

FROM EDITORS

Dear Readers,

The papers gathered in this issue offer a timely and nuanced perspective on the evolving landscape of mental health research. Although they address a wide range of clinical and psychosocial phenomena, they are united by a shared commitment to understanding psychological functioning in its full complexity—not as a set of isolated symptoms, but as an experience shaped by the interplay of biology, personality, relationships, and social context.

The breadth of topics represented here is striking. Schizophrenia, pregnancy, personality functioning, trauma following natural disasters, polycystic ovary syndrome, sexual dysfunctions, and borderline personality disorder may appear, at first glance, to belong to separate domains of inquiry. Yet the studies in this collection reveal a deeper coherence. Each, in its own way, engages with fundamental questions of contemporary clinical science: how distress is mediated by personal and interpersonal resources, how vulnerability is structured across developmental and relational dimensions, and how mental health is lived, negotiated, and sustained in everyday life.

A particularly important contribution of this issue lies in its emphasis on factors that extend beyond pathology alone. Several studies foreground the role of protective and meaning-generating processes—health-promoting behaviours, social support, self-esteem, and existential meaning—in shaping psychological outcomes. These findings resonate strongly with current moves toward person-centred and recovery-oriented models of care, in which functioning, resilience, and subjective well-being are treated not as secondary considerations, but as central dimensions of clinical understanding.

At the same time, the papers collected here do not simplify the realities they examine. On the contrary, they underscore the layered and often dynamic nature of mental suffering. Personality functioning is approached as developmental and structurally embedded; trauma is shown to persist beyond the immediate event and within its social aftermath; intimate and sexual difficulties are examined in relation to temperament, anxiety, and self-perception; and disturbances of selfhood emerge not merely as internal states, but as phenomena enacted within relational exchanges. Such perspectives are especially valuable in a field that increasingly recognises that symptoms acquire meaning only within broader patterns of experience.

This issue is also distinguished by its methodological range. Quantitative and psychometric approaches are complemented by analyses attentive to process, interaction, and context. This pluralism is more than methodological variety; it reflects an epistemic maturity in mental health research—an awareness that no single level of analysis is sufficient to capture the complexity of human distress and adaptation. Taken together, these contributions demonstrate the value of integrating empirical precision with clinical sensitivity.

What emerges from this collection is a vision of mental health research that is at once rigorous and humane. The studies remind us that effective clinical science must remain attentive not only to disorder, but also to meaning, connection, and the conditions that make recovery possible. In this sense, the issue speaks to one of the central challenges of contemporary psychiatry and psychology: to develop models of understanding that are scientifically robust while remaining faithful to the lived reality of patients' experiences.

We hope that readers will find in these papers both substantive empirical insight and a stimulus for further interdisciplinary dialogue. The work presented here confirms that some of the most important advances in mental health research arise precisely where diagnostic categories meet relational life, where symptomatology meets subjectivity, and where scientific inquiry remains open to the full complexity of the human condition.

On behalf of Editorial Team

Prof. dr hab. n. med. Joanna Rymaszewska