Editor's Column

Editing *The Jefferson Journal of Psychiatry* can be an arduous yet thought-provoking task. As I put together this edition of the *Journal* one interesting thought that came to mind was the memory of instances in which I have witnessed the odd predicament of an attending psychiatrist him- or herself winding up on the other side of the interview room as an involuntarily-committed psychiatric patient. The question of why these memories recurred at this particular time, while editing the *Journal*, is a good one and I do not pretend to know an exact answer, but I could speculate. Perhaps it is because the *Journal* is comprised of articles written by medical students and residents with references to established practicing clinicians and researchers whom we should hold in regard and for whom a certain respect as our teachers should be shown. To then see a "world famous" (in some cases) icon of psychiatry, whom we identify with and may even be attempting to emulate through a submission to the *Journal*, on an inpatient psychiatric unit, dressed in the same standard-issue patient clothing, using the same patient telephone, and cooperating with the usual milieu therapy, was at first an unreconcilable image. What I later saw was even more interesting as the psychiatrist-patients struggled to preserve their dignity by attempting to prove their esteemed roles—sometimes by trying to take charge of a group therapy session, by commandeering the telephone, or by demanding to be called "Doctor." The scene of a psychiatrist in the role of patient went from absurd to pitiful, that here before you was a great psychiatrist, now humbled; a physician who must heal him- or herself. The question begged: what is really the value of such pride, an idealization of the self? The scene described above is a sobering reminder of our own mortality as well as our humanity, that we actually can end up the same way as our patients, that yes, we are only human beings after all. We are full of flaws and limitations, whether we refer to attendings or residents; idealization of a "famous psychiatrist," a sage of psychiatry, will lead to disappointment as the cloak of infallibility is stripped. And seeing the weaknesses of role models was a reminder that even among the gods discord may reign.

Then I thought about my dealings with contributors to the *Journal*. As I worked on the *Journal* in these past several months one phenomenon that surprised me was the depth of the emotional pain suffered by authors during the review process. When an article is submitted to the *Journal*, copies are sent to peer reviewers for criticism and acceptance or rejection. Comments and decisions of the Editorial Board are compiled and sent to the author. Part of the job of Editor-in-Chief is to ensure that criticism does not seem too harsh, critical, or personal (I am certain that if a critique is hurtful to the author, this was purely unintentional; in fact quite the opposite may have been the intention—to assist the author rather than discourage), but even after this is done, even seemingly neutral criticism can be hurtful to an author. I have spoken to contributors about this and after hearing their viewpoints I do understand why they react the way they do and I can imagine the pain they feel. This brings me

back to those psychiatrists that I have seen as patients and how that experience can assist us as residents: no matter how far one rises in the ranks and succeeds in Psychiatry, no amount of professional success can separate us from our humanity. Nothing can ever permanently separate us from our patients and as I have seen, any one of us can become one in the future. So if a professional setback or failure befalls us, this should serve to remind us of our mortality as human beings, full of shortcomings and imperfect in many ways. One may take consolation in the thought that we are all struggling with the same problems, the same obstacles, and the best we can do is to continue the fight. We at the *Journal* invite our readers to enter a struggle, to write a manuscript, submit it for review, respond to criticism, and keep working until success is at hand. The process is neither painless nor free of risk. But I truly believe that the reward in the end upon publication of a manuscript will be far greater than seeing one's name in print. The true reward should be an acceptance of one's shortcomings, just as our mentors, supervisors, and other heroes have, and the belief that with effort and toil they can be overcome.

On this note I hereby introduce the Winter Edition of *The Jefferson Journal of Psychiatry,* one that both continues the tradition of academic excellence of the *Journal* as well as explores new frontiers. New to this edition are an essay section with an essay detailing an examination of a humbling research experience, doomed to failure, but which both taught myself and hopefully will teach others, about the many problems that can be encountered in a clinical research project. It is my hope that this will also exemplify a new medium for resident contribution to the *Journal,* through a first-person essay. Authors and editors have inquired in the past whether this could be an acceptable format for contribution to the *Journal* and after discussion, it appeared that it is not only acceptable, but also a simple and useful tool for residents and medical students to begin writing and submitting articles.

Another novel section in this *Journal* is the Editorial section which is written by Dr. Puddester, the Chairperson of the Committee of Residents and Fellows (CORF) of the American Psychiatric Association (APA), which together with the Editor-In-Chief, forms the Editorial Board. In this issue CORF initiates a call for papers written by residents about violence in residency training, to eventually be published in a special edition of the *Journal.*

In our Articles section we have featured in this edition a variety of contributions. We have two articles that discuss novel developments in Psychiatry: Dr. Lieberman's discussion of a computer-based communication system for Psychiatry residents and the team from the University of South Carolina's paper on their Psychiatry Access Center, which is also a new feature of residency training. Both articles will be useful for residency programs across the country. We also feature Drs. Leroi and Meagher's fascinating historical psychiatric discussion of Saint Simeon the Stylite. The range of topics for exploration is endless.

In our Case Report section we have two fine articles. Dr. Berezkin discusses a group therapy experience with elderly Russian-Jewish immigrants. Drs. Sher and Mendelowitz describe a resolution of psychotic symptoms during cross-over to clozapine. These case reports are sure to be beneficial to your training and profes-

sional development. If you have had an interesting case, please write it up and submit your manuscript to the *Journal* so that others may benefit from your experience.

Unfortunately in this edition there are two missing sections. We were unable to procure a submission for our Book Review section. If you have read a recent psychiatric book, please author a review and submit it to the *Journal.* Also absent is our Review Article section. If you have a topic that interests you, by all means perform a complete literature search, write a review article and send it to us.

So in this latest incarnation of the *Journal* we have some new sections as well as the established. We hope that by dividing the *Journal* into these separate featured sections we will give readers and potential contributors to the *Journal* a clearer idea as to which types of articles can be written for consideration for publication.

I hope you enjoy reading this issue as much as I have enjoyed editing it and I look forward to hearing from you.

Steve