

# PsychLingo

Exploring English Through Psychology

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# Letter from the Editor

Dear readers,

Welcome to the second issue of our magazine. This one is slightly different from December's one, as we want to welcome the New Year with practical knowledge. January is a month of new ideas and resolutions, so we are presenting something that may help you keep up with studying if you have made resolutions involving such an activity.

This issue is packed with clinical knowledge, covering topics such as medicine, pharmacology, psychotherapy, and more. We hope our articles will broaden your knowledge or introduce you to new concepts and ideas that will benefit your personal and professional life.

One of our main inspirations for this issue was Thyroid Health Awareness Month, which is observed in January. Thus, you will find articles that touch on this topic, as well as other related subjects. We wanted to stick to the theme while also making it broader.

I would like to thank Mr Piotr Marcinowicz, MD, a psychiatrist, for giving us the opportunity to interview him and sharing his insights into the daily practice of medicine and psychology. I would also like to thank the whole team for the hard work they put into research and writing.

Enjoy your reading

# **Fantastic Antidepressants and How to Understand Them Better**

By Joanna Łukasiewicz

Dear reader, there is no coincidence in a reference to Harry Potter's universe in a title. Never have I felt more like a muggle gaining access to a spell book or Sebastian Sallow breaking into the Restricted Section of Hogwarts' library than during my preparation for writing this article. I stumbled upon fascinating research, videos and even pharmacology books for medicine students. After hours of deepdiving, frustrating, asking and receiving explanations, sadly, I still can't successfully cast a Vingardium Leviosa spell. Fortunately, I've gained enough knowledge to walk you through interesting facts about antidepressants and the basics of their action, making it way easier to understand a complex and almost magical topic of antidepressant medications.

First antidepressants were invented, obviously, to treat... tuberculosis. Research conducted in the early 1950s showed that some medications effective in curing it were found to significantly affect the mood of people previously diagnosed with depression. This led to the discovery of the first strong antidepressant (iproniazid) [annotation no.1]. Another unexpected discovery of an antidepressant was made in 1956 during a clinical trial. This time, a medication

was intended to cure allergic reactions (imipramine). Keep in mind that before the discoveries, many doctors believed that psychotherapy was the only way to treat depression [annotation no.2].

Antidepressants are a class of psychotropic drugs (affecting mood and behaviour) relieving symptoms of depression [annotation no.3]. Depression is the most common mood disorder (affective disorder). It is the main cause of disability and premature death around the world. Symptoms of depression include, for example, low self-esteem, sleep disorders, and lack of motivation [annotation no.4].

There are several theories that try to explain the causes of depression (and the mechanisms behind the action of antidepressants).

None of them is entirely adequate to fully understand antidepressants because even decades of clinical trials and research are not enough to give research scientists one theory that would explain everything (but they're not giving up). In this text, we are going to get familiar with two of the main theories – negative affective bias and monoamine theory (check the chart at the end!).

Negative affective bias is a tendency of people struggling with depression to process and recall information in a way that highlights the negative aspect of the situation. Research shows that antidepressants can change the way a patient's brain processes information. In a clinical trial, participants were asked to judge mimics of people demonstrated in a series of photos. Depressed participants asserted that there were fewer happy people in the pictures compared to non-depressed participants. However, after taking a single dose of antidepressant medication, their perception of the faces became more optimistic. It's been suggested that when taken

over a prolonged period, these medications subconsciously help you perceive in a more optimistic way [annotation no.5].

Monoamine theory suggests that depression is caused by insufficient monoamines (noradrenaline and/or serotonin) in particular parts of the brain. Serotonin reuptake inhibitors and noradrenaline reuptake inhibitors are considered equally efficient in treatment. Factors restraining the synthesis of noradrenaline and serotonin reverse the therapeutic effects of the antidepressant drugs (affecting these monoamines) and lower the mood, which supports the theory. Unfortunately, even though the antidepressant effect on your brain's chemistry is almost instant (minutes to hours after taking the medication), all types of them show positive effects in at least two weeks [annotation no.6].

Nowadays, SSRIs are a class of antidepressants most commonly prescribed in the treatment of depression, including Prozac, that became a pop culture star in the U.S [annotation no.7]. SSRIs inhibit serotonin reuptake, which means a more effective action of serotonin in the brain. MAOIs and TLPDs enabled better availability of a wider range of monoamines, causing a better treatment of severe depression at the cost of serious side effects and a higher risk of overdose [annotation no.8]. SSRIs became the first-line treatment for depression due to their safety and tolerability. Interestingly, some SSRIs were FDA (US Food and Drug Administration) approved for the treatment of other medical disorders, for example, PTSD or social phobia [annotation no.9].

There is no antidepressant suitable for everybody. All of them are considered equally efficacious, but people react differently to a single antidepressant. You should never change the antidepressant's dose on your own or stop taking the medication - be patient. Never hesitate to inform your doctor about the concerns [annotation no.10].

You could easily write a whole book about antidepressants, but for today, enough is enough. I hope I was able to shed some light on the topic for you and encourage you to enter the world of fantastic antidepressants on your own.

## Glossary #1

**affective disorder** – a mental disorder characterised by disturbances in mood

**inhibit** – to restrain, prevent, or slow down a process or action

**monoamine theory** – a theory suggesting that disorders like depression are caused by a deficiency or imbalance of monoamine neurotransmitters in the brain

**negative affective bias** – a tendency of patients with mood disorders to prioritise negative aspects of a situation

**neurotransmitter** – a chemical messenger that transmits signals across a synapse from one neuron to another, facilitating communication within the nervous system

**selective serotonin reuptake inhibitors** – a class of drugs that treat depression by enabling more effective action of serotonin in the brain

**tuberculosis** – a contagious bacterial infection that primarily affects the lungs

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# How Thyroid Affects Our Lives

By Martyna Lekan

It is possible that psychosomatic symptoms you have been experiencing are not connected to any psychological disorders but rather disruption in your hormonal balance (not necessarily in your brain!). Although probably serotonin and dopamine (neurotransmitters known to affect our mental well-being and positive emotions) deficiencies may come to your mind right now it has very little to do with them either. At least at the base of the problem.

There is this small organ, or more should I say – gland, which is very often overlooked and forgotten when evaluating patients' overall health. This butterfly-shaped structure is called the thyroid and is located at the base of the neck, just below Adam's apple. It's a part of your endocrine system

and controls many of your body's important functions by producing and secreting certain hormones. These hormones include triiodothyronine (marked as T3), Thyroxine (T4), and calcitonin. Let's break the first two down and explain how they affect our health and how to support thyroid function with our daily choices.

But before that, I'd like to highlight that any advice or information given here is addressed primarily to healthy individuals to help them maintain that health. Any worrying symptoms should be first and foremost consulted with a medical professional before trying any self-medicating practices and thoroughly examined.

### **Thyroxine (T4)**

The main thyroid hormone. It's produced by combining iodine and amino acid – tyrosine and secreted directly into the bloodstream. Its primary functions are regulating heart and digestive function, metabolism – the process of how your body transforms the food you consume into energy, brain development, bone health, and muscle control. It affects almost all body systems, which means proper thyroxine levels are vital for health.

### **Triiodothyronine (T3)**

It's produced in the thyroid gland or other tissues by transforming Thyroxine. Its primary functions include stimulating the nervous system, resulting in increased wakefulness, alertness, and responsiveness to external stimuli, promoting skeletal growth, stimulating the breakdown of cholesterol and increasing heart rate. It may also increase serotonin levels in the brain and this particular function is often used as an augmentation to SSRIs in treating refractory depression (treatment resistant).

### **Thyroid dysfunctions:**

#### **Hyperthyroidism**

Hyperthyroidism means your thyroid gland is overactive and produces excessive amounts of hormones. Possible causes for hyperthyroidism are autoimmune disorder – Graves' disease, thyroiditis – thyroid inflammation, diet excessive in iodine. There are also major risk factors connected to developing hyperthyroidism: smoking, family history of thyroid diseases, personal history of chronic illnesses including anaemia, recent pregnancy or diabetes.

**Symptoms include:**

- losing weight without trying
- fast heartbeat, a condition called tachycardia
- irregular heartbeat, also called arrhythmia
- pounding of the heart, sometimes called heart palpitations
- increased hunger
- nervousness, anxiety and irritability
- tremor, usually a small trembling in the hands and fingers
- sweating
- changes in menstrual cycles
- increased sensitivity to heat
- changes in bowel patterns, especially more-frequent bowel movements
- enlarged thyroid gland, sometimes called a goitre, may appear as a swelling at the base of the neck
- tiredness
- muscle weakness
- sleep problems
- warm, moist skin
- thinning skin

- fine, brittle hair

As you can see, the symptoms in bold are very common psychosomatic symptoms often assigned to depressive or anxiety disorders. However, it's crucial to watch for other possible signs and consult your doctor about them.

## **Hypothyroidism**

Hypothyroidism happens when the thyroid gland doesn't make enough hormones. Possible causes for Hypothyroidism are autoimmune disease – Hashimoto, thyroid surgery, radiation therapy, thyroiditis – inflammation of the gland, some medications such as lithium used in treatment for bipolar disorder, and less often by pregnancy, pituitary disorder – failure of the pituitary gland to make enough TSH (thyroid-stimulating hormone), diet insufficient in iodine.

### **Symptoms include:**

- tiredness
- more sensitivity to cold
- constipation
- dry skin
- weight gain
- puffy face
- hoarse voice
- coarse hair and skin
- muscle weakness
- muscle aches, tenderness and stiffness.
- menstrual cycles that are heavier than usual or irregular
- thinning hair
- slowed heart rate, also called bradycardia

- depression
- memory problems

## **You probably have heard of Hashimoto.**

### **What is it?**

Hashimoto's disease, also known as Hashimoto's thyroiditis, is an autoimmune thyroid disease. In a nutshell, this means that your immune system produces antibodies which attack your own thyroid gland and cause it to degrade. Over time, this leads to the thyroid enlarging and eventually developing Hypothyroidism.

### **Can you prevent thyroid diseases?**

Unfortunately, some cases are difficult to predict and even harder to prevent. Still, there are some things you can implement in your daily life to stay healthier and lower your chances of thyroid dysfunction.

- **Quit smoking.** This is actually advice for many health issues as smoking can be a cause for plenty of diseases, cancers, and dysfunctions of your body.
- **Consider tweaking your diet** (or supplementation) to contain more micronutrients such as iodine (especially for T4), selenium, and zinc, all of which help keep your thyroid gland functioning properly.
- **Don't forget about regular health checkups.**
- **Ask for a thyroid shield/collar during x-ray exams** to protect you from radiation exposure.
- **Eat soy in moderation.** Although this ingredient is not necessarily unhealthy, its effects on the thyroid are still unspecified. Some researchers show that it might have a significantly bad influence on the thyroid, and some say it does not. So, the best option is to find the middle ground.

- **Get enough good quality sleep** so your body can rest and regenerate.
- **Keep stress and anxiety under control** by doing regular exercise and yoga.

The leading intention of this article is to spread awareness about ways thyroid dysfunction may affect people and draw attention to its frequently overlooked or misunderstood symptoms like, in this case, psychological. Again, please always remember to reach out to your medical practitioner for any professional health advice and take all of the content above as purely informational.

As your after-read "homework", I recommend you make a bloodwork appointment and check your thyroid hormones as well as CBC – complete blood count to ensure your overall well-being. Take care and stay healthy!

## **Glossary #2**

**antibody** – a protein produced by the immune system to fight harmful bacteria, viruses and other pathogens

**arrhythmia** – irregular heart rhythm

**autoimmune disorder** – a condition where the immune system mistakenly attacks the body's own tissues

**bloodstream** – the circulating blood in the body

**bowel movement** – the act of emptying the bowels

**bradycardia** – abnormally slow heart rate

**brittle** – easily breakable, fragile

**calcitonin** – a hormone produced by the thyroid that regulates calcium levels in the blood

**checkup** – a medical examination conducted to evaluate one's general state of health

**complete blood count** – a blood test that provides information about the number and types of blood cells

**constipation** – difficulty in emptying the bowels, often associated with hardened faeces

**degrade** – to get worse

**diabetes** – a chronic condition where the body cannot produce enough insulin or effectively use insulin, resulting in high blood sugar levels

**disruption** – a disturbance or interruption

**endocrine system** – the system of glands that produce and secrete hormones directly into the bloodstream to regulate various bodily functions

**gland** – an organ in the human or animal body that synthesises substances for release into the bloodstream

**goitre** – abnormal swelling of the thyroid gland in the neck

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# Psychotherapy Approaches

By Julia Nowakowska

Some people are really afraid of going on therapy because they just don't know what to expect. You may be anxious about talking about your past, or on the contrary, you may want to talk about trauma and wonder if the psychotherapist would address it properly. Maybe you are afraid of answering uncomfortable questions and it is perfectly normal to have doubts before a meeting with a psychotherapist. At any rate, there is a solution to these worries. If you want to be better prepared and ensure that your problems will be addressed, read about the psychotherapy approaches and decide which one suits you best. In most cases, specific psychotherapists provide information about their chosen approach on their website or at their front office.

First, let's talk about cognitive behavioural therapy (CBT), which is a very popular one nowadays. It works on the premise that thoughts, feelings, and behaviour are a connected loop. You can change how you feel by

working on either your negative thoughts or your behaviour. What is essential is that one of the CBT elements is homework – little tasks to do before your next session, for example, taking down your thoughts in specific situations. CBT is evidence-based, which means it was carefully tested. It is especially helpful for people with specific beliefs that make it difficult to like themselves or be in a healthy relationship. It's worth noting that discussing your past in CBT is unnecessary, but sometimes it helps a lot.

On the other hand, there's psychoanalytic psychotherapy. It believes that most of our thoughts, feelings, and behaviours are things we don't consciously control. Instead, they are hidden in our unconscious mind. In order to sort out the issues we are experiencing, the idea is that we must delve into the unconscious. To this end, psychoanalytical therapy uses things like free association, dream interpretation, and analytic transference. This approach is heavily influenced by Sigmund Freud's theories in basically all ways, so if you are sceptical of them, this may not be the best approach for you. However, it can be useful if you want to get to know yourself better.

Psychodynamic therapy draws from psychoanalysis and uses some of its tools, like free association. However, this approach also takes conscious thoughts into account, not just the unconscious. In this approach, the relationship between patient and therapist is significant in order to look deeper into the patient's self.

Another approach, **systemic therapy**, also known as **family therapy**, is focused on a family as a system in which all elements are connected to create something that just... works. It underlines the influence of one family member on the other. Systemic therapy assumes that our behaviours and beliefs are strongly connected to our relationships. Usually, the sessions

happen in a group setting, but individual sessions can also take place to understand different perspectives. It is one of the long-term therapies.

Last (but only in this article!) is **Solution-Focused Brief Therapy** (SFBT), a therapy in which the patient discusses with the therapist what they want to achieve during the initial session. The purpose of the therapy is known from the first session, as is the therapy time (usually short-term). This approach is focused on present difficulties and actual problems, and aims to find ways to solve them using the resources that the patient already has. So, the patient's past is not that important in this approach. SFBT is suitable for people who know the exact (or nearly exact) reason why they need psychotherapy.

To sum up, there is no one proper psychotherapy option for everyone because all of us have different needs and expectations. And, of course, there are many more approaches, such as **humanistic psychotherapy** or **acceptance and commitment therapy** (ACT). If it is too much to analyse, try **integrative therapy**! It's an approach which is a mix of every type so that the psychotherapist can adapt the whole cycle to the patient's individual needs. Remember – it is okay to be stressed before your first visit. So, knowing the psychotherapy approaches might be really helpful in dealing with such situations. The most important thing is that you want to take care of yourself, and it is the first step, which only leads to a better future.

## Glossary #3

**acceptance and commitment therapy** – a form of therapy that helps a patient stay focused on the present moment and accept their thoughts and feelings without judgment

**analytical transference** – the redirection of emotions experienced in childhood onto the therapist

**cognitive behavioural therapy** – a therapy that can help you change unhealthy ways of thinking, feeling and behaving

**free association** – a technique where patients freely express thoughts without censorship to reveal underlying emotions and conflicts

**humanistic psychotherapy** – an approach emphasising self-discovery and achieving a patient's full potential, rather than treating their problems or symptoms

**integrative therapy** – a therapeutic approach that integrates techniques and theories from different therapeutic models to tailor treatment to the individual's need

**psychoanalytic psychotherapy** – an approach that explores unconscious thoughts and emotions

**psychodynamic therapy** – a form of talk therapy that explores the connection between a patient's past experiences – often from childhood – and their current mindset

**Solution-Focused Brief Therapy** – a short-term therapy focusing on finding solutions in the present rather than exploring past problems

**systemic therapy** – an approach that looks at family relationships and feedback loops that cause and worsen problems

# Interview with Psychiatrist Piotr Marcinowicz, MD

By Jan Wolicki

*We will inevitably work with medical specialists, even though our field mainly focuses on social studies. While we concentrate on the mind, they put all of their efforts into making the body, including the brain, work as it is supposed to. Therefore, we need to have some medical knowledge and insight. I recently interviewed a psychiatrist who specialises in a part of medicine akin to our expertise. My intention was to keep it to the point and talk about the specific details, costs, and purposes of the treatment. Although I did that partially, I realised that I am not an expert, and I am here to listen. So, I let the professional speak, hoping that something readable would come out of it. During the conversation, we touched on topics such as treating depression, anxiety, and schizophrenia. We also talked about the problems in the field and what the job looks like. Finally, we discussed the uncommon form of treatment that is practised in the interviewee's clinic. Enjoy!*

**Jan Wolicki:** Who mostly comes to your clinic, and in what condition do these patients usually appear?

**Piotr Marcinowicz:** It depends. I'm not your typical psychiatrist. I run a clinic in which we treat drug-resistant disorders. People from all over Poland come to me, those whom standard methods or other psychiatrists can't help, and sometimes individuals who have visited many doctors without finding a solution to their specific problem. Of course, sometimes,

some just come to me as their first psychiatrist. Those come to the outpatient clinic. They usually come in a poor state, very poor or slightly poor, but lasting for 20-30 years. Those with such symptoms typically end up in psychiatric hospitals.

Mostly, these are depressive disorders, or general mood disorders, alexithymia, bipolar disorder, then, of course, followed by the second most common group of disorders: anxiety disorders (neurosis in the old terms), obsessive-compulsive disorders and a big group of people with an addiction.

**JW:** When they come to you, do they always receive medication since you deal mainly with drug-resistant patients?

**PM:** Of course, many drug-resistant patients come to me on medication, and they get pharmacological treatment. My patients can be divided into two groups: those who come to the clinic and those recommended or specifically asking for me, individuals who have never seen a psychiatrist.

**JW:** Do the second group come to you solely for a pre-script, for medication, or just for a diagnosis?

**PM:** Often for a diagnosis. But sometimes for a sick leave note. A complex issue arises here, however I have a principle not to issue sick leave notes unless absolutely necessary. I eliminate those who came only for that. It doesn't happen often to me, but I know from my colleagues that it is quite a serious problem. Also, there are ones who try to obtain narcotics, such as benzodiazepines and marijuana. Recently, there has been a notable case involving methylphenidate (somewhat similar to amphetamine).

**JW:** Has it occurred recently, or has it been around since you started working?

**PM:** It has always been this way. Nothing has changed here, at least since I've been practising.

You were asking about medication. Take depression, for example. Mild depression can be treated with psychotherapy alone, but moderate to severe depression often requires medication. Of course, it depends on the diagnosis and the cause of depression. Often, we can investigate the history and gather information on events contributing to the disorder. We then ask what the perspective is for resolving these situations and whether the thing that caused depression will disappear. If, for example, a woman living with an abusive partner comes to the clinic and plans to move out in two months, then (if we categorise her symptoms as mild) we might decide against prescribing medications, especially if she has never been suicidal thoughts, or has been treated with an ineffective therapeutic approach.

However, when a person has suicidal thoughts, spends all day in bed, has lost or put on weight, or is apathetic, then they will be treated pharmacologically. Often, such patients cannot participate in psychotherapy. It is quite difficult to overcome mechanisms like tunnel memory. Then, medication becomes necessary to start therapy. Research shows that patients treated with psychotherapy and medication have better results than those treated with psychotherapy alone. In statistical terms, if we consider people who are starting treatment, 2/3 will get medication.

It's the same with anxiety disorders. We also use almost the same medication. The same percentage of anxiety disorders require medication at the beginning. When it comes to people with an addiction, 80% can be treated without medication. They are usually referred to therapists and places where they can seek help. If they have co-existing disorders, the situation changes, and we usually prescribe medication. We try to treat these disorders concurrently.

**JW:** Which medications do you most frequently prescribe?

**PM:** Well, we follow guidelines. First-line, second-line, and third-line treatments are often without surprises, as we prescribe by the book. For depression and anxiety disorders, the first line consists of SSRIs like fluvoxamine, sertraline, fluoxetine, paroxetine, citalopram, and escitalopram. The second-line treatment includes SNRIs like duloxetine and venlafaxine, and then we need to consider other strategies. Augmentation strategies emerge, which means enhancing treatment with other medicines. We might resort to antipsychotics or mood stabilisers. It depends on the patient and what is happening to him. We try to add these medicines that don't make the patient drowsy and don't have strong side effects, such as gaining weight.

**JW:** How long does a patient usually have to take medication?

**PM:** It's hard to say. For those with so-called adaptive disorders that haven't been treated, if the medication works well with no severe side effects, a minimum of 3 months, but six months is better. In anxiety disorder, the book says that it ought to be at least a year. Three months is the absolute minimum because the medicine won't work to its full potential in a shorter period. They cause changes in gene expression and protein concentration. Some people will have to take it for life. For example, in schizophrenia, after the first episode, pharmacological treatment should last two years, five years after the second one year and indefinitely after the third. But again, it depends on the case. Every course of the disease is different. Some have a complete remission, while others never recover. Typically, in bipolar disorder, medication is long-term from the start.

**JW:** You mentioned it earlier, but could you elaborate on the coexistence and codependence of psychotherapy and medication?



**PM:** I refer patients for psychotherapy as soon as possible. It is about building a relationship with the therapist. The earlier this happens, the better, as the psychotherapist will know the strengths and weaknesses of the patient and the inside of their lives. Treating the patient is more effective when we understand the course of the disease and what we are dealing with.

**JW:** Is psychotherapy and its course a helpful guide in your work?

**PM:** Of course. I require psychotherapy for most of my patients. Again, research shows that it is harder to get off medication without psychotherapy. The main problem with psychotherapy is the price. It is not cheap to go to therapy. Daily units function quite well, but outpatient

psychotherapy is bad, very bad. We conduct psychedelic therapy, intravenous ketamine therapy. It is a separate therapeutic world. We use psychedelic episodes to deepen the therapeutic process. The intravenous drug allows patients to delve deeper into the unconscious, have hallucinations, work through various traumas and return to different situations from childhood. It is a very good technique to break the therapeutic impasse. We also use VR to make the experience last a bit longer and extend its possibilities.

**JW:** Which type of psychotherapy works best with that kind of treatment?

**PM:** Mostly integrative, we train people for this. Ideally, it would be a psychodynamic orientation, with the primary tool of this therapy being IFS (Internal Family Systems). We also conduct this therapy in VR to extend and organise this state. We use CBT (cognitive behavioural therapy), DBT (dialectical behaviour therapy) and have someone trained in Ericksonian therapy. So, it largely depends on the therapist's abilities.

**JW:** Thank you very much for the interview.

**Piotr Marcinowicz – MD, Adult Psychiatrist**

## **Glossary #4**

**adaptive disorder** – an unhealthy response to a stressful event

**alexithymia** – difficulty in experiencing, expressing, and describing one's emotions

**anxiety disorder** – a mental health condition characterised by excessive and persistent worry or fear

**benzodiazepines** – a class of psychoactive drugs with sedative, hypnotic, and anxiolytic properties

**bipolar disorder** – a condition characterised by extreme mood swings, including manic and depressive episodes

**cognitive behavioural therapy** – a therapy that can help you change unhealthy ways of thinking, feeling and behaving

**concurrently** – at the same time

**dialectical behaviour therapy** – a form of cognitive-behavioural therapy that teaches people new skills to change negative thoughts and behaviours

**drug-resistant disorder** – a condition that does not respond well to treatment with medications

**gene expression** – the process by which information from a gene is used to synthesise a functional gene product

**Internal Family Systems** – an approach that assumes that each person possesses multiple subpersonalities or "parts" and tries to get to know each of these parts better to achieve healing

**intravenous ketamine therapy** – a treatment involving the administration of ketamine through intravenous infusion

**methylphenidate** – a central nervous system stimulant used to treat ADHD

**mood disorder** – a condition characterised by disturbances in mood

**mood stabiliser** – a medication that helps stabilise mood and prevent mood swings

**obsessive-compulsive disorder** – a condition characterised by persistent, unwanted thoughts (obsessions) and repetitive behaviours (compulsions)

**psychedelic therapy** – a form of psychotherapy that uses psychedelic substances for therapeutic purposes

**remission** – a period during which the symptoms of a disease are reduced or disappear  
suicidal thoughts – thoughts about taking one's own life

**tunnel memory** – the retention of memories in a focused and narrow way, often associated with trauma

# **Beneath the Surface: Eating Disorders in the Fashion Industry**

By Alicja Błażejczyk, Karina Gałkowska

In the glitzy realm of fashion, where images of flawless beauty and perfection take centre stage, an underlying, darker side often lurks beneath the surface. While the spotlight typically shines on the latest trends and mesmerizing runway shows, there is a growing concern regarding the unconventional eating habits observed among certain models. This significant worry constitutes a major issue, given that approximately 40% of models struggle with eating disorders, though experts believe this figure to be significantly higher.

Anorexia nervosa is regrettably widespread among models in the fashion industry. The ruthless pursuit of an ultra-thin ideal pushes models to embrace extreme dietary limitations, leading to drastic weight loss and malnutrition. The pressure to adhere to industry norms frequently nurtures a distorted perception of body image, compelling models to subject themselves to self-imposed starvation to meet impractical expectations. To alleviate hunger, some desperate and starved models resort to extreme measures, adopting the cotton ball diet where they consume cotton balls soaked in liquids like juices or smoothies. The intention is to create a feeling of fullness without gaining weight, but this approach leads to digestive system blockages, dehydration, and potential harm to internal organs.

While there may be a misconception associating the cotton ball diet with pica, which involves the persistent consumption of non-nutritive, non-food substances like paper or soap, the two practices differ. Pica is driven by a compulsion for non-nutritive substances and is linked to nutritional deficiencies or psychological issues. The cotton ball diet, although risky, focuses more on controlling hunger or weight loss through a non-food item. Nevertheless, both practices are disturbing and carry significant health risks.

Of course, people in the fashion industry are not the only ones who suffer from eating disorders – they can impact people across various age groups, genders, socioeconomic statuses, and ethnic backgrounds. If you or someone you know is facing challenges related to an eating disorder, it is essential to reach out to professionals for a diagnosis and the appropriate course of treatment.

## Glossary #5

**blood ties alleviate** – to make something less severe

**anorexia nervosa** – an eating disorder where a person tries to obtain weight loss by not eating or eating too little, which can result in death

**compulsion** – an urge to do something

**flawless** – something or someone without any imperfections

**malnutrition** – physical weakness caused by deficiency of necessary nutrition in the body

**pica** – a condition that makes a person want to eat non-food items, for example, glass, paper, sponges

**pursuit (of)** – the act of trying to achieve something

**self-imposed** – decided by yourself, without the influence of others

**starvation** – state of not being able to eat to the moment of causing harm to your body

**widespread** – happening in many places or to many people

## Sources:

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# **A Sound Mind in a Sound Body**

By Daria Fruń

Physical health is very closely connected with mental health. There are many factors influencing the state of your mind through your body. Do you sleep enough and regularly? Does your diet provide you with the needed amount of nutrition? Are you hydrated? Do you engage in everyday physical activity? Another significant factor is stress, which can have long-lasting and devastating effects on the organism and influence the aforementioned aspects of healthy life. It's also unavoidable, as your body considers almost all kinds of stimuli as stressors – which is why learning how to manage it is one of the most valuable things you can do for your health.

Relaxation techniques are great tools for reducing the long-term effects of stress on the body and making you less susceptible to it. They can also be done practically everywhere and often don't require any specific

equipment. However, everyone is different, and there is no objectively best method – you need to find one that works specifically for you, which may require some trial and error. It's also good to remember that the best results are achieved by regular practice.

Here is a list of a few techniques worth trying out for a start.

### **Progressive muscle relaxation.**

This relaxation technique is based on slowly increasing and decreasing tension in each muscle group. It can help you learn how the difference between muscle tension and relaxation feels, which can help you detect when you start growing tense during the day and avoid stiffness and pain.

Start by tensing (hold for 30 seconds) and relaxing the muscles in your feet, working your way up through your calves, thighs, buttocks, abdomen, chest, arms, shoulders, neck, and face. You can also reverse the process, but it always should go like a wave from one end of the body to another. It can be done sitting or lying down.

### **Visualisation**

Visualisation or guided imagery involves imagining a scene in whatever setting you consider the most peaceful. You can choose anything – beach, treehouse or even your own room.

You can practise on your own or with guiding audio. You can also choose to listen to soothing music or a recording of sounds that will help you immerse yourself in your chosen setting (sounds of birds in the forest, for example).

Imagine whatever place you choose. Try to picture it as vividly as you can – add details other than visual sensory details to make immersion more complete. Don't try to focus on everything at once, though. Work your way

through the senses, making a kind of sensory sketch that you can steadily fill out as your visualisation progresses.

### **Mindful exercise**

Exercise might not sound particularly calming, but repetitive movement allows you to direct your focus on your body and its movement, pay attention to breathing, and quiet down your mind. It works well with rhythmic activities, such as swimming, running and walking.

### **Yoga and tai chi**

Nowadays, many people spend most of their days sitting, be it at work or school, in a car or on public transport. Even during free time at home, most activities are done while sitting – watching a movie, reading a book, eating, studying, etc. After a long, tiring day, exercising loses all appeal despite being a necessary part of healthy functioning. But physical activity doesn't have to be strenuous. Intense exertion while already tired and aching after a full day of sitting can be dangerous. Low focus and pain can mute the feeling of your own body, which may result in pushing past safe limits and injuring yourself. What is the solution? Leave intense workouts for weekends (or other free days) and incorporate yoga or tai chi as your daily stress relief.

Yoga and tai chi involve a series of moving and stationary poses combined with deep, conscious breathing. Both can improve balance, flexibility and stamina. Once you learn the basics, you can practise alone. To prevent injuries, it's good to begin with instructor supervision.

### **Post-isometric relaxation**

It's a good option for those who cannot take up any other physical activity and those who search for undemanding relaxation from the comfort of their homes or during breaks at work or school. This technique creates more



profound relaxation than regular stretching and decreases musculoskeletal pain caused by excessive tension that builds up during the day.

Post-isometric relaxation is a special kind of stretching. Begin by placing the muscle in a stretched position. Then, tense the stretched muscle and hold for 30 seconds. Muscle release causes further gentle stretch. It's good to start from one end of the body and work through muscles towards the other (similar to progressive muscle relaxation).

## **Conclusion**

Through relaxing techniques, you can gain more body awareness, and you may be able to pick up physical sensations of stress. Once you know what your stress response feels like, you can consciously practise a relaxation technique the moment you detect stress symptoms. Relaxation techniques are skills; as with any skill, you improve with practice. Don't push yourself, and don't let what is meant to be helpful become another source of stress.

## **Glossary #6**

**exertion** – physical or mental effort

**hydrated** – having absorbed enough water or other liquid

**musculoskeletal pain** – pain affecting the muscles, bones, ligaments, tendons, and nerves

**nutrition** – the food that you eat and the way that it affects your health

**post-isometric relaxation** – a technique used to relieve muscle tension and improve flexibility

**soothing** – having a calming effect

**stiffness** – the quality of lacking flexibility or ease of movement; requiring a lot of physical or mental effort

**strenuous** – requiring a lot of physical or mental effort or energy

**stressor** – something that causes stress

# A Guide On How To Grow New Brain Cells

By Weronika Piebiak

We've been taught that our brain stops growing at the age of 25. We fear neurodegenerative disorders as there is not much we can do to prevent them. Once the neurons are lost, they cannot be recovered or replaced – at least, we thought so.

The newest research says we constantly grow new brain cells – even as adults. This process is called neurogenesis. It turns out we can control how many neurons we generate, and there are many ways to boost their production.

And why do we need more neurons? They grow in the brain region called the hippocampus, a structure responsible for mood changes, emotions, learning and memory. Smaller hippocampi are commonly found in patients with prolonged depression, which may explain why some of them experience difficulties with learning or memorising new things. By boosting neurogenesis, we can reduce the symptoms of depression and improve our memory and learning skills.

**So how do we do it?**

Our diet has a significant impact on neurogenesis. Let's go over some essential compounds and the foods they are commonly found in. To produce new neurons, you should eat more:

- omega-3 fatty acids – commonly found in fish, nuts and seeds
- flavonoids – tea, fruit, grains, nuts, legumes and wine
- curcumin – turmeric
- caffeine – tea, coffee and cocoa
- zinc – poultry, red meat, oysters, nuts, whole grains
- folic acid – leafy vegetables, beans, peas, nuts
- resveratrol – red wine, grapes, blueberries, peanuts

**Now let's list things that decrease neurogenesis:**

- ethanol – alcohol
- high sugar diet
- high saturated fat
- vitamin A and D deficiency (vitamin A is found in livers, fish and dairy products, vitamin D in oily fish, eggs, red meat and liver)

Besides diet, there are some things we can do to boost neuron production even more. Research shows that learning, calorie restriction (of about 20% to 30%), intermittent fasting and aerobic exercises like running, swimming, cycling, walking, etc., can also improve neuron production, whereas sleep deprivation and stress decrease it.

## **Glossary #7**

**compound** – a substance formed when two or more elements chemically combine

**curcumin** – a compound found in turmeric believed to have antioxidant and anti-inflammatory properties

**flavonoids** – a group of plant metabolites that have various health benefits due to their antioxidant properties

**folic acid** – a vitamin that is essential for various bodily functions, including DNA synthesis and repair

**hippocampus** – a part of the brain involved in learning and memory

**neurodegenerative disorder** – a condition where nerve cells progressively deteriorate or die.

**neurogenesis** – the process by which new neurons are formed in the brain

**resveratrol** – a compound found in grapes and red wine believed to have antioxidant properties

# Lifestyle Corner

## ADHD Candy

By Wiktoria Wiśniewska

Just before Christmas, in December, an article titled "Like Candies" about people taking ADHD medication appeared on a well-known site. Immediately, a heated discussion blew up. Many authorities from the medical field spoke up about how harmful the article was and that the public, after reading the said article, would view ADHD medication as something wrong. Unfortunately, their prediction came true – just by seeing the title, some readers assumed that taking medication is equal to taking narcotics,

which, of course, is not the case. I won't talk about the harm done by this sort of article to people with ADHD; more suitable persons said enough. I will talk about the daily struggles of those with ADHD, which can be mitigated by taking medication. But it's not that easy to get access to that kind of medication.

Let's take my dear friend as an example. She's had difficulty concentrating for years, often daydreaming when she shouldn't and studying for a test the night before. Nobody noticed her hardships, though – ultimately, she was a very good student. Nevertheless, even the best student collides with reality, especially when it is hard to focus on something that doesn't spark their interest. And so, as an adult, she finally got diagnosed by a professional and was prescribed the medication. And it really worked! She could finally focus on her studies! However, buying the medication wasn't that easy. Finding a pharmacy with permission to sell it often took days. She was often met with comments – "We don't sell drugs here!". And by saying "drugs" they meant narcotics. The pharmacological treatment didn't last too long. After all, it's expensive to visit a psychiatrist once a quarter. So, my friend stopped taking the medication, quit her studies, and struggled to find a job.

It is undeniable that using medication in an inadequate way by some individuals is highly concerning and problematic, but clickbait titles are equally, if not more, harmful not only to people with ADHD but also to the general public. What gives me hope are younger generations who seem to understand topics related to mental health, psychotherapy and medication (such as antidepressants) way better than older people and can show them that there's nothing wrong in taking "pills".

## Pun Please!

"Doctor, I feel as though nobody understands me." "What do you mean by that?"

Why did Freud hurt his shoulder? He made a Freudian slip.

**Freudian slip** is a slip of the tongue that is motivated by and reveals some unconscious aspect of the mind.

## Whimsical Language

### Idioms

**Get Have a lot on your plate** – If you have a lot on your plate, you have a great deal (or too much) to cope with.

**At your wits' end** – If you are at your wits' end, you are at the limits of your mental resources and don't know how to proceed.

**To blow off steam** – To get rid of any intense feelings or strong emotions.

**Jack of all trades** – A person who can do many things but is not an expert in any of them.

**No-brainer** – A decision or choice that requires little or no thought because the best option is so obvious is called a no-brainer.

**Pick someone's brains** – To ask for information or advice from someone who knows more about a subject than you do.

## Proverbs

**A journey of a thousand miles begins with a single step.** – A long journey starts by taking a very small step towards the destination.

**Better to be poor and healthy than rich and sick.** – Health is more important than money.

**All is well that ends well.** – As long as the outcome is good, problems on the way don't matter.

**A stitch in time saves nine.** – It's better to deal with problems immediately rather than wait and deal with them later when they get worse.

**Don't cross the bridge till you come to it.** – Deal with a situation when it happens and not unnecessarily worry about it in advance.

## Tricky words

**destination** – the place where someone is going or where something is being sent or taken

**in advance** – before a particular time or before doing a particular thing

**proceed** – to continue as planned

**stitch** – a piece of thread sewn in cloth; thread used to join the edges of a wound

**wits** – intelligence and the ability to think quickly

## Recipe for Hearty Hungarian Soup

*To keep you warm and healthy in this cold weather, we have a tasty recipe for you! This potato-based Hungarian soup is a great choice for dinner on a chilly winter day.*

**Recipe for two servings**

## **Main Ingredients:**

- 4 to 5 medium-sized potatoes
- 1 liter vegetable broth
- 1 large white onion
- 2 cloves of garlic
- 1 to 2 teaspoons ground smoked paprika
- 1 to 2 teaspoons ground sweet paprika
- 1/3 teaspoon nutmeg
- 1 cup milk
- 2 tablespoons butter
- a bunch of fresh dill
- salt and pepper to taste

## **Preparation:**

1. Peel the potatoes and cut them into small cubes. Finely chop the onion. Squeeze the garlic.
2. In a pot, melt the butter and add the chopped onion. Sauté until the onion becomes translucent (about 5 minutes).
3. Pour in the vegetable broth, add the diced potatoes, garlic, smoked paprika, and sweet paprika. Cook for about 30 minutes.
4. Towards the end of cooking, add the nutmeg and milk. Season with salt and pepper to taste. Cook for an additional two minutes.
5. When serving, sprinkle a generous amount of chopped dill over the soup.

*Enjoy!*



## **Worth noting!**

It's essential to be mindful of our language and avoid using terms associated with mental health conditions inaccurately or casually. Here are some examples of phrases that people often use inappropriately and more respectful alternatives.

She is so depressed today – She seems really down today / She's going through a rough patch / She's having a tough time right now

My ex is a psycho – I found my ex's behaviour too challenging to understand and deal with / My ex's behaviour raised some red flags

She's so OCD – She has a particular routine she likes to follow / She has a meticulous attention to detail

He is totally ADD today – He's having trouble focusing today / His attention feels scattered

That movie gave me PTSD – That movie was really disturbing / I found that movie very upsetting

I'm so bipolar – My emotions are all over the place today

## **Culture Club**

*"Girl, Interrupted"*

Review by Gabriela Gawłowska

"We're all mad here." is the quote from "Alice in Wonderland," written by Lewis Carroll that I feel best summarises the movie I've watched recently. "Girl, Interrupted", directed by James Mangold, is a bibliographic and psychological movie taking place in the 60's. It's a story about an "adventure" of Susanna Kaysen, who falls down the rabbit hole straight into the mental hospital. Twenty-four years have passed since its release, yet the issues

mentioned there are very present nowadays. The movie revolves around some heavy topics like mental health problems, disorders and self-harm, so some viewers might find it not for their taste.

Only armed with the knowledge that its plot was based on a memoir written by Susanna Kaysen herself, I decided to watch it. I must admit, from the beginning, I didn't expect it to have any plot twists or the elements of surprise. And as it turned out, I was right. I feel like the movie is predictable. Yet I understand the story is based on real-life events, so I believe this issue is justified.

Now, for me, the most memorable element of this movie is Brittany Murphy's acting. It stood out to me from the very beginning and her character has wiggled her way in my brain. Although she played a secondary role, she left a lasting impression on me. There was something so tragic about her character that I felt pity for her. For me, she served as a bitter reminder that you can't help everyone, especially when they don't want to be helped. Of course, the main cast consists of Winona Ryder, Angelina Jolie and Whoopi Goldberg also deserve to be appreciated for their convincing acting. I didn't expect anything less from such extraordinary actresses.

Overall, "Girl, Interrupted" is a movie I won't find myself rewatching anytime soon. Though, I have to admit it'll linger in my mind for a while. On a scale from zero to five, I give this film a solid three.

### *"A Liberated Mind"*

Review by Jan Wolicki

Last month, we started our journey of self-development and we should continue on this path. I recently read a book called "A Liberated Mind", which is surprisingly readable despite being written by a PhD. I found it enjoyable and informative. Hayes, the creator of acceptance and

commitment therapy, shares his insights on how to use it. He delves into the issues of problems, suffering, and pain that are within us and provides guidance on how to overcome them. The book is personal and Hayes shares many examples from his own life and treats the reader as someone he can talk to. Additionally, his book may be helpful because Hayes is a renowned scientist and he gives us a glimpse of his research in it. Overall, it's a great book and I highly recommend it. However, it's not as simple as Carnegie's book, and it requires more effort. Nevertheless, it's worth every minute spent.

## Last but not least...

### TED Talk

**“The future of psychedelic-assisted psychotherapy”**

Rick Doblin, April 2019

Could psychedelics help us heal from trauma and mental illnesses? Researcher Rick Doblin has spent the past three decades investigating this question, and the results are promising. In this fascinating dive into the science of psychedelics, he explains how drugs like LSD, psilocybin and MDMA affect your brain – and shows how, when paired with psychotherapy, they could change the way we treat PTSD, depression, substance abuse and more.

Link: [https://www.ted.com/talks/rick\\_doblin\\_the\\_future\\_of Psychedelic\\_Assisted\\_Psychotherapy](https://www.ted.com/talks/rick_doblin_the_future_of Psychedelic_Assisted_Psychotherapy)

## Did you know...

Hypo- and hyper- prefixes are derived from Ancient Greek! Where ὑπό (hupó) means "under" and ὑπέρ (hupér) means "over". Although they appear quite different on paper, they are frequently misunderstood and easily mixed up due to their similar phonetic sound. To help you differentiate them, here's a short summary:

**Hyper** – over, above, beyond, excessive, exceptional

**Hypo** – below, beneath, under, less than normal

## Live-saving song

Everybody should know the basics of first-aid! So when the CPR is needed, the song "Stayin' Alive" by Bee Gees might really help. Chest compressions should be as fast as the beat of this song!

Link: <https://www.youtube.com/watch?v=O92KL1mw77c>

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