

PSYCHLINGO

EXPLORING ENGLISH THROUGH PSYCHOLOGY

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ISSUE NO. 11

Understanding the Teenage Brain

Latest Findings

Gifted Kid Brunout

Dangers of Overachieving as a Child

Psychological Aspects

of Teenage Rebellion

How Brain Changes During Adolescence

and How They Impact our Personalities

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are Not Just Mood Swings

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Language exercises

test yourself!

Lifestyle Corner

dive into the fun and culture!



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Pedagogiki
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Letter from the Editor

Dear Readers,

This month, we return to a topic we touched on in one of our earlier issues – one that sparked much interest and reflection. Some time ago, we wrote about young children: their challenges, the attitudes people hold towards them, and related concerns.

This issue continues that endeavour. We now shift our focus to slightly older individuals – teenagers. As we all know, the teenage years are a quite dynamic time from every perspective one can look at – sociological, cultural, and psychological. And that last one is the one we try to explore a bit.

As we get older, we often forget just how much takes place during the teenage years, and how many things that later seem unimportant, or barely significant, are at the time central to major personal crises. They can turn into everyday struggles or even tasks that feel urgent and necessary.

I would like you to reflect on that perspective a bit, and as you read about some of the challenges young people face, try to recall what it was like when you were their age. Because every one of us was, or is, a teenager. And it was not easy – exclusion, rejection, love failure, and so on. Those weren't easy things to cope with, and often they still aren't, but we tend to forget about their importance.

So I hope this issue will take you back a little and help increase sensitivity towards younger people. Or perhaps it will simply offer a bit of insight into what today's teenagers are going through. Either way, I hope you find it informative and pleasant to read.

Finally, a heartfelt thank you to everyone who contributed their time, talent, and creativity to bring this issue to life.



Jan Jolke
Editor-in-Chief



Photo by Taylor Harding on Unsplash

Understanding the Teenage Brain: Latest Findings

By Kazimierz Kwiatek

What has changed in our understanding of the adolescent brain over the past years?

Adolescence is a stage of life between the ages of 10 and 19, often seen as a time of turmoil caused by major changes children undergo at a certain point in their lives. Stereotypical teenagers are impulsive, moody, and stubborn: they behave differently, they dress strangely, they experiment with drugs and alcohol, and they stick with their peers rather than spend time with their family, which they might seem to ignore. In addition, they act like they know everything and rarely admit they are mistaken, even if it means that they sometimes get hurt. Because of their dynamic metamorphosis and unusual behaviour, they are a fascinating case to study, especially for psychologists and neuroscientists.

The neuroscience of the teenage brain has changed no less than the brain itself changes during puberty. For some time, the scientific paradigm was that teenagers are "unfinished" adults; consequently, their brains were seen as the "unfinished" version of the adult brain. Scientists thought that two main neurological factors affect how teenagers behave. First, the "underdeveloped" prefrontal cortex responsible for cognitive processes like planning, decision-making, and emotional regulation. Second, the limbic system playing a major role in learning, forming new memories and regulating emotions.

Risk-taking and Foreseeing its Consequences

The curve of risky behaviours throughout a person's life resembles an upside-down "U". During childhood, the number of such behaviours is relatively small, but during adolescence, it suddenly rises to drop in adulthood. Why is that?

Previously, it was thought that teenagers are bad at foreseeing the consequences of their behaviour; thus, they cannot properly judge the risk they take due to their underdeveloped prefrontal cortex. In other words, it is not that they underestimate the risk, they simply do not see it.

Today, the explanation is different. It turns out that young people have a much stronger reward drive than children and adults. Because of that, they are more motivated to act, even though they know it is dangerous.

Pro-social Behaviours

It is important to note that not all risks teenagers take are negative. They often engage in behaviours aimed at gaining knowledge or experience. In addition, adolescents are more likely to take pro-social risks; they are more willing to risk their social status or face backlash, e.g. someone laughing at them, to help someone in need. Take an example: a teenager sees a homeless person and decides to help them, even though they will probably be made fun of and risk being labelled as someone who likes to spend time with people experiencing homelessness.

Moreover, the adolescent brain is not "underregulated", as it was thought. Teenagers tend to exhibit more risky behaviours not because they have no brakes, but because they do not want to use them; the teenage regulatory system is highly flexible and thus excellent at meeting the motivational goals of the brain.



Parents vs. Peers

It is commonly believed that teenagers are more influenced by their peers rather than their parents. It turns out that such statements do not support empirical research. Studies show that parents' opinions often weigh as much, if not more, than those of peers.

During one of the experiments, scientists asked teenagers to play a game. The game was quite straight-forward: in a pond, there was a mixture of red and green fish. The participants' role was to decide whether to fish (take a risk) or to pass (avoid the risk). If they decided to take a risk and drew a green fish, they got two points, but if they risked and drew a red one, they lost one point. In addition, there was a goldfish in some ponds, which gave the participants five points. There were three combinations of red to green fish proportions, so the game wasn't too predictable, and the participants didn't rely on heuristics.

After playing a control session, which did not include a social conflict, scientists turned on the fMRI scanners and presented the participants with the decisions their peers and parents had made (whether to risk or not). Participants could see the decisions before seeing the fish and while seeing them in the pond. Both peers and parents could agree on risking, passing or could disagree. The situations when they disagreed created a social conflict; participants received incongruent information but had to make a decision.

In those situations when a social conflict was imposed, adolescent participants were more likely to follow their parents' advice. During the baseline session, approximately 63% of the participants decided to take a risk. When parents suggested risk, 68% followed the advice, but when peers encouraged risk, and parents were against it, only 57% took the risk. It explains why children tend to emulate parents' risky behaviours like smoking or drinking alcohol but also proves that parents' anti-risk approach can override the pro-risk approach of peers.

Although pronounced, the difference between the baseline session and the two other sessions was not very big. This means that, even though adolescents are likely to follow their parents rather than their peers, they are not very susceptible to any of those groups; they stick with their attitude and do not change it easily due to outer pressure.

Cultural Aspects of Adolescence

There is a major cultural component in adolescence. Thanks to cross-cultural research, we have learned more about this issue.

The way culture perceives adolescence is often how members of that culture experience it. It is like a self-



Photo by Kate Kozyrka on Unsplash

fulfilling prophecy: in Western countries, being a teenager is seen as a time of turmoil, taking risks, trying new things and self-discovery. That's what Western adolescents do. In contrast, in Asian cultures, adolescence is often viewed as a time of taking responsibility, repaying the family for its efforts, bringing it honour, supporting it psychologically and sometimes financially and making parents proud. Consequently, Asian adolescents tend to focus on fulfilling these expectations.

Prolonged Development

Cultures vary not only in terms of the stereotypes of adolescents but also in terms of their length. In Western cultures, adolescence is prolonged, with teenagers maturing more slowly and starting their families later. That is beneficial: the longer teenagers prepare to start their own lives, the more qualified and adapted they are. Although, for purely biological reasons, this must not take forever; having children in the late twenties may increase the probability of foetal defects. In addition, the social system is not prepared to support 20-ish and 30-ish-year-old people with no jobs. And which adolescent wants to depend on their parents until they are in their 30s?

How Social Media Affects Brain Development

Social media uses many psychological tricks to lure users and hold their attention for as long as possible. In general, using social media stimulates the reward system in the brain, causing a feeling of pleasure. It is a deceiving and hollow one since it doesn't offer anything one could be really satisfied with or happy about, but even so, the feeling is very strong and addictive.



Photo by Gabriel Brito on Unsplash

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Glossary

turmoil – a state of confusion, uncertainty, or disorder

puberty – the stage in people's lives when they develop from a child into an adult

to exhibit – to show something, especially a quality, by your behaviour

peer – a person who is the same age or has the same social position as you

heuristic – a way of solving problems by discovering things yourself and learning from your own experiences

to impose – to force someone to accept something, especially a belief or way of life

susceptible – easily influenced or harmed by something

to lure – to attract someone or something, often by offering something appealing

to deceive – to make someone believe something that is not true

hollow – without value, truth, or sincerity

to strive – to try hard to do something or make something happen

acquaintance – a person that you have met but do not know well

As mentioned earlier, adolescents have a powerful reward drive. That is what makes them so vulnerable to social media's influence.

Teenagers are bombarded with endless content, bright visuals and plenty of social interactions available all the time. This floods their brains with neurotransmitters, mainly dopamine and oxytocin. The first is responsible for "feeling good", and the second drives the need for social contact and acceptance. On the one hand, they are overstimulated, but on the other, they cannot take a break from it because their brains strive for the next portion of "pleasure" and easy gratification. There are also some social factors, too. Giving up on social media leads to being left out of the group of friends and acquaintances, since plenty of interactions take place via the Internet. There is a well-known phenomenon called FOMO (Fear of Missing Out). It's self-explanatory, but to set things straight, people who suffer from it become anxious when disconnected from the Internet because they feel, as the name suggests, that they are missing out on some important stuff and promising opportunities, that they waste their life by being inactive.

All those factors combined lead to imbalanced chemistry of the adolescent brain and improper development. As Jim Winston, an American psychologist and addiction therapist, stated in his interview for Forbes:

“

A child born today and primarily raised on devices will be neurobiologically incapable of reading *War and Peace* as an adult. Not lazy or unmotivated. Incapable.

”

Although all this may seem overwhelmingly pessimistic, there is still a light at the end of the tunnel. The problem of social media and its impact on people's lives has been recognised. Now is the time to do research, which, unfortunately, takes time. This entire situation reminds me of the history of the tobacco industry: at first, it was utterly unregulated. Tobacco companies once sold their products and advertised them as healthy, but as time passed and scientists proved that smoking tobacco is harmful, regulations were imposed on the industry and its potentates. This brings us to a bitter-sweet conclusion: we are following the right path, yet the journey is far from over, and a battle against social media giants, such as Meta or TikTok, still needs to be won.

A photograph of a classroom setting. In the foreground, a student with long dark hair, wearing a grey and white patterned sweater, has their right hand raised high in the air. To their left, another student is partially visible, holding a pink and white paper. The background shows a whiteboard and a blue wall. The image is partially framed by a large purple circle at the top and bottom.

Gifted Kid Burnout

Dangers of Overachieving as a Child

By Basia Ruszkowska

Many of us remember having a gifted student in our class. The kid with perfect grades is constantly praised for their outstanding academic performance, such as multiplying in second grade or memorising the names of months along with their correct order at the age of seven. Teachers called them special and gifted and put them on a pedestal as an example for the rest of the class. But have you ever wondered what happened to that kid later in life? Or maybe you were one? In this article, we will unpack the effects of early academic success, and how the weight of those early expectations can lead to burnout later in life.

Who are gifted children?

They can write, read, or count faster than their peers. They are quick to grasp new, exciting concepts of dividing and multiplying. They have a bright future before them or so their teachers say, admiring their grades. Gifted kids are really not that different from the rest of their peers. They just usually have this sort of ease with learning. Their brains are like sponges, absorbing new material much quicker. Thanks to that, they rarely have to study for their tests, as aceing them comes naturally. Later their grades are admired, and the kid is called special and gifted, which is ironic because they are getting praised for something they didn't put much effort into.

Being gifted – what comes with it

Needless to say, these kids are given a confidence boost very early in life. For a child, being put above their peers and shown as an example, is a great success and can lead to a strong sense of superiority. As every kid needs validation from their parents and/or teachers, these kids get it by excelling in their studies, sometimes art (but it's a whole different topic, on which we're not going to expand here). As a result, their self-esteem becomes strongly tied to their academic achievements and academic validation (good grades, teacher's approval) becomes a synonym for success, often the only one they recognise. Being smart becomes a central part of their identity. Also, they tend to be more competitive, ambitious, and highly self-critical, leaving no room for error.

The biggest problem is that when kids are labelled "gifted" and "special", they can start to perceive being normal as a bad thing, while, let's not forget – most people are average! But by the time they realise it, the process has started. There appears a need to live up to the adults' expectations and not let them down. The pressure coming from parents, teachers, and even peers becomes heavier and heavier over the years and in teen or preadolescent years it can have very unpleasant consequences.

The fall – a sudden change

It usually starts in high school. In Poland, you get to choose your high school by receiving a certain number of points on your eighth-grade exam. Naturally, if you get more points, you can be accepted into a more prestigious school. As you can imagine, our ambitious, competitive students with perfect exam scores usually end up exactly there – at the top. And that's where problems start to appear.

Even if you were the best in your elementary school, when you get put in a class full of successful students, just like you, you stop being the best. You become average. And it comes as a shock. This is when most gifted kids (now high schoolers) get overwhelmed. Their ambition and academic achievements lead them to a completely new environment, far more competitive and challenging than any other they have ever been in before. Suddenly their self-concept is shaken as they start getting worse grades, sometimes failing classes. Rationalising bad grades doesn't help them cope for long before a feeling of hopelessness appears. "But why are their grades dropping?" You may ask.

Photo by Tony Tran on Unsplash

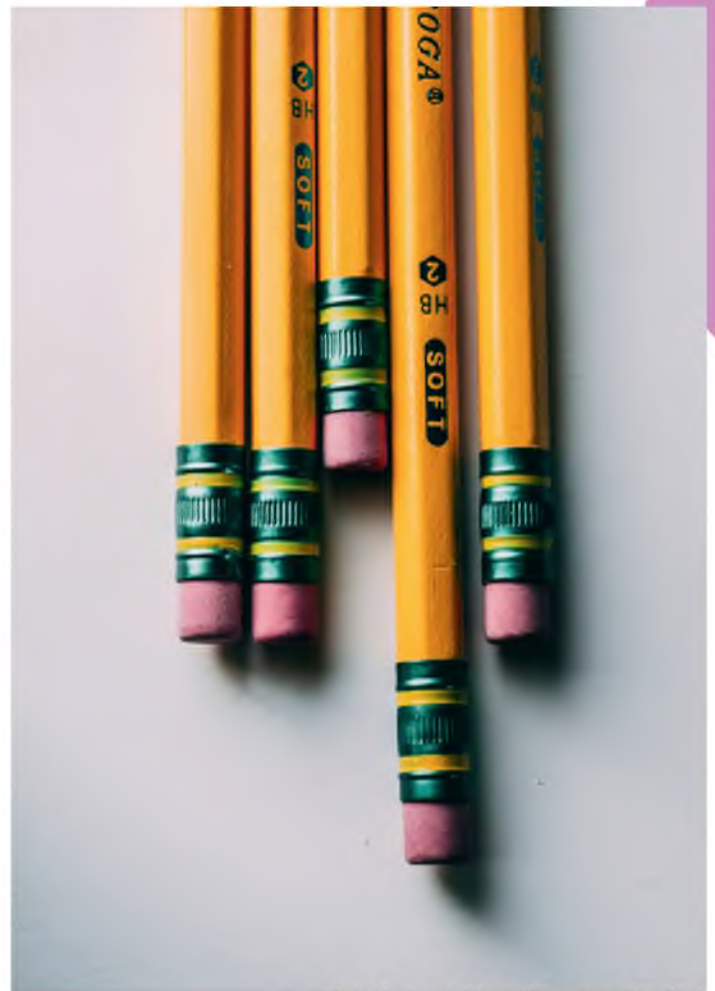


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Unfortunately, not struggling in the early stages of education comes with a cost – these gifted kids don't know how to study. When you are a fast learner, you don't develop the necessary studying habits. Ironically, in this area, they usually fall behind. They also don't learn how to ask for help because they are simply not used to it and can see it as a form of weakness or stupidity.

So, our ambitious, perfectionist high schoolers are put in a competitive environment, they have poor study habits, don't know how or want to ask for help and their grades drop. Their levels of stress are spiking higher than ever. They start to feel stupid, worthless, and hopeless. Let's not forget that being smart is a huge part of their identity, so when those academic achievements disappear, they lose their sense of self. Gifted kids lose their pedestal, and with that – often comes burnout.

Burnout – how does it look like

It is important to note here, that burnout does not affect only former gifted kids but can happen to anyone. To put it simply, it's a form of mental exhaustion caused by prolonged stress or pressure. It can cause emotional numbness, a sense of ineffectiveness, increased irritability, lack of motivation, constant fatigue, and withdrawal. What's more, stress can also affect our body, leading to sleep difficulties (such as insomnia), migraines, muscle twitching, and changes in appetite.

Unfortunately, former gifted kids as ambitious, independent, and highly critical people are specifically prone to experience burnout. What's even more tragic is their sense of independence and constant need to prove themselves, which of often prevents them from seeking help, even when they really need it.

Avoiding and overcoming

And if we're burned out – what can we do about it? We can start with regular physical activity. It can help us relieve some everyday stress, which is a major factor of burnout. Besides, our sleep hygiene is extremely important and a good night of sleep is much more beneficial than you might think. If you know that you are prone to student burnout, it's worth looking into some new study strategies, maybe testing some to see if your previous methods are fit for you. Allow yourself breaks. Sometimes, taking a step back is a form of self-care you need. Remember – you need rest to function.

But in some cases, all of that isn't enough, and you might consider seeing a psychologist or a therapist. If you don't have the resources, simply talking about your struggles with somebody can help. It also makes us rethink our choice of words and can lead to some discoveries about the root of our problems. Lastly – there is an important point to make. Burnout comes with a sense of worthlessness. A feeling that we failed, are failing, and can only fail in the future. Especially former gifted kids feel it intensely. Usually, it is necessary to redefine "success". It's not easy and takes time, but it makes all the difference.



My perspective

Maybe you – the person reading this – are a former gifted kid. If so, I solidarise and salute you. If you could not tell, I am a former gifted kid, and I say it in a bitter-sweet tone. As someone who has experienced everything I have just described here, I'd like to offer you my take on this topic. Losing your pedestal will always hurt a little bit, and in my opinion, it is normal. Even if it seems silly and unimportant, allow yourself to grieve the person you thought you were. Someday, you'll discover that being average is actually pretty cool.

Glossary

burnout – mental or physical exhaustion caused by working too hard or trying to do too much

superiority – the state of being better, more powerful, or more important than others

validation – recognition or affirmation that someone or something is valid or accepted

to exceed – be better than; surpass

to strike – to reach a particular amount or level

to be prone to – likely to experience or suffer from something, usually a negative one

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The Curse Of Being A „Gifted“ Student. <https://www.youtube.com/watch?v=YcaD980oYJQ>

4 Years after BURNOUT. This is what I would tell you. <https://www.youtube.com/watch?v=ObM0DRNm1a4>

Photo by Kinga Howard on Unsplash





Psychological Aspects of Teenage Rebellion



By Eden Łubiarz

"Oh, I see that your kid has entered the rebellious stage!" How many times have you heard that in your life? We often hear people talking about that mysterious, rebellious phase when teenagers oppose everything they can, start talking back, or get in trouble in school. That phrase is often thrown about, but what does it really mean? And what exactly happens in the teenage brain that makes them so angry at everything?

There are two types of adolescent rebellion: rebellion of non-conformity and rebellion of non-compliance. The former opposes fitting in socially, and the latter is against adult authority. They have differences, but they share one thing – they aim to attract adults' attention. Contrary to popular belief, this phase is not about inconveniencing parents or teachers. Instead, it is a natural part of growing up, during which teenagers begin to discover their independence from their caregivers.

When you're a child, you generally believe that your parents are all-knowing beings who can never be wrong. As you grow up, however, you begin to see them as ordinary humans. This realisation often leads to a desire to prove to yourself – and to those around you – that you are separate from them, which can result in acting up, changing your

interests, or occasionally engaging in more dangerous behaviours. Asserting this individuality leads to gaining disapproval from parents, and that's why rebellion is a good thing among peers and a bad thing among adults.

Even though it can seem like a good thing, it can also be damaging, as some acts of rebellion are dangerous to a teenager's physical and psychological health. This is because acting out in certain ways is not true independence but rather a form of dependence. These behaviours are merely the opposite of what authority expects, meaning the teenager remains reliant on the opinions of others.

Does every teenager go through that phase? The answer is obviously no. Some adolescents don't have it because if parents understand and give their children appropriate challenges, they don't feel to act out. They have a way of exploring their individuality and a way to grow into themselves in a safe environment.

All in all, the rebellious stage is actually just a way for a young person to find themselves, even if it's not done in the most conventional manner. There are ways to help them along their journey into adulthood that can minimise the harm they can do to themselves.

Source:

<https://www.psychologytoday.com/intl/blog/surviving-your-childs-adolescence/200912/rebel-with-a-cause-rebellion-in-adolescence>

Glossary

conformity – behaviour that follows the usual standards that are expected by a group or society

to assert – to behave in a way that expresses your confidence, importance, or power and earns you respect from others

merely – used to emphasise that something is not significant when compared to something else

reliant – dependent on something or someone to be able to do something

Photo by Anton Malanin on Unsplash



How Brain Changes During Adolescence Impact Our Personalities

By Weronika Piebiak



Photo by Parker Gibbons on Unsplash

Although personality develops and changes throughout human life, most drastic changes occur during adolescence – most commonly defined as a period between puberty and the mid-twenties. Behaviour is not the only thing that spectacularly changes; teenage brains undergo advanced modifications during that time, too.

Have you ever wondered how much general teenage brain changes impact our later personality and our behaviour?

Kernberg's model of personality consists of 5 main components: character, identity, intellect, values, and temper. It turns out that the first 3 are largely – more than the others – influenced by our brain structure, meaning that most of our personality depends on it. In Kernberg's model, character means habitual patterns of behaviour – it is everything we do out of habit, everyday activity, and most of our behaviour. Identity describes how we see ourselves and others, and intellect is our cognitive potential, which is responsible for abstract thinking, the ability to plan, learn, decide, and think.

Brain changes influence all those components. One of the most significant ones is pruning (influencing the intellect part of the model) – a process during which neural connections are cut off. Throughout our lives, the brain produces neural cells and their connections – white and grey matter. Although the process never stops, cell growth is not as striking as it was before. The grey matter peaks at 12 years old for girls, 14 for boys, and deteriorates steadily afterwards. It doesn't mean the older kids are getting more stupid; actually, it's the other way around. Pruning helps strengthen the used neural connections and removes unused ones.

If a kid (before the age of 12/14) spoke another language fluently or was able to recite a poem, it is likely that they will wholly or partly lose that ability when not exercised. The brain becomes more specialised, leaving only frequently used connections. During that time, it is important for parents to exercise their children's desirable or useful behaviours. It's a crucial time for forming future interests, skills, and abilities – this is why dance or musical prodigies start so young, and why a person who liked to draw as a kid will likely enjoy that activity in adulthood.

Another big change is the overactivation of the brain's reward centre. Most famously, it causes us to feel pleasure, but it also plays a role in motivation. The system rewards pleasure and pleasure-seeking behaviour, assigning importance to stimuli that trigger the biggest dopamine (happy hormone) release. A more active reward centre can paradoxically make us simultaneously more and less motivated. If the anticipation of a reward is bigger in teenage brains, it should motivate them more to do the activity causing that reward. The problem is that the bigger the reward and the easier it is to get, the more desirable it becomes. When the distraction is present, the teenage brain will always pick the more desirable action as it activates the pleasure centre even more. Moreover, teenagers don't have fully developed structures responsible for impulse control that could stop them. So, if adolescents are more motivated to do anything, theoretically, they are also more susceptible to distractions and bad choices.

An overactive reward centre is the reason why teenagers are more likely than any other demographic to form bad habits and become addicted to fast food, porn, or drugs.

It is especially worrying in today's world as all those things are becoming more and more accessible. Conversely, a more active reward centre is associated with better learning outcomes. During those years, it's especially important for adolescents to take care of themselves and stay away from potentially addictive behaviours. It is time for intense learning and forming good, healthy habits, as it's probable that they will last for life.

The last of the developing brain structures is the prefrontal cortex, which is an area responsible, inter alia, for impulse control, response inhibition, and anticipation of the consequences of the decisions made. It is sometimes called "the rational part of the brain". Teenagers don't have it fully formed, which encourages high-risk-taking behaviour and impulsivity. It may cause them to be braver and more outgoing, can possibly make them try new things or foster new interests, but it can also lead to irrational or dangerous behaviour. Because the structure is underdeveloped, it does not respond efficiently enough to outer stimuli. When faced with an obstacle or any situation at all, the teenage brain will use the amygdala instead of the prefrontal cortex to form a response. The amygdala is the "emotional centre" of the brain. Its function may vary, but it's mainly responsible for emotional responses, including feelings of happiness, fear, anger, and anxiety. This might be why teenagers sometimes appear moody, sensitive, or irritable.

Their behaviour may be frustrating, but we should strive for empathy as it's not entirely their fault. This is a crucial time for the formation of their future selves. It is important for parents or adults interacting with young people to be aware of their brain changes and offer support throughout the whole process.

Glossary

habitual – usual or repeated

component – a part that combines with other parts to form something bigger

to deteriorate – to become worse

prodigy – someone with a very great ability that usually shows itself when that person is a young child

to anticipate – to imagine or expect that something will happen

conversely – in an opposite way

to foster – to encourage the development or growth of ideas or feelings

efficient – working or operating quickly and effectively in an organised way



Photo by Chris on Unsplash

When Mood Swings Are Not Just Mood Swings

By Daria Fruń

Anyone who has contact with teenagers or at the very least remembers being one themselves can attest that adolescence is a difficult time, both for adolescents and people around them. But there is difficult and *difficult*, for some go through this already trying time with added burdens. You see, any rapid fluctuations in levels of hormones (especially sex hormones) might be accompanied by noticeable changes in mood – and during puberty, such fluctuations are ubiquitous, therefore making a certain level of emotional lability expected and fairly common. Besides, everyone has ups and downs – most of the time they are related to current events in life and general health conditions.

The concern should arise when they are inadequately strong or even extreme, have a clear effect on a person's behaviour and thinking, and affect a person's functioning in various areas of life (social, work, education, etc.), as such noticeable shifts might indicate bipolar disorder.

So what is that, exactly?

In ICD-11, bipolar or related disorders are their own category falling under the mood disorders group and can be divided into five types, although for purposes of this article, we will concern ourselves only with these three: bipolar type I and II disorder, and cyclothymic disorder. They are all fairly similar, but possess key features that set them apart. Let's take a closer look at them, shall we?

Bipolar type I disorder is defined by the occurrence of at least one mixed or manic episode. Alright, but what are those? A manic episode is a state of extreme mood that lasts for at least one week and is characterised by irritability, trouble focusing, euphoria, and an unusual boost of energy, resulting in increased activity and decreased need for sleep. Furthermore, these are usually accompanied by rapid speech, racing thoughts, increased interest in sex, impulsive or reckless behaviour, sense of grandiosity, and mood lability (quickly changing emotions and moods). In very severe cases, a person during a manic episode might experience hallucinations or delusions. Mixed episodes, in turn, feature symptoms of mania and depression that occur either simultaneously or alternate very rapidly and include changes of mood consistent with depressive and manic episodes for a duration of at least two weeks.



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Bipolar type II disorder has two pivotal differences: instead of manic or mixed episodes, there are only hypomanic ones, and its diagnosis additionally requires the occurrence of at least one depressive episode. Hypomania, just as the *hypo-* prefix suggests, features symptoms that are similar to those of mania, but less severe. Depressive episodes include diminished interest in activities, changes in appetite or sleep, psychomotor agitation or retardation, fatigue, attention troubles, and a person might feel worthless, hopeless, or guilty without any real reason. Suicidal thoughts or ideations might appear as well.

Cyclothymic disorder is probably the most difficult to identify and diagnose – its symptoms aren't severe enough to meet the criteria of hypomanic or depressive episodes. Still, they are prominent enough to cause distress or significantly impair at least one of the important areas of a person's functioning. They are present for over 2 years, which requires a lot of self-awareness and attentiveness from the patient or their loved ones.

Bipolar disorder heavily affects the day-to-day functioning of a person living with it, and is not something a person can "grow out of" – quite the opposite, actually. If left untreated, its symptoms tend to worsen, negatively impacting life. For teens, they might influence their functioning at school, relations with family and peers, and lessen behavioural inhibitions, which might lead to situations with harsh consequences.

The diagnostic process should always be as thorough as possible, but in the case of young patients, providing correct treatment early might lessen mental health-related problems they will face in their adulthood. It is not easy, however, as symptoms of various disorders might interchange and lead to confusion. Bipolar disorder is most often misdiagnosed as ADHD (and vice versa), borderline personality disorder, oppositional defiant disorder, depression, and anxiety. Symptoms might also be ascribed to the use of psychoactive substances or to being a product of childhood trauma. To make matters more complicated, comorbidity in the case of bipolar disorder is not rare – around 50% of patients with this diagnosis meet the criteria for other mental disorders.

Having said all that, it's crucial to remember that not everything that seems odd or abnormal is a symptom of a disorder, especially in teenagers. It's important to get a read on their whole life situation – maybe something is currently going on that affects them? Nonetheless, if you have any concerns regarding your own or a close person's mental health, you should consider contacting a medical professional. Even if the problem isn't bipolar disorder itself, they still might help determine what it is and assist in finding solutions. Better safe than sorry, no?

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Glossary

to attest – to show, say, or prove that something exists or is true

hindrance – something that makes it more difficult for you to do something or for something to develop

fluctuation – a change, or the process of changing

ubiquitous – seeming to be everywhere

lability – the degree to which something is likely to undergo change

grandiosity – a sense of superiority, uniqueness, or invulnerability that is unrealistic and not based on personal capability

to alternate – to happen or exist one after the other repeatedly

to ascribe – to believe that something is caused by something else

severe – causing very great pain, difficulty, worry, or damage

prominent – very well-known and important

The Nightmare

YOUNG PEOPLE IN NEED OF HELP FACE

By Ola Milewska

Note from the author:

This article is based on accounts and experiences from mental hospitals for teenagers in the Masovian Voivodeship. Some stories have been merged into generalisations. All names have been changed.

Recently, there has been widespread discussion about the dire state of mental hospitals for children and teenagers in Poland. Sadly, I must agree. The stories I've heard and the accounts shared paint a grim picture: from understaffed facilities to the abuse patients endure.

Understaffed Hospitals

The most well-known issue is the lack of staff. Very few psychiatrists are willing to work for NFZ (Poland's public healthcare system), primarily due to low pay and the overwhelming workload. There is also a shortage of well-trained therapists in public healthcare. For those who work there, many treat it as a punishment, showing little empathy or effort.

"Once, after a suicide attempt, the psychiatrist in the reception room told me I didn't cut myself deep enough to be worried about." - Ania

"My hospital therapist told me there is no help for me, but at least I will go to heaven." - Kamila

Safety Concerns

Another serious issue is that mental hospitals are not safe. Sexual assaults between patients are often ignored by staff. When patients harm themselves or have panic attacks, the response is often harsh and dehumanising. Patients are often restrained, sedated, and left unattended for hours or even days.

Trigger warning:

This article discusses sensitive topics, including sexual assault, abuse, self-harm, and suicide attempts.

"After a panic attack, they strapped me in safety belts, put a diaper on me, and left me alone. It only made things worse. Eventually, the nurses came to give me medicine, but only because I was screaming and crying." - Justyna

"While I was in the mental hospital, no doctor or therapist showed up. After a week, they just let me out. I still had constant suicidal thoughts." - Kacper

Poor Facilities

Public hospitals are severely underfunded. Patients often sleep on mattresses on the hallway floors. Rooms are overcrowded, and entire wards share just two bathrooms.

Conclusion

This system desperately needs a complete overhaul. Psychiatrists, psychologists, and therapists should receive better pay, and hospitals need increased funding for proper equipment and staff. Depression has become a civilisation-wide illness, and while change may not come in our lifetime, we must fight for better conditions for future generations.

Glossary

to merge – to combine or join together, or to cause things to do this

dire – very serious or extreme

to endure – to suffer something difficult, unpleasant, or painful

to overhaul – to completely change a system so that it works more effectively

to sedate – to cause a person to be very calm or go to sleep by giving them a drug

The WPATH

Files and the Cass Review

Are we facing a turning point in gender affirming care of children and youth?

By Kazimierz Kwiatek

The WPATH files

Renowned organisation – what is WPATH?

The abbreviation WPATH stands for the World Professional Association for Transgender Health. The organisation was founded in 1979 and since then has become a leading party in interdisciplinary studies on gender dysphoria and gender identity. One of the most important works of WPATH experts is the Standards of Care (SOC). By publishing the SOC, the organisation aims to provide professionals who work with transgender and gender non-conforming people with evidence-based ways of helping their patients to achieve general well-being.

Since 2010 and the 7th edition of the SOC, which was published in 2012, WPATH advocates recognising gender dysphoria as part of a psychological norm. Consequently, it encourages professionals to embrace an affirming attitude towards people with gender dysphoria, including children and adolescents.

The first scandal: The Eunuch Archive

Despite being an acclaimed and influential organisation, WPATH has not avoided scandals and criticism. In 2022, feminist Genevieve Gluck exposed in a series of articles² that some of the eminent figures working with WPATH on new SOC standards and advocating for expanding the notion of gender identity to include "eunuch gender identity" in the SOC were active and long-term members of a fetish forum called the Eunuch Archive³. On this forum, members not only share fictional stories featuring pornography and sadomasochism, including castration⁴ and fantasies about maltreatment of children, but also use it to find information about doctors performing orchiectomies – surgeries that aim to remove one or both male testicles – without psychiatric opinion on the patient. Jack Wayne Rogers, a founding member of the forum, was convicted of child pornography charges.

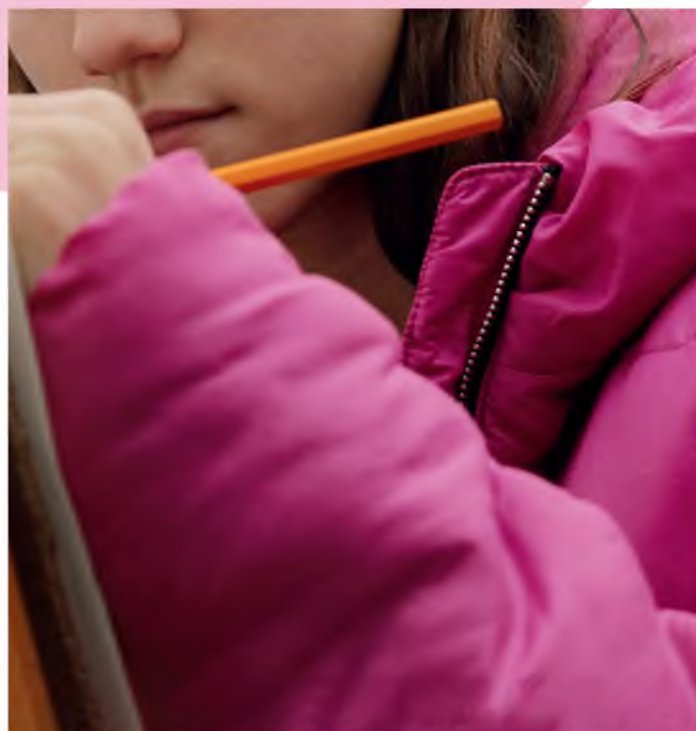


Photo by Ludmila Pashkevych on Unsplash

In addition, WPATH not only worked with Thomas V. Johnson, Richard J. Wassersug and Krister Willette, scientists who were members of the Eunuch Archive, but even referenced the forum site in its draft of the SOC.

That caused some movement in the Scottish NHS. They shared the document on their website as part of a consultation over updating transgender policies and guidelines, causing a scandal. Eventually, the Scottish NHS withdrew the document from their site and apologised for the "mistake"⁵.

The second scandal: Michael Schellenberger and the WPATH files

On 4 March 2024, Michael Schellenberger published on his X (formerly Twitter) account a series of posts containing leaked videos from a WPATH online conference during which the members of the organisation discussed the difficulties and challenges they deal with during the treatment of young people with gender dysphoria⁶. In addition, Schellenberger's foundation was involved in writing a report on this case providing the necessary context⁷.

Schellenberger starts with a video showing participants of the panel agreeing that in cases of children and adolescents it is hard to obtain informed consent for the transition or other surgeries and forms of treatment, such as receiving puberty blockers.

"I think the thing you have to remember about kids is that we're often explaining these sorts of things to people who haven't even had biology in high school yet," said an endocrinologist, Dan Metzger.

"It's out of their developmental range sometimes to understand the extent to which some of these medical interventions are impacting them," said one of his colleagues.

"But what really disturbs me is when the parents can't tell me what they need to know about a medical intervention that apparently they signed off for," added another participant of the discussion.

The files published by Schellenberger show that members of WPATH are fully aware of the consequences of the treatment they offer, including tumours, lack of fertility, and being unable to reach orgasm. Yet, they perform or consider performing it on minors or developmentally delayed individuals.

In addition, some members of WPATH recommended transitioning to people with diagnosed or suspected mental disorders, such as bipolar disorder, PTSD, schizoaffective disorder, schizophrenia, OSDD, or DID. In the last case, it was recommended even though not all the alters had the same gender identity.

Repercussions

As a result of this and other scandals, a debate sparked in many countries on whether legal and medical changes should be introduced to the system. The scandal had its profound consequences in the UK where the government banned puberty blockers for children and adolescents who were not already in clinical treatment. This decision was also influenced by the report of Dr Hilary Cass.

Members of WPATH did not deny the information from the files. The organisation itself neither reacted to the allegations nor tried to clarify why its members and their actions were incoherent with the organisation's standards – e.g. when it comes to informed consent – in any official announcement.

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The Cass Review⁸

In 2020, following an increase in gender-related hormonal treatment, the National Health Service (NHS) England asked Hilary Cass, a British paediatrician and a former president of the Royal College of Paediatrics and Child Health, to write a report on gender services for children and adolescents in the UK. Cass and her team performed several peer-reviewed systematic reviews of articles on topics such as characteristics of young people who refer to specialist gender services, use of puberty blockers, social transition, hormone therapy etc.

In a nutshell, the report states that there is no high-quality evidence for the benefits of using puberty blockers and cross-sex hormone therapy in children and young people. Reviewers also suggest that the increase in cases of gender dysphoria may be a consequence of mixed biological and psychosocial factors – e.g. lower threshold for medical treatment, social media-related mental health disorders, wider access to knowledge regarding gender dysphoria, and early exposure to online pornography.

When it comes to puberty blockers, the review states that due to lack of high-quality evidence (of 50 reviewed articles, one was found to be high-quality, 25 to be moderate quality, and 24 – low quality), no reliable conclusions can be drawn. Yet, the review found evidence for the weakening of bones in young people receiving puberty blockers. Additionally, the review opposed the statement that puberty blockers give young people more time to think about hormone therapy and transition.

The review points out that hormone therapy is not properly researched. Reviewers admit that hormone therapy increases psychological well-being of patients after 12 months, but we either lack the long-term follow-up data on what happens next or the data is inconsistent. The review advised that there should be a strong clinical justification for using hormone therapy in people under the age of 18.

Reaction and criticism

The review was welcomed by both the Conservative and the Labour Parties in the UK. As mentioned above, the review had its consequences in Great Britain and was widely commented on around the world – sometimes to attack trans people, which Cass opposed and condemned⁹. Despite emphasising that both cis and trans outcomes are equally valuable and that the report wasn't aimed at discrediting the latter, she received threatening messages and was advised not to use public transport for her personal safety¹⁰.

WPATH criticised the review for the supposed Dr Cass's premise that "non-medical alternatives to care will result in less adolescent distress"¹¹. The recommendations were also criticised for limiting physical healthcare access and suggesting mental healthcare to people who are not considered to be mentally ill. Dr Cass was also accused of omitting articles that didn't fit her thesis¹².

The third scandal: Blocking inconvenient research results¹³

Due to a legal conflict between the State of Alabama – which banned transition – and the American Civil Liberties Union, WPATH was ordered to present the court documents featuring how the SOC8 was developed. Issued documents showed that WPATH leadership attempted to censor the systematic reviews ordered at Johns Hopkins University, one of the most prestigious medical institutions in the world, which didn't fit their agenda of widely recommending hormone treatment and surgeries.

Apart from censoring the submitted reviews and forcing JHU to withdraw them from publishing, WPATH issued a new policy that allowed them to control what articles were published by JHU authors. The checklist that the articles had to meet included "positive contribution to promoting gender interventions", "including transgender people as authors", etc.

Even though JHU opposed WPATH, the latter won, and only one review was published¹⁴. Baker's review turned out to be faulty: it doesn't evaluate any physical harms despite the fact that the protocol states something else, and the pro-medical conclusions are not supported by the review's findings. Additionally, the article contains a disclaimer that WPATH had no influence on the review, its text, and conclusions.

Summary

The issue of transgenderism causes great emotion, even among experts. There is nothing unusual about the fact that ordinary people often feel lost in the overwhelming number of facts, theories, and articles, and approach the topic rather emotionally than rationally. There is no way one can give a simple and straightforward answer to what is true in this matter and what is not. Yet, we can be sure that we are witnesses of a turning point in not only the treatment of gender dysphoria but also in thinking generally about gender, sex, and their development in young people. The consensus that is being forged now will heavily influence the future. Hopefully, something good will emerge from the modern turmoil.

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Glossary

to obtain – to get something, especially by asking for it, working for it

blockers – a substance or medicine that stops a particular process from happening in the body

extent – the degree to which something happens or is likely to happen

fertility – the ability to conceive children or young

alter – one of the several different personalities that people with DID experience

repercussion – the effect that an action, event, or decision has on something, especially a bad effect

to spark – to cause the start of something

incoherent – expressed in a way that is not clear

threshold – the level or point at which something starts to happen

to condemn – to criticise something or someone strongly, usually for moral reasons

comprehensive – complete and including everything that is necessary



Body Dysmorphia In Teenagers

By *Amelia Anielska-Mazur*



As humans, we are impressionable – the fear of missing out is a significant driving factor for plenty of people. A need to fit in with others is on the rise due to social media. Technology, clothes, and finally, looks. A great deal of pressure is being put on appearing a certain way, particularly if you are a teenager. Your peers and relentless trends feel suffocating when you are trying to get by. Needless expectations may start to affect you to such an extent that you begin to view yourself in a distorted way. You begin to question your appearance, comparing it with others who are seen as the "standard". This may lead to the development of so-called body dysmorphia.

Firstly, let us discuss: what exactly is body dysmorphia?

Body dysmorphic disorder (BDD) – otherwise known as body dysmorphia or dysmorphophobia – is a recognised disorder listed in the ICD-11 (International Classification of Diseases 11th Revision). It causes a person to become preoccupied with their own appearance, believing there is a problem with how they look. Usually, this comes down to one or more flaws or defects that they constantly perceive and that are unnoticeable or irrelevant to others. This causes the person affected to feel self-conscious and engage in repetitive and excessive behaviours, such as continuous checking of their appearance, attempting to reduce or hide the self-perceived flaw and active avoidance of situations which may cause additional distress about said defect.

It is recognised as a disorder because it can escalate to such a degree, that it starts interfering with everyday life. A person who has dysmorphophobia can experience social, academic and occupational impairment because of it. These criteria are also a baseline for diagnosis from a mental health professional. However, it is still severely undiagnosed.

BDD is relatively common and can often co-exist with other mental disorders, such as, but not limited to, eating disorders, depression, and anxiety. As a result, its symptoms can often overlap with different diagnoses, making it difficult to single out. While anyone can develop body dysmorphia, it most commonly affects teenagers.



Photo by Velizar Ivanov on Unsplash

Living with dysmorphophobia is no easy task. It can feel deeply isolating to the person affected. The way people experience the struggle varies from person to person, however there are recurring anxieties that people affected may single out. There is a constant, ever-present fear of people perceiving your self-recognised flaw, seeking reassurance, the need to check your own appearance, and perhaps even being unable to recognise yourself in the mirror. Those strong emotions imprint on anyone regardless of age. Understandably, youths may experience them to a heightened degree. Adolescence is filled to the brim with contradicting feelings, making youth more prone to emotional vulnerabilities.

There are numerous factors contributing to the development of BDD, mainly rooted in societal standards of conventional beauty. It is no surprise that social media is a driving force nowadays. Unachievable standards of beauty are present wherever you turn in online spaces – filters, various trends in the form of unhealthy "aesthetics" and the glorification of eating disorders (reminiscent of those we witnessed in the early 2000s); it is revolting to see people benefiting from young people succumbing to such trends. After all, that is the reason behind it all: the exploitation of easily triggered insecurities. Companies profit from people fighting with

their self-consciousness by providing products marketed as the solution to their worries. Think of the rise of anti-wrinkle patches targeted at women in their 20s; who would have thought of that 50 years ago? There is a growing trend of fabricated trends, which turn out to be a marketing strategy of companies. We seldom pay attention to it; however, we should not focus away from the problem at hand.

How can we support someone who struggles with body dysmorphia?

The answer is quite simple – be present and reassure them. Especially, an adolescent will require outside aid from a trusted community to recover mentally. Nevertheless, the main supporter through the healing process of BDD is a trained professional – a licensed psychologist or other medical professional – and so we should not try to replicate their knowledge and expertise. We should offer our support to the person struggling, communicate our care for them and accompany them through the therapy process.

Living with a disorder centred around body image is a hefty task; modern online culture reinforces many harmful habits, which further worsen it. By working on creating an environment around body neutrality, rejecting the strict conventionality of societal expectations regarding our appearances, as well as fighting for accessible mental aid, we have a chance of lessening the prevalence of body dysmorphia in young people. Remember to listen and support; by doing so, you are already working wonders for a person with BDD.

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Glossary

relentless – continuing in a severe or extreme way

to suffocate – to prevent something or someone from improving or developing in a positive way

flaw – a fault, mistake, or weakness

impairment – diminishment or loss of function or ability

hefty – large in amount, size, or force

prevalence – the fact that something is very common or happens often

brim – the very top edge of a container

to succumb – to lose the determination to oppose something; to accept defeat

By Martyna Lekan

How Parents Can Support Teen Mental Health Without Overstepping or Underplaying

Understanding Teen Struggles

Raising compassionate, friendly, yet assertive, and independent children may feel overwhelming and sometimes even impossible to achieve. It requires the delicate balance of offering help without being intrusive or controlling. Those once very vulnerable, cute babies who depended on parental care with every need and task have turned into their own complex people who sometimes just lock themselves in their room away from everything and everyone. As with everything in life, big and sudden changes are difficult to comprehend and reconcile with, and kids change very rapidly – not only in terms of growth but also in terms of personality and new challenges they face. Teenagers are much more aware of the world around them and the internal turmoil that's inevitably a part of adjusting to the reality of adolescence. Their brain and body undergo multiple complicated processes they often don't understand or may feel distressed by. It's not only hormones speaking through a teenager but also their own confused self-dealing with a complete reconstruction of their hitherto understanding of the world, themselves, relationships, functions of their body, and thoughts that are now occupied with much more difficult problems than in their earlier childhood.

Common challenges for adolescent kids include stress, anxiety, depression, anger and outbursts, chronic fatigue, first heartbreaks, identity formation, peer pressure, managing more complex relationships, bullying, internet overindulgence, encountering explicit or violent content, and much more.

For many adults, the first instinct when their child or a child in their family complains about any of the issues listed above is to downplay the severity or importance of the issue, often as an attempt to console the struggling teen, with no ill intention. It may feel silly or as if the teenager is trying to obtain one's attention.

It usually comes in the form of comparison to adulthood: "You don't have real problems yet. You'll see what it's like when you go to work," or to other people: "You have a roof over your head, food, and clothes. There are kids out there who are homeless." Nobody would like to hear such dismissive comments when confiding in someone close. Children aren't an exception. They often

feel unimportant, hurt by the broken trust they had in said adult. When children come to their parents with any, even the smallest problem, it's usually a sign they trust them and know they can count on them.

Another instinct might be to overreact and instantly intervene. If a child reveals they have been laughed at in school, parents might feel a strong need to protect them – to visit the school, reprimand the class, and report to teachers or other parents. Sometimes, intervention is necessary, especially when the situation goes out of control or someone gets hurt, but these happen fairly sporadically.

Practical Ways to Support

What is most important in these situations, no matter how small or insignificant a problem might seem to the parent, it could feel earth-shattering to the child. When you're 40, and you have married the fourth partner you have had, you understand now that the first breakup was not the end of the world, but you didn't feel this way, then. Or vice versa, the child might just want to get something off their chest because they have it all under control but still feel strong emotions they don't yet know how to manage.



In both scenarios and any others in between, the first and foremost thing to do is listen. Sit down with them and let them speak, let them express what's on their mind. They might come to you at inconvenient moments, but it's exactly then that they feel comfortable talking, and the chance might pass if it is not taken. Don't interrupt, don't respond immediately, don't offer solutions if not asked for – at least not as a first aid kit. They might feel much better by just talking to you and feeling heard.

Of course, conversations are sometimes needed, and open-ended questions come in handy. Ask in a way that will let the child elaborate and explain it in their own way without putting their thoughts or problems into a restricted box. When responding, avoid judgmental and evaluative language. Show them you understand and that what they feel is valid, even if you have never experienced such a thing. You can share your own experience with similar issues and how you dealt with them, but here, it's important to be careful not to shift the topic onto yourself entirely, turn it into a preachy speech, or compare you two too much.

More often than not, it is much better to let the child figure it out on their own with your help and support available at their disposal than to give them instant solutions. It will help them manage their emotions, learn problem-solving, and become independent in the long run. Even the youngest kids benefit from completing tasks on their own or failing at them. They draw conclusions, learn, and improve.

One of the most important values for teenagers is their right to privacy. It's strongly connected to developing autonomy and the sense of self – having something only for yourself is crucial for authentic self-expression and reflection on one's emotions, values, and goals. It gives them confidence in their ability to manage their lives. Respecting teens' privacy by not checking their phones, not reading diaries, and not entering their rooms without knocking or rummaging through them builds lifelong trust between the child and their parents. Overstepping privacy can lead to resentment, secrecy, or rebellion, potentially straining the parent-teen relationship. Feeling monitored or controlled can create stress, anxiety, or feelings of inadequacy. Children learn mostly by example, so respecting their boundaries teaches them the value of respecting others' boundaries as well (and protecting their own).

Signs Parents Should Watch For

Sometimes, everyday parenting skills might not be sufficient when encountering physical or mental health issues. Gloomy children and depressed children need very different kinds of care, but all need their parents' support. A lot of times, it's not obvious when to intervene or what to look for in a child's behaviour that

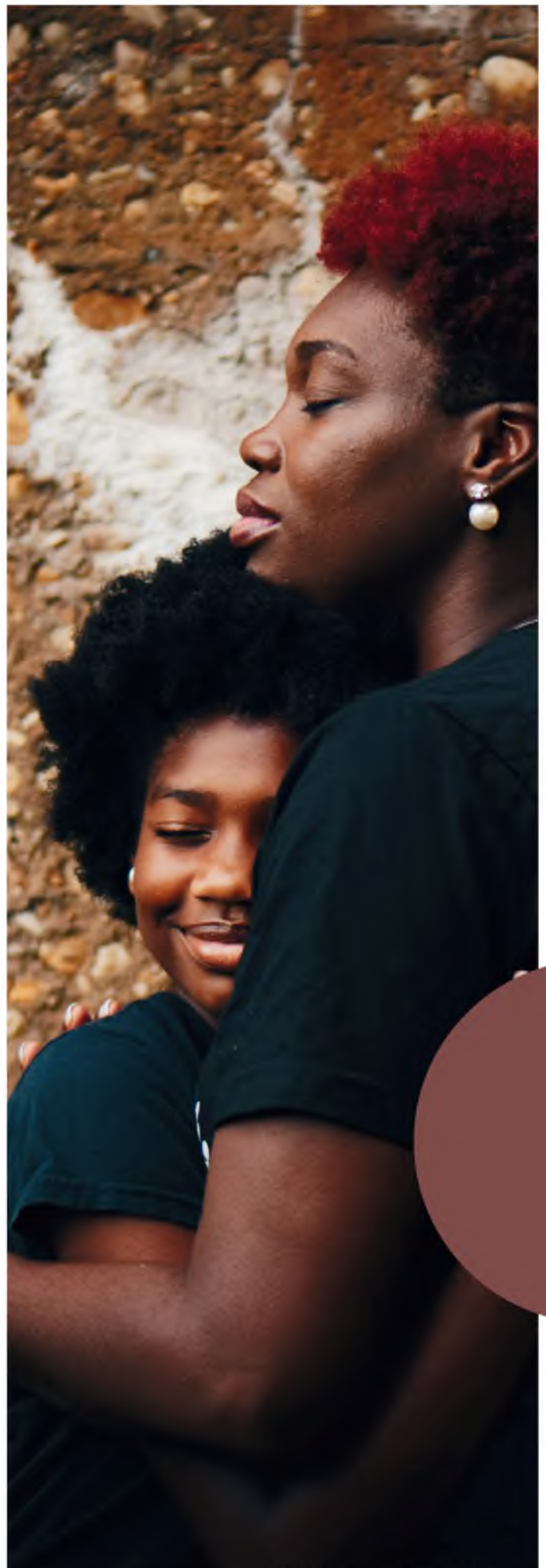


Photo by Eye for Ebony on Unsplash

should worry the parent into seeking help. All kids are different, and there is no versatile tool to check when it is the time to step in, but there are some rules of thumb that combine with the parent's familiarity with their own child that might help identify those moments.

The easiest to spot and usually best indicators are sudden and/or drastic observable changes. Those may include:

- **Persistent emotional changes** – irritability, anger outbursts, sadness, excessive worry or anxiety (while mood swings are common, prolonged changes that interfere with daily activities can signal deeper issues.)
- **Behavioural changes** – changes in appetite, declining academic performance, withdrawal from family and friends, loss of interest in activities, flinching to touch, becoming easily startled, risk-taking behaviours.
- **Physical symptoms without medical cause** – chronic fatigue, unexplained aches or illnesses, prolonged sleep deprivation or excessive oversleeping (to some extent normal for teens, as they need the most sleep of all age groups).

Differentiating normal teenage behaviour from potential mental health concerns is no small feat, and misunderstandings are bound to happen. Conversations are always the first step to solving every issue, but sometimes teens will need much more time to open up, so it's important to show up for them even when the smallest obstacles emerge, not only when there are mountains to cross. That way, the child know you are the first person to come to and will trust you with their problem instead of secrecy and hurting in solitude.



How to Seek Professional Help

When it is established, the issue needs further steps than parent-teen conversations, the best route would be to visit some kind of specialist, depending on what the teen is struggling with. A primary care doctor may evaluate the worrisome symptoms and determine whether it's a normal adolescent change or refer the patient to other medical professionals or a psychologist. Try to show your support and empathy for your teen, whatever your next decision, avoiding panic, judgment, and makeshift diagnoses. Keep it private between them and you or the household, but don't shame your child for needing care. As a broken bone needs medical intervention, a broken soul needs some, too. It's crucial to stop blaming your parenting, choices, mistakes, or anything related to you for whatever your child might be going through. Self-reflection is undeniably key to improvement and making your bond stronger, but self-loathing and fear of becoming a failure might inhibit the teen in need from seeking or accepting proper help. That's not to say to run to the nearest psychology office at every minor inconvenience, overstepping may sometimes do more harm than good. Try to be objective as much as possible, though, of course, it's hard to stay neutral when it comes to family, but as an adult and the primary guardian, they need your support, knowledge, experience, expertise, and empathy.

Show them they can always count on you.

Glossary

to reconcile – to find a way in which two situations or beliefs that are opposed to each other can agree and exist together

hitherto – until now or until a particular time

to downplay – to make something seem less important or less bad than it really is

to confine – to limit an activity, person, or problem in some way

earth-shattering – extremely important, interesting, or surprising

to preach – to give unwanted advice, especially about moral matters

to rummage – to search for something that is difficult to find among other things

secrecy – the state of being secret or of keeping something secret

gloomy – unhappy and without hope

versatile – able to change easily from one activity to another or able to be used for many different purposes

LIFESTYLE CORNER



Photo by Noah Buscher on Unsplash

The generation Most Willing to Seek Help



When I compared Gen Z or Millennials to older generations, I saw that mental health or seeking help is no longer a taboo. I think it's a common perception that younger generations are more likely to go to therapy or see a psychiatrist. Still, today, I wanted to explore and find scientific research that can back this thesis up. Finally, I found one.

In 2019, the American Psychological Association published *Stress in America™ Generation Z*. The APA goes in-depth into the reasons that cause stress in American Generation Z.

They also compare the percentage of generations most likely to receive or look for psychological or psychiatric help. Generation Z is by far the most likely, with the highest percentage, 37%. Millennials follow with – 35%, but older generations have a significantly lower percentage (Xers – 26%, Boomers – 22%). The research shows a significant trend: Generation Z is leading the way in seeking mental health support.

This suggests a shift in attitudes towards mental health. Younger generations are more open to therapy and psychiatric assistance. As mental health awareness continues to grow, it becomes clear that the stigma around mental health is slowly lessening, leading to a more supportive environment for those facing psychological challenges.

Thanks to Gen Z's open-mindedness, mental health is becoming less of a taboo subject. Younger generations have increasingly recognised the importance of mental well-being. It gives hope that the number of people struggling with their problems alone will decrease over the next decades, especially if more than 70% of Generation Z states that "they could have used more emotional support in the past year."

Karolina Tomczak

*Run
Heads*



Why did the student eat
their homework?

*Because the teacher said
it was a piece of cake.*



How did the hipster kid
burn his mouth?

*He ate the pizza before it
was cool.*

Whimsical LANGUAGE



★ Idioms

(The) youth must be served

Young people should be treated with forbearance while given enough freedom to express and understand themselves.



Going through a rough patch

Experiencing a difficult or emotionally challenging time.



To be all over the place

Feeling emotionally scattered or mentally disorganised.



Coming of age

The transition from childhood to adulthood, often filled with growth and challenges.



Test the water(s)

To try something out tentatively to see if it works out or feels right.



★ Proverbs

You can't put an old head on young shoulders

You can't expect young people to have the wisdom or maturity of older adults.



Don't burn the candle at both ends

Don't overwork or exhaust yourself – take care of your mental and physical health.



It takes a village to raise a child

Teenagers need support from a whole community, not just their parents.



Experience is the best teacher

You learn the most through living and personal experience – especially true during adolescence.





"Beautiful Boy"



I suppose you know Steve Carell from his comedic endeavours. Maybe from *The Office* or *The 40-Year-Old Virgin*. He can give us a good laugh, I won't argue that. He's often typecast as a funny guy – but that's a mistake. In 2018, something beautiful happened. Or rather, was created. It's more of a journey than a movie. And in this journey, we are experiencing an emotional roller coaster. One of the most challenging kinds of relationships, the father-and-son relationship, is being taken as a leading theme. It is filled with love, and one might expect anger. But there is more helplessness, grief after an ideal, and sadness. Mr. Van Groeningen created something named so perfectly that one can only agree after watching his creation: *Beautiful Boy*. This movie is led by two phenomenal actors: the earlier-mentioned Steve Carell and Timothée Chalamet. They will make you cry – but with tears that aren't empty, that aren't filled with a straightforward emotion, but are heavy with a multitude of them.

Although the movie has some flaws, such as portraying drug use as somewhat casual and relatively harmless to physical health, it is worth watching every minute. But please don't watch it when you're tired or drained – or, on the flip side, when you're too happy, excited and energetic. Find a moment when you are bland and grey but not too sad, and then watch it. It will bring many colours and a variety of emotions all at once.

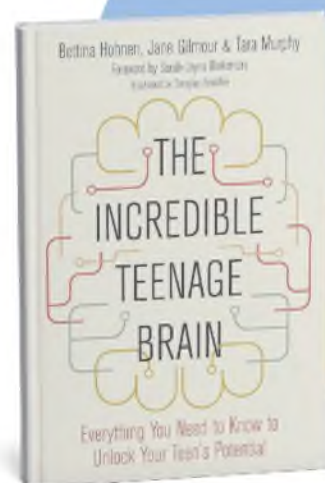
Review by Jan Wolicki

"Incredible Teenage Brain"

While I read this book kind of by accident – it was a gift I did not want to waste – it turned out to be a rather satisfying experience. The book provides a solid knowledge base on biological and socio-psychological aspects of adolescence, as well as important health factors and some pointers on managing stress, sleep hygiene, and the influence of technology. It also covers the basics of the differences between neurotypical and neurodivergent teens.

What is important is that it's written in a way that is accessible both for people well-versed in human development and for those without previous knowledge of this topic. And the best – in my opinion – part: the book avoids metaphors that are supposed to "make it easier to understand" but just serve to further confuse the reader.

Review by Daria Fruń



THE (NOT SO SERIOUS) MOVIE HOROSCOPE

FIND OUT
WHAT IS
YOUR
DESTINED
CINEMATIC
EXPERIENCE!

WE HOPE YOU ENJOY YOUR
FORTUNE WHETHER YOU BELIEVE
IN ASTROLOGY OR NOT!



ARIES

"KILL BILL"

Snack: Spicy sriracha popcorn or wasabi peas
Drink: Ginger beer or a blood-orange soda

MAR 21 – APR 19



TAURUS

"LITTLE WOMEN"

Snack: Fresh pastry with jam or butter cookies
Drink: Warm herbal tea (like chamomile or lavender honey)

APR 20 – MAY 20



GEMINI

"THE GRAND BUDAPEST HOTEL"

Snack: Mini eclairs or petit fours
Drink: Sparkling lemonade with mint or rosewater fizz

MAY 21 – JUN 20



CANCER

"THE NOTEBOOK"

Snack: Chocolate-dipped strawberries or homemade brownies
Drink: Creamy hot cocoa or vanilla milkshake

JUN 21 – JUL 22



LEO

"PRIDE AND PREJUDICE"

Snack: Elegant tea sandwiches or candied rose petals
Drink: Sparkling rosé mocktail or a hibiscus iced tea

JUL 23 – AUG 22



VIRGO

"HER"

Snack: Rice paper veggie rolls or hummus with sliced veggies
Drink: Iced matcha latte or cucumber-mint water

AUG 23 – SEP 22



LIBRA

"BEFORE SUNRISE"

Snack: Cheese board or mini croissants with brie or fruit preserves
Drink: Sparkling elderflower lemonade or mocktail sangria

SEP 23 – OCT 22



SCORPIO

"PORTRAIT OF A LADY ON FIRE"

Snack: Dark chocolate truffles or pomegranate seeds
Drink: Black cherry soda or red wine mocktail

OCT 23 – NOV 21



SAGITTARIUS

"BABYLON"

Snack: Street food inspired bites e.g. tacos or popcorn with exotic spices
Drink: Mango-lime spritzer or spiked ginger lemonade

NOV 22 – DEC 21



CAPRICORN

"GONE GIRL"

Snack: Sharp cheddar and crackers or salted dark chocolate bark
Drink: Sleek espresso tonic or iced earl grey

DEC 22 – JAN 19



AQUARIUS

"ALICE IN WONDERLAND"

Snack: Cotton candy or cakes, cupcakes with "Eat me" icing
Drink: Butterfly pea tea or lemonade with edible glitter

JAN 20 – FEB 18



PISCES

"ETERNAL SUNSHINE OF THE SPOTLESS MIND"

Snack: Soft mochi or sea salt caramel ice cream
Drink: Dreamy blue Italian soda or lavender lemonade

FEB 19 – MAR 20



Language Exercises

Exercise 1.

Guess the idioms and proverbs based on the given images.

Answers on page 34



1.



2.



3.



4.



5.



6.

Exercise 2.

Fill in the blanks with the correct word from the choices provided. Only one option is correct for each sentence.

1. The new policy will _____ strict rules on student behaviour during exams.

- a) lure
- b) impose
- c) deceive

2. Poor time management was a major _____ to his academic progress.

- a) flaw
- b) impairment
- c) hindrance

3. Teenagers are often _____ to risky behaviour as they seek excitement and independence.

- a) prone
- b) susceptible
- c) reliant

4. An authoritarian parenting style can sometimes _____ a teenager's independence.

- a) support
- b) foster
- c) suffocate

5. During adolescence, many teens experience emotional _____ that can affect their relationships.

- a) mood swings
- b) fluctuations
- c) lability

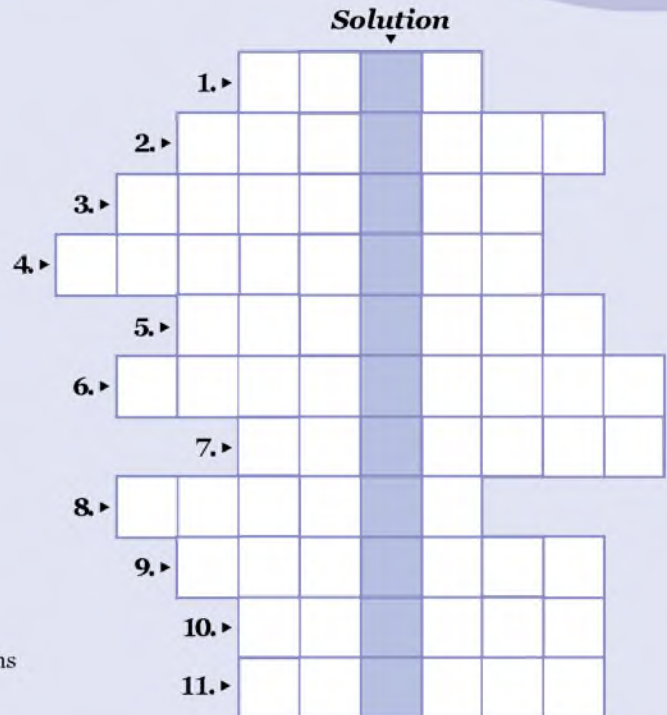
6. Her sudden interest in gothic rock, wearing heavy makeup and black clothes was seen as an act of _____.

- a) conformity
- b) rebellion
- c) turmoil



Exercise 3.

Complete the crossword puzzle using the provided clues. The solution is indicated by the blue squares.



1. a fault, mistake, or weakness
2. to criticise something or someone strongly, usually for moral reasons
3. a state of confusion, uncertainty, or disorder
4. to make something seem less important or less bad than it really is
5. the stage in people's lives when they develop from a child into an adult
6. the level or point at which something starts to happen
7. to believe that something is caused by something else
8. to encourage the development or growth of ideas or feelings
9. mental or physical exhaustion caused by working too hard or trying to do too much
10. to be better than; to surpass
11. to give unwanted advice, especially about moral matters



Exercise 4.

Complete the sentences by filling in the blanks with the appropriate words from the list below. Some words may need to be used in another form to correctly fit the sentence.

downplay

rummage

vulnerable

lure

endure

assert

versatile

impose

burnout

confine

fluctuation

foster

reconcile

1. Because Laura was rather an unpopular student, she had to _____ constant teasing from her classmates.
2. After the intensive studying for the finals, Kate had an emotional _____, therefore she decided to take a gap year instead of going to college.
3. Bob usually _____ the significance of his accomplishments, claiming that they are not a great deal.
4. The teacher posed some unusual and challenging questions with the hope of _____ interest among his students.
5. Teens tend to be more _____ to peer influence rather than their parents due to their still developing brains.
6. During their adolescent years, many young people begin to challenge authority figures and _____ their independence.
7. Keeping in mind the emotional _____ the teenager was experiencing, it became easier to understand his behaviour.
8. Although she does not speak that much in class, Beth is extremely _____ and can adapt to any group activity or project.
9. The documentary illustrated the extent to which social media can _____ youngsters by offering instant rewards.
10. The student attempted to _____ the panic he was feeling and concentrate on the lecture the teacher was giving.

Glossary

Understanding the Teenage Brain: Latest Findings

turmoil – a state of confusion, uncertainty, or disorder
puberty – the stage in people's lives when they develop from a child into an adult
to exhibit – to show something, especially a quality, by your behaviour
peer – a person who is the same age or has the same social position as you
heuristic – a way of solving problems by discovering things yourself and learning from your own experiences
to impose – to force someone to accept something, especially a belief or way of life
susceptible – easily influenced or harmed by something
to lure – to attract someone or something, often by offering something appealing
to deceive – to make someone believe something that is not true
hollow – without value, truth, or sincerity
to strive – to try hard to do something or make something happen
acquaintance – a person that you have met but do not know well

Gifted Kid Burnout

burnout – mental or physical exhaustion caused by working too hard or trying to do too much
superiority – the state of being better, more powerful, or more important than others
validation – recognition or affirmation that someone or something is valid or accepted
to exceed – be better than; surpass
to strike – to reach a particular amount or level
to be prone to – likely to experience or suffer from something, usually a negative one

Psychological Aspects of Teenage Rebellion

conformity – behaviour that follows the usual standards that are expected by a group or society
to assert – to behave in a way that expresses your confidence, importance, or power and earns you respect from others
merely – used to emphasise that something is not significant when compared to something else
reliant – dependent on something or someone to be able to do something

How Brain Changes During Adolescence Impact Our Personalities

habitual – usual or repeated
component – a part that combines with other parts to form something bigger
to deteriorate – to become worse
prodigy – someone with a very great ability that usually shows itself when that person is a young child
to anticipate – to imagine or expect that something will happen
conversely – in an opposite way
to foster – to encourage the development or growth of ideas or feelings
efficient – working or operating quickly and effectively in an organised way

When Mood Swings Are Not Just Mood Swings

to attest – to show, say, or prove that something exists or is true
hindrance – something that makes it more difficult for you to do something or for something to develop
fluctuation – a change, or the process of changing
ubiquitous – seeming to be everywhere
lability – the degree to which something is likely to undergo change
grandiosity – a sense of superiority, uniqueness, or invulnerability that is unrealistic and not based on personal capability
to alternate – to happen or exist one after the other repeatedly
to ascribe – to believe that something is caused by something else
severe – causing very great pain, difficulty, worry, or damage
prominent – very well-known and important

The Nightmare Young People in Need of Help Face

to merge – to combine or join together, or to cause things to do this
dire – very serious or extreme
to endure – to suffer something difficult, unpleasant, or painful
to overhaul – to completely change a system so that it works more effectively
to sedate – to cause a person to be very calm or go to sleep by giving them a drug

Last but not least...



TED

How porn changes the way teens think about sex

Emily F. Rothman, November 2018



Watch here!



"The free, online, mainstream pornography that teenagers are most likely to see is a completely terrible form of sex education," says public health researcher Emily F. Rothman. She shares how her mission to end dating and sexual violence led her to create a pornography literacy program that helps teens learn about consent and respect – and invites them to think critically about sexually explicit media.

Growing pains

Social rejection (which happens mostly during teenage years) activates the same brain areas as physical pain. A study published in *Science* revealed that social rejection activates the anterior cingulate cortex (ACC), a region also involved in processing physical pain. This shows that being excluded or rejected can actually "hurt" on a neurological level.



Did you know that...

teenagers often experience **emotional hijacking**. During high-stress or emotional situations, the amygdala (responsible for emotional reactions) may overpower the prefrontal cortex, resulting in impulsive decisions. This phenomenon is sometimes called **emotional hijacking**. In addition, teenage brains prioritise emotions over logic. It's well known that the limbic system (emotion centre) develops earlier than the prefrontal cortex (responsible for reasoning and impulse control). This developmental gap can lead teenagers to make emotionally-driven decisions.



Answers to exercises

Exercise 1.

1. going through a rough patch
2. the youth must be served
3. don't burn the candle at both ends
4. you can't put an old head on young shoulders
5. test the water(s)
6. it takes a village (to raise a child)

Exercise 2.

1. impose
2. hindrance
3. prone
4. suffocate
5. mood swings
6. rebellion

Exercise 3.

1. flaw
2. condemn
3. turmoil
4. downplay
5. puberty
6. threshold
7. ascribe
8. foster
9. burnout
10. exceed
11. preach

Exercise 4.

1. endure
2. burnout
3. downplays
4. fostering
5. vulnerable
6. assert
7. fluctuations
8. versatile
9. lure
10. confine

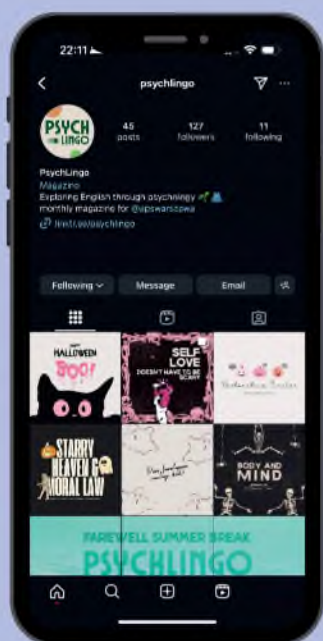
Solution: ADOLESCENCE

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im. Marii Grzegorzewskiej
z siedzibą w Warszawie
z siedzibą w 1922



Photo by NEOM on Unsplash

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