British Journal of Psychiatry (1984), **145**, 669–672

Correspondence

Correspondents should note that space is limited and shorter letters have a greater chance of publication. The Editors reserve the right to cut letters and also to eliminate multitudinous references. Please try to be concise, strictly relevant and interesting to the reader, and check the accuracy of all **references in Journal style.**

DREAMS AFTER AMPUTATION

DEAR SIR,

I read with interest the letter by L. Burd (*Journal*, October 1984, **145**, 448) with the above title. It referred to change of body image in dreams following amputations and the time over which this developed. It was stimulated by the article by Frank *et al* (*Journal*, May 1984, **144**, 493–497) on psychological response to amputation.

When I first grew a beard my self image in dreams remained obstinately clean shaven for over 18 months. I wonder if the various observations made are in support of Mathers' (1974) hypothesis that 'critical experiences which initiate a change in a man's sense of identity are not usually emotionally digested until about 18 months have elapsed'.

ALASDAIR J. MACDONALD

Crichton Royal Hospital,
Dumfries DG1 4TG

Reference

MATHERS, J. (1974) The gestation period of identity change. *British Journal of Psychiatry*, **125**, 472–474.

DEAR SIR,

I was interested to read Dr Burd's remarks on the content of amputees' dreams, and I should like to offer a few observations of my own.

As part of a recent survey of 75 amputees, I took the opportunity to ask them about their dreams in the month prior to interview. Of the 50 subjects who could remember the content, the majority (44%) still figured in their dreams intact and unmutilated, 14% consistantly dreamt of themselves as amputees, and the remaining 22% had variable dreams in which the amputated limb would be present on some occasions and not on others. There was no association between any particular dream type and the length of time since amputation; seasoned amputees were as likely to dream of themselves with two limbs as were the more recent cases. As this was a cross-sectional survey, I cannot comment on how individuals' dreams changed over time.

There was no evidence that the presence or absence per se of the amputated limb in dreams was any index of adjustment. What did appear to be important, however, was the extent to which amputation or its implications were an issue within the dreams. For example, a larger proportion of the poorly-adjusted amputees remembered their dreams, and those who dreamt of having only one limb often reported such dreams as "nightmares". Conversely, if they dreamt that they were intact, then they were usually engaged in strenuous activities such as running and jumping, and they themselves would comment upon the wish-fulfilling aspects of these dreams when recounting them to me. In contrast, the well-adjusted amputees were more likely to have no memories of their dreams, or if they did, their amputation usually appeared incidental to the content.

The analysis of dreams is a tricky business; it seems unlikely that we shall find reliable indicators of 'adjustment' or 'acceptance' in such general features as the body image of the dreamt self. As Freud himself remarked: "In the case of the decoding method (of dream interpretation) everything depends upon the trustworthiness of the 'key'—the dream book, and of this there is no guarantee."

Doubtless, the examination of an amputee's dreams can help in understanding the personal meaning and significance of his loss, and may well be useful in the context of properly conducted psychotherapy. However, we should not expect a superficial 'decoding' of such dreams to tell us anything that is not already perfectly apparent in other areas of the patient's life.

JAMES E. B. LINDESAY

Guy's Hospital Medical School,
London Bridge SE1 9RT

DEXAMETHASONE SUPPRESSION TEST (DST) IN DEMENTIA

DEAR SIR,

The paper by McKeith (*Journal*, Ocober 1984, **145**, 389–393) while reporting an incidence of 58% non-suppression in patients with senile dementia (SD), confirms the non-specific nature of the abnormal DST. However, interest is now centred around the clinical features which might be associated with the abnormal DST, as was discussed by Berger *et al* in the same issue of the *Journal*. Particular interest has been expressed