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COVER: Map of the north polar region of Callisto, outermost of Jupiter's Galilean satellites, reveals a surface marked by almost nothing but craters. For the rest of the map, see p. 346. (Map: USGS Branch of Astrogeologic Studies)

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LETTERS

Psychiatry and terrorism

Dr. Lion says (SN: 5/17/80, p. 308) the police notion of acceptable losses is antipodal to the medical ethic. Has the man never heard of triage? There are many medical situations in which difficult decisions resulting in greater pain, dysfunction or death must be accepted.

One of the difficulties with psychiatry is that two years of residence in the specialty is supposed to make up for twelve years of high pressure in the academic cloister. Social workers, correction workers and psychologists often come up the ranks working with fighting gangs and other violent folk, in jails and on the streets.

These professions may have more to say about terrorists than psychiatrists who seem unfamiliar with people in real settings (they would be best, says Dr. Lion, in "debriefing," the victim). After all, Papa Freud did say that medical doctors were the least appropriate professionals to be psychoanalysts. Perhaps it's time to take him seriously.

The notion of slipping Thorazine or Mellaril to terrorists could only come from an APA Task Force. My word.

Psychiatrists are the professionals who have so wondrously failed to provide any workable model for our tightly controlled correctional institutions. Unfortunately their senior status among the behavioral professions inhibits the application of effective nonmedical models which have proven effective.

Can anyone truly take seriously the notion that psychiatry has anything to offer the police or military in dealing with terrorists? Not me.

*George von Hilsheimer, Ph.D.
 Deland, Fla.*

Your front cover, as well as a full page, is devoted to psychiatry in relation to terrorism, and the tone of your article would seem to imply some hope that may be forthcoming to that problem from the world of Freud and his offspring, or heirs.

I happen to be well acquainted with the work and methodological approach of psychiatrists, and it surprises me no end that people who should know differently still regard psychiatry as a discipline legitimately a part of the body of science. No one seems to question the criteria upon which psychiatrists judge their patients and whether these criteria have anything resembling the criteria employed in all other disciplines of science. How is one to verify the goings on in the "psyche?"

For all the help that we may expect from the intervention of psychiatry with the problem of terrorism, the authorities might as well consult the witches, the fortune tellers or the esp fakers.

*Albert Kaplan M.D.
 Mt. Pleasant, Iowa*

The Task Force on the Psychiatric Aspects of Terrorism ought to study the similarities/differences between the experiences of hostages and mental patients. For the same psychiatrists who call the seclusion and restraint of embassy hostages psychologically harmful would call the same treatment of their patients therapeutic. I cannot believe that so-called mental patients are so different that isolation, restraint, powerlessness and intimidation, which are thought to be destructive of so-called normal personalities, should actually be helpful in a hospital. Maybe to run a tight ship but not to heal.

As if we didn't know, the hostage taking should remind us that these measures are punitive and nothing else. I hope psychiatrists will begin to see this paradox as they explore the issue of captivity.

In Boston a man in restraint died last year. As of now it looks as if the "reform" that will emerge from the tragedy will be that attendants must watch restrained patients more carefully. Group think is such that no one will think to abolish restraint in favor of treating inmates as people with legitimate feelings and dignity.

*Miles Fowler
 Somerville, Mass.*

Psychiatrist Burr Eichelman in relation to terrorists asks a good question: "Who is the patient?" We are at the stage of world consciousness now where we should consider the mental health of a nation as a whole.

Perhaps the UN could have a board of psychiatrists and social psychologists available as a resource for a country to make use of.

The nation of Iran clearly needs psychological support and assistance in eliminating self-destructive patterns, just as many individuals do. The more conscious countries of the world have other alternatives to dealing with a problem than that of corporeal punishment. Let's have them publicly considered.

*Buryl Payne
 Plymouth, Mass.*

A distinct minority

After reading your article "Reader Know Thyself" (SN: 5/3/80, p. 275) I found myself a distinct minority among your readers and decided I'd like you to know about it.

I am a forty-year-old homemaker, mother of two and soon to be a grandmother, a high school graduate, and I usually read my SN within fifteen minutes after receiving it.

I'm afraid I don't share my SN but hold on to every copy, though I talk about every article to anyone who'll listen.

I am interested in every field of science for the pleasure of learning and astronomy is my favorite, especially astrophysics.

SN was a most wanted Mother's Day present from my husband and will be again this year.

*Vickie Speaks
 Overton, Tex.*

Correction: The physicists investigating hydrated iridium oxide as an electrochromic imaging material (SN: 5/10/80, p. 297)—Gerardo Beni, S. Gottesfeld, J.D.E. McIntyre and J.L. Shay —work for Bell Laboratories.

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