost entirely political or ideological in its nature, with biological theories²⁰ and paved the way to the forthcoming intensive campaign of anti-Semitism and to the enactment, between September and November 1938, of Italian racial laws. The SIP was the only scientific society to approve the Manifesto¹⁵. For the Jews in Italy, racial laws resulted in discriminations and restrictions, in being banned from public life and, during the war, in being deported to concentration camps. According to the census of 1938, 58.412 (48.032 Italian and 10.380 foreign) people with at least one Jewish parent were resident in Italy²¹. At the fall of Fascism, in 1943, this number had decreased to around 44.000²². At least 6.000 Jews had emigrated. 6.806, including 612 children, were deported to concentration camps: only 837 people (121 children) survived. 733 other were arrested and, of them, 322 died²³. In 1939 racial laws were extended to Libya, which was the Italian colony with the greatest number of Jews. The Jewish population was 21.000 in 1911 (when the country was conquered) and 30.387 in 1939²⁴. In Tripoli more than one third of the population were Jewish. After the beginning of the war Italians rigorously upheld the racial laws and adopted more radical policies against the Jews. After Cyrenaica was invaded by Britain and re-conquered by the Italian army in 1941, Italian authorities decided to punish Libyan Jews for the enthusiasm they had expressed with British occupiers. As a consequence, they started a campaign of deportations to concentration camps throughout Libya, Tunis, Germany, Italy and Austria. Cyrenaican Jews were transferred to the

concentration camp of Jado (235 km south of Tripoli), where 2.584 individuals were interned in 1942. In this camp, Italian officers did not spare any kind of abuse²⁴. Tripoli and Jado were liberated by Britain on January 1943, but the situation of the Jews continued to be dramatic. Pogroms took place under the British administration between 1945 and 1948. In 1951, after the establishment of the State of Israel, people were forced to leave *en masse*²⁵. By 1960s the Libyan Jewish community, which numbered 38.000 in 1948, had almost entirely disappeared²⁵.

It should not be forgotten, however, that a significant number of psychiatrists were oppressed by Fascism. Just to name two, Gustavo Modena, director of the psychiatric hospital of Ancona (1913-1938) and vice-president of the SIP when the racial laws were issued, was dismissed from his post because he was Jewish, while Luigi Scabia, director of the asylum of Volterra (1900-1934), was persecuted and removed from his position because accused of being an anti-fascist.



FIGURE 1.
Arturo Donaggio.

Psychiatric hospitals during World War II and the deportations of Jewish patients

After Italy entered the war in 1940, the situation of patients worsened dramatically and it became even more severe in 1942-3. The difficulties determined by the war and the scarcity of material and economic resources impacted both on the general population and on the entire healthcare system. Mental hospitals were the mostly affected, as the psychiatric sector had from always been the least safeguarded and the most marginal one²⁶. People in psychiatric hospitals suffered from terrible hygienic conditions, lack of food and clothes, absence of heat, water, and electricity, shortage of medicines and doctors, and epidemics of diseases such as tuberculosis and typhoid fever[17]. Moreover, many asylums found themselves close to military targets (such as military bases, airports and

railways) or to the front line. On 8th December 1943, 28 people died in the psychiatric hospital of Ancona when bombs hit the building. In early July 1944, the asylum of Volterra found itself at the centre of combats that left 10 people dead and 40 injured. On 8th January 1944, 1200 bombs hit the asylum of San Lazzaro in Reggio Emilia: they killed 81 people and severely injured other 53. After the Allied invasion of Sicily, instead, the asylum of Siracusa was occupied by troops and patients were transferred to unhygienic and utterly inadequate buildings²⁶. These factors caused a surge in the percentage of people dying in mental hospital, from 6% in 1931-1940 to 14% in 1942-45, while the annual mortality of the general population stood at around 15 per 1000 in 1942-3^{18 27}. Mortality rates were greatest in 1942-43, especially in Southern Italy. They reached 20% in the asylum of Imola, 21% in that of Volterra, and up to 50% in the psychiatric hospitals of Siracusa and Palermo²⁶. These data indicate a 60-fold higher mortality in psychiatric hospitals compared to the general population. Overall, about 300 persons (patients and staff) were victims of bombardments and other war activities, while 24.000 to 30.000, according to different reports, died due to the deprivations of war¹⁹. Other dramatic events concerned the deportations of psychiatric patients from Italian asylums towards Germany and concentration camps in Eastern Europe. In accordance with law n. 1241 of 21th Aug 1939, persons of German origin and resident in the district of Alto-Adige, and in small part in the province of Udine, were given the opportunity to acquire German nationality and emigrate to Germany. On 26th May 1940, after having opted for German nationality, 240 patients of the psychiatric hospital of Pergine (Trento) and other 59 people were collected and transferred to the hospital of Zwiefalten. From the analysis of the available medical reports and other official documents, it emerged that the majority of patients were probably not able to make conscious and free choices regarding the option; there is evidence, instead, that Italian authorities intervened substantially to send as much people as possible to Germany, in order to get rid of them^{28 29}. Some patients were later dislocated to other asylums. The majority of patients died in mental hospitals due to deprivations and starvation. In October 1943, Germany created the Operational Zone of the Adriatic Littoral (*Adriatisches Küstenland*), which included the occupied territories in the Northern-Adriatic zone. Consequently, the persecution of the Jews present in this area turned to physical elimination. On 28th March 1944, the SS took 39 Jewish



FIGURE 2.

The first number of the journal “The defence of the race” (*La difesa della razza*), edited by the fascist intellectual Telesio Interlandi. First published in August 1938, the journal aimed at promoting racial ideology and anti-Semitism.

people away from the psychiatric hospital of Trieste and, according to their clinical records, brought them towards an “unknown destination”. This resulted to be the concentration camp of Auschwitz, where all patients, except for one, died³⁰. The same probably happened to the 5 Jews deported from the psychiatric hospital of San Clemente (6th October 1944) and to the 6 deported from San Servolo (11th October 1944), in Venice, although in this case it was not possible to ascertain the destination with certainty³¹. People from these hospitals included not only psychiatric patients, but also political opponents and individuals who took shelter into the asylums to escape from persecutions.

Bending the historical facts

For decades, Italian historiography did not appropriately discuss the facts related to the support of the SIP to fascist racism and to the conditions of psychiatric hospitals during the war. Instead, the responsibilities of Italian authorities and of the individuals

implicated were mitigated. In general, not only fascist propaganda during the war but later historians promoted the narrative “Italians are good people” (*Italiani brava gente*)^{32 33}. Consequently, there was a serious delay in reporting issues concerning Italian racism, anti-Semitism and the racial laws. These were considered mild as compared with those of Nazi Germany^{17 32}. The Italian population was portrayed as a victim of the Fascist regime and of the war, the responsibility for which was attributed to “bad Germans”³⁴. In truth, although the alliance with Nazi Germany exerted some influence, Italian racism was not something just imported from Germany³⁵. Italian authorities actively collaborated to the implementation of the “Final Solution”^{17 35} that, as we have seen, involved people in psychiatric hospitals. The subject of the reaction of Italians to the racial laws has long been debated. For a long time it was argued that the majority of Italian people were more or less openly hostile to the anti-Jewish legislation and that anti-Semitism lacked any real consistency or popular tradition³⁶. Recent studies offer a more complex portrait that challenges this interpretation^{37 38}. The notes of the police demonstrate that no one segment of society manifested any public objection to the racial laws³⁷. After these were issued, there was a great public interest in the “Jewish question”, especially in those sectors of the economy where the presence of the Jews was most significant³⁷. This interest diminished only after living conditions began to deteriorate during the course of the war. Closer examinations of Italians reactions to anti-Semitic policies indicate that sympathy may have been expressed on an individual level; however, many social groups contributed actively to excluding Jews from public life³⁷. Discussions regarding the psychiatric field started even later and they reached the general public with difficulty and exerted a lesser impact than information on the Holocaust³⁹. In an effort to get back to normal, the SIP returned to the scientific issues it was working on before the war. The role the society played in promoting fascist ideology and racism and the adherence of Donaggio to the Manifesto of Racist Scientists were kept silent¹⁸. Still today, Donaggio is often remembered just for his scientific contributions to neurology. It can be argued that during Fascism and the war, Italian psychiatry proved extremely negligent towards its patients. Although it is difficult to ascertain individual responsibilities of psychiatrists, and despite there were doctors who were persecuted in first person and who refused to collaborate with the regime, the psychiatric sector proved guilty of leaving

its patients exposed to war actions and repressions. At the same time psychiatric institutions were insufficient in the provision of care^{18 30}. In answering the question of whether there was an intentional effort to kill the mentally ill, Peloso²⁷ indicates a number of evidence that are against this hypothesis. First of all, Italian psychiatry and the eugenics movement never approved euthanasia of the incurably ill. Notwithstanding, in agreement with Peloso^{18 27} and Padovani and Bonfiglioli⁴⁰, we argue that the responsibilities are not diminished by the likely lack of intentionality. This applies to those implicated, whether by promoting racism and anti-Semitism, by actively collaborating to oppressions and deportations, or by neglecting patients in need.

Connecting to the present

The legacy of eugenic has not been eradicated. After World War II, forced sterilization remained a routine legal option for patients affected by mental disorders in the US until 1978, in Sweden until 1982 and in Switzerland until 1992. In Italy, more than 6.000 compulsory sterilizations were carried out between 1985 and 1998; furthermore, the CGIL published the case of 107 women who were asked to present a certification of sterilization for an employment⁴¹. At present, advances in genetic research have raised concerns that genetic information may be used for discriminatory purposes, for example by insurance companies and employers². At the same time, the use of asylums for political reasons did not end with the war. In 1945, hundreds of partisans were arrested and tried for crimes such as ruthless executions of suspected fascists and collaborators¹³. In 1946 the Italian justice minister, Palmiro Togliatti, issued a general amnesty in the name of “national reconciliation”. Eight days later, 7.106 fascists, but only 153 partisans, had been able to benefit from it. In 1955 it was estimated that, over the 10-year period after the end of the war, 2.474 partisans had been arrested and, of these, 1.007 condemned¹³. To avoid heavy convictions, many left-wing attorneys advocated the recognition of insanity and the admission of partisans to psychiatric hospitals (many were then transferred to the asylum of Aversa). Due to repeated renewals of detention motivated by “social dangerousness”, these individuals spent years into asylums (three to five years on average, but up to more than ten in some cases) without suffering from any mental disorder, deprived of their rights and exposed to abuse¹³. Although aberrations such as those described above

do not depict the essence of psychiatry, they can not be dismissed as accidents nor be considered as buried in the past⁴². Psychiatry has gone through profound processes of change over the last decades. Mentally ill patients, however, continue to represent a vulnerable portion of the population and issues remain around this science. The mainstream model of contemporary psychiatry to explain the aetiology of mental disorders is the biopsychosocial model^{43 44}. Mental illnesses have a multi-factorial aetiology, with no factor taken singularly exerting a linear causality. As a consequence, the definition of psychiatric disorders depends largely on the values and cultural norms of a society⁴⁵, which in turn may expose psychiatry to political and ideological attentions and to different forms of abuse⁴².

All over the world, human rights of people with mental disorders and psychosocial disabilities are violated^{46 47}. These individuals experience stigma and discrimination, are vulnerable to violence and abuse, and often lack access to adequate treatment and care. Furthermore, they achieve poorer educational and occupational outcomes and are prevented from participating fully in society⁴⁸. Up to this year, the Italian forensic system was based on six forensic mental hospitals (*Ospedali Psichiatrici Giudiziari* – OPGs). These were located in obsolete facilities with heavy use of custodial staff and the quality of healthcare was seriously unsatisfactory⁴⁹. For this reasons, in 2006 the Council of Europe issued a warning for violation of human rights. Furthermore, it is possible that such facilities were used to protect criminals who did

not have any mental disorder. On 17th February 2012 a new law (9/2012) was passed that established the closure of OPGs and the creation of new facilities in order to provide adequate care to socially dangerous individuals. However, criticism has been raised about the suitability of such facilities to achieve this aim⁴⁹. Finally, high levels of psychiatric morbidity are reported in people detained in prisons in many countries, yet many prisoners are not provided proper, if any, treatment^{50 51}.

To conclude we argue that, far from consigning it to oblivion, we need to acknowledge our past and maintain a full awareness of our history. This represents a fundamental step in the process of gaining a full historical awareness and of taking responsibilities for the crimes that were committed. Furthermore, such move needs to be accomplished not only by psychiatrists as single individuals, but also by the association of Italian psychiatry. In fact, historical awareness is the essential element that makes reconciliation possible: first, it is a mean for reinstating human dignity at the heart of psychiatric practices; second, it allows psychiatrists to reconcile with the history of their profession and strengthen their professional integrity. There are factors suggesting that psychiatry may be still at risk for misuse in the future. However, what happened during the Fascist era and World War II owns a historical value. It may guide us in dealing with current ethical issues, such as prenatal diagnosis, genetic research and testing, and physician-assisted suicide. In this sense, what we learn from the past can guide us in dealing with future challenges.

Take home messages for psychiatric care

- Italian Psychiatry has had an active role during fascism supporting racial laws
- Patients admitted to psychiatric hospitals suffered from severe deprivations, which caused a 60-fold increased mortality
- The SIP has failed to recognize and properly discuss these events
- It is never too late to take a pardon
- Knowledge of the own history and cautious actualization is the an essential part of ethical approaches in a modern Psychiatry

References

- 1 Galton F. *Eugenics: its definition, scope, and aims*. Am J Sociol 1904;10:1-25.
- 2 Sfera A. *Can psychiatry be misused again?* Frontiers in Psychiatry 2013;4(Article 101).
- 3 Binding K, Hoche A. *Die Freigabe der Vernichtung lebensunwerten Lebens: Ihr Maß und ihre Form*. Berlin: Leipzig 1920.
- 4 Torrey EF, Yolken RH. *Psychiatric genocide: Nazi attempts to eradicate schizophrenia*. Schizophr Bull 2010;36:26-32.
- 5 Schneider F. *Psychiatrie im Nationalsozialismus – Erinnerung und Verantwortung*. Nervenarzt 2011;82:104-20.
- 6 Kaelber L. *Jewish children with disabilities and Nazi “euthanasia” crimes*. Bull Carolyn Leonard Miller Center Holoc Stud 2013;17:1-23.
- 7 Proctor R. *Racial hygiene: medicine under the Nazis*. Cambridge, MA: Harvard University Press 1988.
- 8 Cassata F. *Una storia da scrivere: l'eugenica in Italia*. Medicina & Storia 2005;9:133-41.
- 9 Cassata F. *Between Lombroso and Pareto: the Italian way to eugenics*. In: Cassata F, editor. *Building the New Man: eugenics, racial science and genetics in twentieth-century Italy*. Budapest-New York: Central European University Press 2011.
- 10 Peloso PF. *Morselli's views on eugenics*. History of Psychiatry 2003;14:269-70.
- 11 Piccinelli M, Politi P, Barale F. *Focus on psychiatry in Italy*. Br J Psychiatry 2002;181:538-44.
- 12 Piazzzi A, Testa L, Del Missier G, et al. *The history of Italian psychiatry during Fascism*. History of Psychiatry 2011;22:1-17.
- 13 Franzinelli M, Graziano N. *Un'odissea partigiana. Dalla resistenza al manicomio*. Storie. Milano: Feltrinelli 2015.
- 14 Petracci M. *I matti del Duce. Manicomi e repressione politica nell'Italia fascista*. Roma: Donzelli Editore 2014.
- 15 Peloso PF. *The birth of Italian Society of Psychiatry*. Evidence-based Psychiatric Care 2015;1:3-9.
- 16 Fernando S. *Race and culture issues in mental health and some thoughts on ethnic identity*. Couns Psychol Q 2012;25:113-23.
- 17 Israel G, Nastasi P. *Scienza e razza nell'Italia fascista*. Bologna: il Mulino 1998.
- 18 Peloso PF. *La guerra dentro. La psichiatria italiana tra fascismo e resistenza (1922-1945)*. Verona: Ombre corte 2008.
- 19 Brancaccio MT. *Where have all the traumatized people gone? World War II and its aftermath in Italy: trauma and oblivion*. In: Withuis J, Mooij A, editors. *The politics of war trauma. The aftermath of World War II in eleven European countries*. Aksant Academic Publishers: Amsterdam 2010.
- 20 Bernardini G. *The origins and development of racial anti-Semitism in fascist Italy*. J Modern Hist 1977;49:431-53.
- 21 Cavarocchi F. *Il censimento degli Ebrei dell'agosto 1938*. La rassegna mensile di Israel 2007;73:119-30.
- 22 Zuccotti S. *L'olocausto in Italia*. Milano: Tea storica 1995.
- 23 Picciotto L. *Il Libro della Memoria. Gli ebrei deportati dall'Italia*. Milano: Ricerca della Fondazione Centro di Documentazione Ebraica Contemporanea. Mursia 2002.
- 24 Roumani MM. *The Jews of Libya: Coexistence, Persecution, Resettlement*. Eastbourne: Sussex Academic Press 2008.
- 25 Aharoni A. *The Forced Migration of Jews from Arab Countries*. Peace Review 2003;15:53-60.
- 26 Sorcinelli P. *La follie della guerra. Storie dal manicomio negli anni quaranta*. Milano: Franco Angeli 1992.
- 27 Peloso PF. *Psychiatry and psychiatric patients in Italy during World War II*. Int J Ment Health 2006-2007;35:66-80.
- 28 Arreghini E. *Volenti, nolenti o incapaci di intendere?* In: Perwanger V, Vallazza G, editors. *Follia e pulizia etnica in Alto Adige. Atti del convegno. Bolzano 10 marzo 1995*. Centro di Documentazione di Pistoia: Pistoia 1995.
- 29 Steurer L. *Un capitolo dimenticato della storia sudtirolese. Trasferimento e annettamento dei malati di mente Sudtirolesi nel quadro del programma di eutanasia del nazional-socialismo*. Sturzflüge, Bolzano: Südtiroler Kulturzentrum & Südtiroler Autorenvereinigung 1982.
- 30 Norcio B. *L'Adriatisches Kunsteland e la deportazione psichiatrica del 1944 dall'Ospedale Psichiatrico di Trieste*. In: Fontanari D, Toresini L, editors. *Psichiatria e nazismo. Atti del convegno. San Servolo 9 ottobre 1998*. Centro di Documentazione di Pistoia: Pistoia 1998.
- 31 Lallo A, Toresini L. *La deportazione ebraica dagli ospedali psichiatrici di Venezia nell'ottobre 1944. Storia e contenuti*. In: Fontanari D, Toresini L, editors. *Psichiatria e nazismo. Atti del convegno. San Servolo 9 ottobre 1998*. Centro di documentazione di Pistoia: Pistoia 1998.
- 32 Rodogno D. *Italiani brava gente? Fascist Italy's policy towards the Jews in the Balkans, April 1941 - July 1943*. European History Quarterly 2005;35:213-40.
- 33 Del Boca A. *Italiani, brava gente?* Vicenza: Neri Pozza 2005.
- 34 Focardi F. *Il cattivo tedesco e il bravo italiano. La rimozione delle colpe della seconda guerra mondiale*. Storia e Società. Roma-Bari: Laterza 2013.
- 35 Wildvang F. *The enemy next door: italian collaboration in deporting Jews during the German occupation of Rome*. Modern Italy 2007;12:189-204.
- 36 De Felice R. *Mussolini il duce. Lo stato totalitario (1936-1940)*. Torino: Einaudi 1981.
- 37 Galimi V. *The “new racist man”. Italian society and the fascist anti-Jewish laws*. In: Albanese G, Pergher R, editors. *In the society of Fascists: acclamation, acquiescence, and agency in Mussolini's Italy*. Palgrave Macmillan: New York 2012.
- 38 Visani A. *Italian reactions to the racial laws of 1938 as seen through the classified files of the Ministry of Popular Culture*. J Modern It Stud 2006;11:171-87.
- 39 Von Cranach M. *La psichiatria nel periodo nazista*. In: Norcio B, Toresini L, editors. *Psichiatria e Nazismo*. Centro di Documentazione di Pistoia: Pistoia 1994; pp. 29-37.
- 40 Padovanim G, Bonfiglioli L. *Le vicende storiche e statistiche dell'assistenza psichiatrica in Italia durante la seconda guerra mondiale*. Rivista Sperimentale di Freniatria 1948;52:375-96.
- 41 Comitato Nazionale per la Bioetica. *Il problema bioetico della sterilizzazione non volontaria*. Presidenza del Consiglio dei Ministri. Dipartimento per l'Informazione e l'Editoria - 20-11-1998.
- 42 Jablensky A. *The nature of psychiatric classification: issues beyond ICD-10 and DSM-IV*. Aus NZ J Psychiatry 1999;33:137-44.
- 43 Engel GL. *The clinical application of the bio-psycho-social model*. Am J Psychiatry 1980;137:535-44.
- 44 Ghaemi N. *The rise and fall of the biopsychosocial model*. Br J Psychiatry 2009;195:3-4.
- 45 Anderson B, Khoo R. *Mental illness: diagnosis or value judgment?* Br J Nurs 1994;3:957-9.
- 46 Drew N, Funk M, Tang S, et al. *Human rights violations of people with mental and psychosocial disabilities: an unresolved global crisis*. Lancet 2011;378:1664-75.
- 47 Jarab J. *Psychiatry and human rights: a difficult relationship, but with a growing potential*. Neuropsychiatry 2015;29:106-11.
- 48 Funk M, Drew N, Freeman M, et al. *WHO. Mental health and development: targeting people with mental health conditions as a vulnerable group*. World Health Organization 2010.
- 49 Barbui C, Saraceno B. *Closing forensic psychiatric hospitals in Italy: a new revolution begins?* Br J Psychiatry 2015;206:445-6.
- 50 Fazel S, Danesh J. *Serious mental disorder in 23.000 prisoners: a systematic review of 62 surveys*. Lancet 2002;359:545-50.
- 51 Fazel S, Seewald K. *Severe mental illness in 33 588 prisoners worldwide: systematic review and metaregression analysis*. Br J Psychiatry 2012;200:364-73.