

From the Editors

No human being should be excluded; no human being is illegal. Every human being has the right to a good life and to a sense of security, and if the external circumstances take this away from a person, then the moral duty of those who are healthy, safe and satiated is to provide even minimal assistance, offer a piece of bread, show their solidarity. We are all on a path in life – for some, this path is narrow and bumpy, while for others, wide and comfortable. Nevertheless, destiny is variable for every individual, as well as for society and a whole nation. The highway can suddenly come to an end, and turn into a winding path lined with gravel injuring the feet. All it takes is a cataclysm, war, or awakening of demons of hatred and fanaticism. All it takes is an accident or illness, which turns one's world upside down. Medicine teaches humility and empathy. Therefore, our helplessness towards the suffering of people running away from war, torture, and hunger, people without shelter, food, and access to necessary medications hurts deeply. Even more so that relatively not that long ago, several dozen years ago, our grandparents were fugitives, subject to the mercy or cruelty of others. Indifference kills. In light of recent events, the words of Stanisław Wyspiański come forth: “Since you have cut my heart, you find nothing else in it but these anxieties; disgrace, disgrace, shame, burning shame.”

Psychiatry makes us more sensitive and empathic towards the destiny of the “other” in a special way. This “other” is our patient, carrying a burden of stigmatization and exclusion. For years the Polish Psychiatric Association (PTP) has been supporting all activities that bring laypersons closer to the essence of mental illness and treatment options, and show the person afflicted by illness as a competent and full-fledged member of society who, in the majority of cases, can successfully return to his or her roles in life, take care of the family, and resume work after a crisis. In such activities, the engagement of “experts through experience” is extremely important [1].

Not only the patient suffering from schizophrenia, but the patient's family is also often excluded. Anna Prokop-Dorner and Maria Flis write about the difficult experience of courtesy stigma. A challenging problem, especially during the COVID-19 pandemic, is negative symptoms. Isolation, social distancing, and difficult access to various forms of therapy such as community-based mental health services, occupational therapy workshops and various rehabilitation programs increased the apathy and withdrawal of patients from interpersonal contacts. The current issue of “Psychiatria Polska” begins with the consensus statement of the PTP working group on non-pharmacological methods in the treatment of negative symptoms of schizophrenia. These symptoms continue to be a tremendous challenge for psychiatry and are largely responsible for the patient's disability and difficulties in functioning. The heterogeneity of the clinical picture of negative symptoms significantly impedes a reliable and objective evaluation of those symptoms [2]. The methods of novel pharmacotherapy have been widely discussed in separate recommendations prepared by experts of the PTP [3, 4].

A crisis calls for decisive measures, for instance, the use of direct coercive measures, also in settings other than a psychiatric ward. Artur Ostrzyżek et al. explain the legal and medical aspects associated with the use of coercion by emergency medical teams. Knowledge of the legal rules and regulations is important in order to, on the one hand, ensure the

safety of the patient and others from his or her surroundings and on the other, not violate the dignity and rights of the patient.

In the journal, there is no shortage of articles related to developmental psychiatry, concerning the autism spectrum and ADHD. Danuta Ochojska and Jacek Pasternak present cases of diagnostic errors in autism spectrum disorder (ASD). ASD is a complex, heterogeneous condition and, as is commonly presumed, has a genetic basis; however, the specific genes directly responsible for ASD have not been identified yet. Researchers are looking for new biomarkers of autism reflecting neurobiological changes, which would help in both diagnostics and development of new methods of treatment [5].

In the current issue, we traditionally publish an article related to the history of psychiatry. This time, Jan Domaradzki presents the figure of Thomas Szasz. This Budapest-born American psychiatrist and psychoanalyst was a leading activist of the anti-psychiatry movement. He regarded mental illness as a myth, sustained by social conditions, and did not believe in its biological basis. Along with the development of research on the pathogenesis of mental illness, the views voiced by Szasz were not confirmed by scientific methods in the areas of epidemiology, genetics and psychopharmacology. However, anti-psychiatry resulted in increased interest in the patient and his/her rights, and turned the attention to environmental aspects and conditions of mental illness, which is its undoubted contribution to the development of modern psychiatry.

The “Psychiatria Polska” journal that you are currently receiving is very rich and diverse. We are certain that every reader will find something for him or herself in it.

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References

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