

FROM EDITORS

Dear Readers,

What makes care meaningful to the person receiving it? Across different diagnoses, treatment settings, and stages of life, this question brings clinical outcomes into conversation with experiences of safety, hope, connection, and autonomy. The September issue of *Archives of Psychiatry and Psychotherapy* explores these dimensions through studies of service provision, therapeutic approaches, family relationships, and psychological assessment.

Świstun and colleagues open the issue with a preliminary investigation of satisfaction with care and subjective well-being among people with schizophrenia. Their findings associate access to a broader range of community services with more favourable treatment experiences, highlighting the importance of how care is organised and experienced. A complementary perspective is offered by Staniek's review of cognitive-behavioural approaches to negative symptoms. By examining different conceptual and therapeutic models, the paper encourages attention to psychological processes that may inform individualised treatment.

The relational context of care becomes particularly visible in the study by Martines Díaz and colleagues. Drawing on family members' narratives about older relatives entering long-term care, the authors describe tensions between wishes to protect and maintain closeness and experiences of frustration, helplessness, and conflict. These accounts invite reflection on the emotional complexity of care transitions and the importance of understanding whose perspective is being represented.

Questions of meaning and psychological resources are central to the contribution by Draczyńska and Nowakowska. Their preliminary study of a brief existential group intervention identifies a promising signal for basic hope among psychiatric inpatients with complex clinical histories. The small sample, nonrandomised allocation, and incomplete follow-up warrant caution, while supporting further investigation of existential dimensions of recovery.

Szczepańska-Gieracha and colleagues examine hypnosis across medical and psychological settings. Their narrative review considers clinical applications alongside research on attention, emotional regulation, and sensory processing. It also makes clear why conclusions must remain sensitive to the indication, study quality, and variability of findings. The contribution encourages a measured approach to integrating adjunctive methods into clinical practice.

Two papers address the assessment of psychological experiences following adversity. Ogińska-Bulik and Juczyński present the Polish adaptation of the short Posttraumatic Growth Inventory, supporting its use for assessing overall self-reported growth while recognising the advantages of the full instrument for examining specific dimensions. Dębska and Wałęcka-Matyja investigate the Relationship Mindfulness Measure among people experiencing relationship distress following infidelity. Their findings raise important questions about how mindful awareness functions in distressed relationships and how its meaning should be interpreted in psychological assessment.

Finally, Wawszczyk and colleagues bring a psychodiabetological perspective to the issue. Their pilot study links anxiety and diabetes-related emotional burden with poorer psychological outcomes in adults with type 1 diabetes. The absence of significant differences between technology groups in this small observational sample underscores the importance of assessing emotional needs across treatment modalities, without drawing conclusions about the psychological effects of technology itself.

We invite readers to consider how these contributions can sharpen both clinical curiosity and methodological judgement. Understanding the person's experience, selecting measures thoughtfully, and matching conclusions to the strength of the evidence remain essential to care that is responsive, humane, and scientifically grounded.

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