am doubtful, however, about their proposed distinction between body image preoccupation, by which they say the therapist should not be 'distracted', and the underlying disturbance upon which he is encouraged to concentrate. It does not appear that their intervention supports this conclusion. Laufer & Laufer (1984) argue that adolescent breakdown is almost always linked with disturbance of the body image and that therapeutic approaches that neglect this aspect are likely to be ineffective. The key interpretation which turned this therapy round was the comment: "Which of your eyebrows do you find most repulsive?' Why was this unusual and creative comment so potently mutative? Was it the lightening of the burden of the patient's misery by humour? Did it enable the patient, by a form of desensitisation, to be less threatened by the feared object by encouraging perceptual discrimination? Was it an acknowledgement of the intensity of the patient's self-disgust by the use of the word 'repulsive'? Or was the 'other', singular, eyebrow to which the therapist tactfully and perhaps unconsciously drew attention not her pubic hair, thus linking her presenting problem with the underlying disturbance of her sexuality? In this counter-transferential comment, her male therapist offered a playful and tacit acceptance of her body to which she could respond and so make the move from mother to father that is such a vital part of adolescent development (Holmes, 1986).

Psychotherapists need to adjust their concepts and techniques to the particular stage of the 'seven ages' of the life cycle at which their patients find themselves. This girl was terrified by the prospect of a "lover/ sighing like a furnace, with a woeful ballad/ made to his mistress' eyebrow . . . ". When the therapist used an implicit metaphor to link the patients bodily distress *with* the 'underlying disturbance' she could begin to recover.

JEREMY HOLMES

North Devon District Hospital
Barnstaple
Devon

References

HOLMES, J. (1986) Adolescent loneliness, solitude and psychotherapy. *British Journal of Psychotherapy*, **3**, 105–117.

LAUFER, M. & LAUFER, E. (1987) *Adolescence and Developmental Breakdown*. London: Yale University Press.

ECT for Depression in Dementia

SIR: I was interested to read Liang *et al's* description of two women with depressive illness and dementia, whose depressive symptomatology responded to ECT (*Journal*, February 1988, **152**, 281–284). In a series of 122 patients treated with ECT at the University Hospital of South Manchester, 4% (5 patients) had depressive illnesses complicated by dementia (Benbow, 1987). Two patients did not respond to ECT, one had two courses during the study period and was well on completion of each, one improved, and the last recovered completely. Four of the five patients were discharged to live in their own homes in the community after treatment and the fifth (who had failed to respond) died following transfer to a medical ward.

There is a single case report in the literature of a man in his 50s with depression and Huntington's chorea who responded to ECT, which concludes that ECT is often useful in treating depression in the presence of dementia (Perry, 1983), as have other authors (Salzmann, 1982; Benbow, 1985). Unfortunately, the literature on cognitive changes in the demented treated with ECT is very limited. Most studies of ECT and memory exclude patients with organic brain disease. A recent paper describes the successful use of ECT for 12 of 14 people with post-stroke depressions (Murray *et al*, 1986).

There is no reason to withhold ECT from elderly people who have severe depressive illnesses, solely because they have an established dementing illness.

S. M. BENBOW

Manchester Royal Infirmary
Oxford Road
Manchester M13 9BX

References

BENBOW, S. M. (1985) Electroconvulsive therapy in psychogeriatric practice. *Geriatric Medicine*, **15**, 19–22.

—— (1987) The use of electroconvulsive therapy in old age psychiatry. *International Journal of Geriatric Psychiatry*, **2**, 25–30.

MURRAY, G. B., SHEA, V. & CONN, D. K. (1986) Electroconvulsive therapy for post-stroke depression. *Journal of Clinical Psychiatry*, **47**, 258–260.

PERRY, G. F. (1983) ECT for dementia and catatonia. *Journal of Clinical Psychiatry*, **44**, 117.

SALZMANN, C. (1982) Electroconvulsive therapy in the elderly patient. *Psychiatric Clinics of North America*, **5**, 191–197.

Dangerous Delusions: Violence and the Misidentification Syndromes

SIR: De Pauw & Szulecka (*Journal*, January 1988, **152**, 91–96) describe several patients who manifested delusional misidentification and as a result either attacked their 'false' persecutors or threatened to do so, or were themselves assaulted as a direct result of acting on their beliefs. I agree with their observations, which appear to support my own. In a one-year period, of 8400 patient presentations to a