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## Letters

### Psychotherapy and schizophrenia

While I appreciate the citation of our recently reported studies of personal therapy among schizophrenic patients ("New schizophrenia therapy shows promise," SN: 11/8/97, p. 293), your article suffers the same problem of most reviews: inaccuracy.

This was not a study of "first episode" schizophrenia, nor did personal therapy recipients "take their medication with greater regularity" than those in other groups. Further, the effects of personal therapy on adjustment also applied to patients who lived independent of family, not simply to those who lived with family.

Finally, the editorial by Fenton and McGlashan did not focus upon a possible constraint on effectiveness imposed by our having mostly used typical neuroleptics. Rather, their message, following decades of negative findings, was that psychotherapy

"works" when it is appropriately conceptualized, applied, and tested using acceptable scientific methods.

*Gerard E. Hogarty  
Professor of Psychiatry  
University of Pittsburgh Medical Center  
Pittsburgh, Pa.*

*I appreciate the corrections of study details.*

*The SCIENCE NEWS article does not focus on problems with personal therapy, however. It simply notes that Fenton and McGlashan look forward to its evaluation in combination with new antipsychotic drugs. That is "acceptable scientific method."*  
—B. Bower

### What's fat got to do with it?

The recommendation attributed to Theodore Kotchen in "Teens, insulin, and heart disease" (SN: 10/18/97, p. 251) that "if adolescents can be taught to eat a low-fat diet . . . they may be able to keep their hearts healthy well into the future" is a non

sequitur in an article about high triglycerides, hyperinsulinemia, and insulin resistance. Although a high-fat diet is certainly not desirable, adolescents would be more successful in correcting the high triglycerides, the hyperinsulinemia, and the cardiac consequences by not eating a diet high in carbohydrates.

*Pauline N. Harding  
Winfield, Ill.*

### Phobic confusion

"Mysterious thoughts about phobias" (SN: 11/15/97, p. 315) seems to confuse agoraphobia (fear of open spaces) with claustrophobia (fear of confined spaces). Were the volunteers agoraphobic, claustrophobic, or both?

*S.H. Silver  
Napa, Calif.*

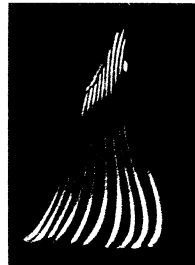
*The researchers refer to "driving-phobic agoraphobics" and "agoraphobics with claustrophobia."*  
—B. Bower

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**Cover:** An artist's depiction of stereocilia, the sound-detecting bristles that cap the sensory cells of the ear. **Page 42** (Courtesy: National Institute on Deafness and other Communication Disorders)

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