

## Correspondence

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### Skype and narcissistic disturbances: a unique opportunity?

Psychiatrists are increasingly incorporating advances in communications into their clinical practices. Skype is an example of one treatment medium which has been adopted by many practitioners and has been recognised for its capacity to provide enhanced convenience, to increase access for patients and to allow for continuity of care.<sup>1</sup> Despite lingering questions regarding the Health Insurance Portability and Accountability Act 1996 (HIPAA) compliance and licensure requirements, reports indicate that a substantial number of mental health professionals are currently using non-traditional communication media in their practices.<sup>2</sup>

The increasing utilisation of voice-over-internet methods such as Skype by mental health providers has resulted in the emergence of novel therapeutic matrices with attendant challenges and opportunities. In this letter, I describe how some of the features of Skype, and video conferencing more generally, offer a unique opportunity to address therapeutically a fundamental component of the narcissistic disturbances.

Disturbances in the experience of the self are central to narcissistic vulnerabilities. Kohout believed that parental empathic failures resulted in a child's inability to successfully modulate fundamental self-functions including self-esteem and mood and to be dependent on others (self-objects) to mediate these functions.<sup>3</sup> Kohout thought that psychotherapeutic treatment of such narcissistic disturbances required therapeutically focusing attention on empathy and in particular on analysing and working through empathic failures that occurred between the therapist and patient over the course of treatment.

Skype and similar video conferencing technologies present opportunities to explore empathy, connection, attunement and their vicissitudes. In traditional therapy, empathic failures that inevitably arose over the course of treatment – the therapist being late or not responding to a comment in an empathic way – tended to be addressed as they materialised. However, the intrinsic features of video conferencing such as connection strength, the complexities involved with consistently achieving direct eye contact, not infrequent problems with audio and visual components resulting in less than optimal images, missed words and delays together create empathic failures and misattunements in the relational field and thrust such issues, particularly disconnects, to the forefront of treatment.

In my practice I have found that such actualities of Skype serve as valuable opportunities to explore these technologically facilitated empathic mismatches. Early in treatment, such Skype-associated empathic divergences need to be addressed at a manifest level such that a complaint about sound quality should

result in a collaborative attempt to remedy the audio issue. Demonstrating to the patient one's concern about the connection and willingness to help remedy it demonstrates responsiveness. Later in treatment, patients' feelings about the disconnect can be more fully explored, for instance 'How did you feel when you could not hear me?' In this way, a progressive approach involving early responsiveness to, and later further discussion of, technologically facilitated empathic mismatches can help necessary work on patients' underlying narcissistic issues.

- 1 Hoffman J. When your therapist is only one click away. *The New York Times* 2011; 23 September.
- 2 Jacobsen T, Kohout J. 2008 APA Survey of Psychology Health Service Providers: Telepsychology, Medication and Collaboration. American Psychological Association, 2010 (<http://www.apa.org/workforce/publications/08-hsp/telepsychology/report.pdf>).
- 3 Baker HS, Baker MN. Heinz Kohut's self psychology: an overview. *Am J Psychiatry* 1987; **144**: 1–9.

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doi: 10.1192/bjp.204.1.79

### Anxiety and mortality in the elderly

Carrière *et al*'s study shows an interesting association between anxiety and mortality in elderly women.<sup>1</sup> The authors propose a series of possible biological mechanisms for this association, suggesting a direction of causality in which mortality is the consequence of the impact that anxiety has on the endocrine and cardiovascular systems. However, anxiety can be the psychiatric expression of vascular changes in the brain that may eventually lead to death. Failing health in old age is also a painful reminder of the proximity of death, which will frequently induce feelings of anxiety in the individual. The fact that this association was only significant for women could be an artefact due to the much higher prevalence of anxiety among women. Thus, anxiety may well be – at least in a proportion of the cases – the consequence, rather than the cause of ill health.

- 1 Carrière I, Ryan J, Norton J, Scali J, Stewart R, Ritchie K, et al. Anxiety and mortality risk in community-dwelling elderly people. *Br J Psychiatry* 2013; **203**: 303–9.

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doi: 10.1192/bjp.204.1.79a

**Authors' reply:** We agree that in observational studies residual confounding bias may subsist. However, to take into account this potential drawback with anxiety being a consequence of prior vascular changes, we carefully adjusted the models for a large number of confounding factors including vascular risk factors and cardiovascular diseases, and the association in women remained significant. The second argument of failing health and proximity of death does not hold as at baseline (time of anxiety evaluation) our sample consisted of high-functioning community-dwelling elderly persons, physically and psychologically able to travel to the medical centre. A careful examination of the Kaplan–Meier curves (Fig. 1) also indicates that very few deaths occurred during the first 2 years of follow-up. Last, Euba raises the question of statistical power to explain the absence of a significant association in men. In survival analysis, the statistical power depends on the number of events (i.e. deaths) and in our