

Editorial

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The Journal's Mission

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The mission of *Psychotherapy and Psychosomatics* (to be the home of innovative, critical thinking at the interface of behavioral and medical sciences) appears to be more timely than ever. The past year offered two notable examples of this role.

The expulsion of Peter Gotsche from the Cochrane, an international network of scientists that surveys the literature on treatment and diagnostics to produce consensus reports on their efficacy, has attracted considerable attention both in the scientific and lay press [1, 2]. Gotsche, Director of the Nordic Cochrane Center in Copenhagen and a leading scientist in the group, was expelled for his criticism of a review on the HPV vaccine and his critical views about the presence of researchers with ties with the pharmaceutical industry among the authors of systematic reviews. Four other board members resigned in protest [1]. The dangers related to financial conflicts of interest were clearly outlined in 2001 in our journal [3] and are of particular concern in meta-analyses [4]. The inadequate handling of financial conflicts of interest in the Cochrane meta-analysis casts serious doubts on the construction of evidence-based medicine [5]. The modalities of expulsion of Peter Gotsche are suggestive of a totalitarian characterization of evidence-based medicine, which Feinstein and Horwitz predicted 2 decades ago:

“The laudable goal of making clinical decision based on evidence can be impaired by the restricted quality and scope of what is collected as ‘best available evidence.’ The authoritative aura given to the collection, however, may lead to major abuses that produce inappropriate guidelines or doctrinaire dogmas for clinical practice” [6, p. 529].

During 2018, the difficulties that patients may have in discontinuing antidepressant drugs attracted considerable attention in the lay press and forced clinical journals and scientific organizations to address the problem after 2 decades of tight censorship [7–9]. Once again, the wide spectrum of withdrawal reactions that arise with antidepressant drugs, including the occurrence of persistent postwithdrawal disorders, were anticipated by this journal [10–13]. Not only clinicians have been systematically taught to minimize and deny the occurrence of such reactions [9]: current diagnostic systems, such as DSM, appear to be obsolete since they fail to take into account the modifications of psychopathology (behavioral toxicity) induced by psychotropic drugs [14].

In 2018, we also launched, together with the *Journal of Clinical Psychopharmacology*, an overdue reappraisal of the role of benzodiazepines in medical practice [15–17]. Benzodiazepines, because of their widespread use and their limited cost, were object of a commercial war: the dependence potential of benzodiazepines was dramatized

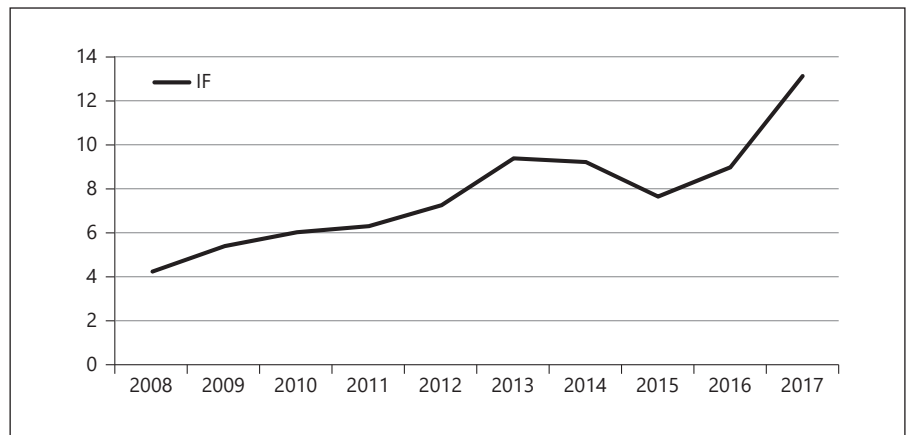


Fig. 1. The 10-year impact factor (IF) of *Psychotherapy and Psychosomatics*.

and their prescription was hindered in all possible ways, despite the clinical value of this class of medications [9]. Physicians thus learned that benzodiazepines were bad and could cause dependence, whereas antidepressant drugs were devoid of such effects (even though their dependence potential is as much or even worse than that of benzodiazepines). This was probably the most spectacular achievement of propaganda in psychiatry [9].

The journal continues to seek medical papers characterized by strong methodological and clinical characterizations. We are not afraid if they run counter widely accepted paradigms, because we know that this is the only way clinical science may progress. We deal with a broad range of clinical issues, particularly at an interdisciplinary level, related to assessment and treatment, with particular reference to psychotherapy [18], clinical pharmacopsychology [14], and clinimetrics [19]. We welcome both critical and systematic reviews. Other journals believe in the pseudo-objectivity, obtained by increasingly complicated and cumbersome procedures, of systematic reviews and meta-analyses, where the presence of an author with clinical familiarity with the topic is an optional. Intellectual poverty connotes many of these reviews: a frequent conclusion is that the evidence is too limited and further studies are needed, as was found to be the case in more than half of the Cochrane reviews [20]. The key characteristic of clinical science is its explicit attention to humanness, where observation (outer-viewing), introspection (inner-viewing), and dialogue (inter-viewing) are the basic methodological triad for clinical assessment and for making patient data scientific [21, 22]. We pursue the intellectual richness that only clinical practice can yield. Clinical judgment is essential also in meta-analyses, and we encourage our authors to use it in material selection [23]. Indeed, meta-analyses often include highly hetero-

geneous studies and ascribe conflicting results to random variability, whereas different outcomes may reflect different patient populations, enrollment, and protocol characteristics [23].

Not surprisingly, the journal has reached a top impact factor in 2017 (13.12) and continues its growth (Fig. 1). The new impact factor places *Psychotherapy and Psychosomatics* as fourth in the Science Citation Index Psychology ranking and fifth in the Psychiatry ranking. These rankings, however, do not distinguish whether a journal is exclusively concerned with review articles (that are more likely to be cited) or publishes also original investigations. In the Science Citation Index Psychology ranking, the 3 journals preceding *Psychotherapy and Psychosomatics* are exclusively dedicated to review articles. This indicates that *Psychotherapy and Psychosomatics* is the top journal for original investigations in psychology.

Such achievement is the result of several converging efforts. We should acknowledge here the perfect synchrony between Karger's editorial office and the associate editors; the work of the editorial board and statistical consultants; the help of many external reviewers (listed below), who dedicated their time and efforts to assess and improve the quality of submitted manuscripts; the skills of Emanuela Offidani and Andrea Sabbatini who prepared the press releases of the published articles; and the support of our authors and readers.

The following experts have supplemented the editorial board by reviewing the manuscripts submitted to *Psychotherapy and Psychosomatics* during 2018 and are gratefully acknowledged. Both external referees and editorial board members have disclosed potential conflicts of interests. The Editor-in-Chief and the Associate Editors have no conflicts of interest to declare for 2018.

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