

From the Editors

The plague does not give up. There was barely a moment of respite, there was barely a faint light at the end of the tunnel, politicians hardly triumphantly proclaimed the defeat of the coronavirus, and new records are beaten every day, one have to think carefully about who to hospitalize, who to connect to a ventilator, and to whom “do not escalate the treatment”. There comes a time to reflect on what is happening to our patients, how they cope with online appointments, online therapeutic sessions, a sense of threat and uncertainty. We wonder what happened to our beautiful organized world. Is it really like the joke about numbers that argue which one is the worst: thirteen is vying for priority, followed by three sixes, and 2020 says: “ha-ha-ha!” Will laughter through tears and a sense of humor help us?

You can read about the sense of humor in the article by J. Wyszomirska et al. According to the authors who describe this phenomenon in schizophrenia, it helps to reduce the level of anxiety and emotional tension, strengthens the sense of personal influence on events, promotes perceiving difficult situations in terms of a mobilizing challenge, undertaking constructive and effective coping strategies, and positively influences social functioning – by increasing interpersonal attractiveness it helps to strengthen bonds and build intimacy in relationships, increases the feeling of belonging and group cohesion, leads to an increase in friendliness and social support. Could these words also contain advice to us: let us fight the plague with a smile?

This is not the only article devoted to schizophrenia in the current issue of *Psychiatria Polska*. You will find articles on psychometric tools, the functions of the retina and the rehabilitation of patients suffering from this illness. There is no need to convince anyone that an individual therapeutic program should cover a wide spectrum of interventions: neurorehabilitation [1, 2], psychoeducation and psychotherapy, which play an important role in the recovery process. M. Skórska and M. Makara-Studzińska dealt with the dilemmas of treating a patient with schizophrenia during pregnancy. This is an extremely important issue. Women suffering from mental illness have the right and can become pregnant, bear healthy babies and be wonderful mothers. And we – the psychiatrists have a duty to help them. Last year, the Polish Psychiatric Association prepared recommendations for the treatment of patients of childbearing age with affective disorders, which contain very helpful therapeutic guidelines [3–5]. A very difficult dilemma is the decision to continue or discontinue medications – this is facilitated by the knowledge of the latest data on the impact of pharmacotherapy on a child’s development [6]. When treating a pregnant patient, we must take into account not only her individual health problems but also the problems of her family. Any decision taken by us will affect the entire family system.

You can read about the importance of the family for mental health in other articles included in *Psychiatria Polska*. In adolescents, family therapy is the basis for eating disorders treatment. Various types of psychotherapy are used in adults [7–9]. Treatment of a person suffering from chronic anorexia is particularly difficult, which is discussed by M. Starzomska et al.

In turn, B. Remberk et al. discuss catatonia in children and adolescents. The concept, clinical symptoms and nosological status of catatonia have changed since its first descriptions. For example, in DSM-5, the definition of catatonia has been significantly expanded. Its incidence is believed to be underestimated in clinical practice [10]. Contrary to the belief common for many decades, catatonia should not be equated with schizophrenia, which, unfortunately, is still stigmatized in society.

Stigmatization is a source of chronic stress. It contributes to social exclusion, isolation and a sense of loneliness, weakens treatment cooperation, leads to a decrease in self-esteem and self-efficacy, exacerbation of psychopathological symptoms. It also has a negative impact on the

quality of life and increases the risk of suicide [11, 12]. In our journal, we fall back into issues related to counteracting stigmatization. Changing the image of psychiatry and the mentally ill patient in the public perception is one of the priorities of the Polish Psychiatric Association and it should be noted with satisfaction that in recent years a lot of good has been done in this regard.

There are many legal and ethical dilemmas associated with the issue of stigmatization, patient autonomy, their place in society, and the possibility of making decisions about their life. Euthanasia is an extremely controversial and emotional issue. Therefore, we believe that the article by Dutch authors on euthanasia and assisted suicide in the context of mental disorders will be read with a flushed face.

And finally the *creme de la creme* of the current issue of *Psychiatria Polska*: the second part of the triptych by Professor J. Rybakowski on a half-century of participant observation in psychiatry. This time, you are presented with a fascinating history of five decades of research into affective disorders.

We wish you a pleasant reading, in good health and safety.

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