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ORIGINAL ARTICLE

Informing cancer patient in relation to his type of personality: the dependent (oral) patient

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Summary

When a doctor has to break bad news to the cancer patient, he knows that the news will put a strain on his relationship with the patient. Bad news is any information that changes a person's view of the future in a negative way.

The questions: "Do you tell the diagnosis or not? How much information do you reveal? Who do you inform about the diagnosis and/or what do you tell" are very frequent during scientific discussions. Must the patients know or do they also have the right not to know? Is it possible to determine who should be told what, when and how?

The aim of this paper was to describe the dependent character or type of personality, so that a therapist can make a diagnosis in order to determine the informative approach.

Key words: abandonment, cancer patient, dependence, pseudoautonomy

Introduction

When a doctor has to break bad news to the cancer patient he knows that the news will put a strain on his relationship with the patient. Bad news is any information that changes a person's view of the future in a negative way [1,2].

Cancer is enveloped in a myth that has a negative impact on the way one deals with bad news. If the myth is somewhat debunked, then the announcement of bad news may be easier. However, despite scientific advancement in cancer treatment, the myth is sustained [3].

Questions like "Do you tell diagnosis or not?"; "How much information do you reveal?"; "Who do you inform about the diagnosis and/or what do you tell" are very frequent during scientific discussions. Must the patients know or do they also have the right not to know? Is it possible to determine who should be told what, when and how? [4]. Certainly there is no absolute rule about informing, if we agree that our goal is to cure the individual-patient and not the illness *per se* [5-9].

Since 1989 we have been studying the characters or types of personality [10] within the framework of Consulting - Liaison (C-L) psychiatry in order to elucidate how the character or type of personality could be useful to inform cancer patients. This work was based on the studies of Kahana and Bibring [11,12] who propose the integration of medicine and psychiatry in a general hospital. They mention that the diagnosis of personality structure has become an important element in the psychological management of the physically ill patient.

We then studied the way a therapist can announce the bad news to a cancer patient according to his type of personality.

The result was that "to understand the patient in the therapeutic relationship and be able to disclose information regarding him and to accomplish individualized informing one should take into account each patient's personality characteristics [13], as well as the denial mechanism [14] and the family [15] in relation to his type of personality".

The aim of this paper was to describe the dependent character or type of personality, so that a therapist can make a diagnosis in order to determine the informative approach.

Methods

To this aim, from 1989 to 1995, we studied the

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way a doctor can inform a cancer patient with dependent character or type of personality using the qualitative method of research [16-18], through groups with doctors and nurses. Those groups were created in the Psychiatric Department of "Metaxa" Cancer Hospital [13] within the framework of C-L psychiatry in collaboration with medical, surgical and radiotherapeutic departments.

During 5 years, 8 groups were formed (3 with doctors, 5 with nurses). The number of members in each group was 12-15 and their meetings took place weekly and lasted for 90 min (total duration of one academic year, total yearly time 60 hours).

The group process was based on that of analytic group, taking into consideration the therapeutic factors, particularly the cohesiveness, interpersonal learning and universality, while the group coordinator was trained in group psychotherapy. The procedure of discussion was based on the inductive method and the Socratic method according to Beck and Perris [19,20].

The procedure took into account the following:

1) the Balint's group studies on countertransference feelings in the doctor-patient relationship [5,21].

2) the psychodynamic concepts in the understanding the medical patients [22,23]

3) the understanding of patients through their types of personality [11].

Results

From the group studies and from the literature, especially those of Kahana and Birbing [11,12], Schneider [24,25], Oldham [26,27], Manos [28], Livesley [29] and Reich [30], the profile of dependent (oral) character emerges. The question was how the therapists could use the patient characteristics for an empathetic approach when informing a cancer patient with depending (oral) characteristics.

In our study with groups, the term "overdreaming" of Kahana and Bibring [11] was erased, because it is not a particular cognition only for this character, so it could bring a confusion.

The most prominent characteristic of this character is the tendency to lean on others in search of comfort. He tends to attach a sense of urgency to his needs, creating the impression that he demands attention from others, when the truth is that he is begging for attention. He feels that his needs are more important than other persons' needs. He often demonstrates severe anxiety sometimes verging on panic. He therefore demands special attention, constant advice and anticipates infinite care from the staff.

In the emotional state, the dependent person tends not to observe *limits.* He can be persistent, asking for information or attempting to discuss his problems when it would be most inappropriate to do so. If his request is not met, he blames the therapist, his partner or others for callousness and lack of understanding.

Tension often builds up between the patient and the clinic's staff. It is common for therapists to initially respond to the patient's anxiety and try to put him at ease. The patient however is persistent to such an extent that his relationship with the staff is put under strain. The dependent person becomes enraged and melancholic, while constantly complaining about lack of responsiveness and sensitivity. His behavior reveals his need to attract attention, ignoring the needs of others. This usually enrages the staff who label him "selfish". Such a title however is unjust since this behavior is subconscious. It is true that confusion may occur since these persons tend to be very generous. They may bring presents, sweets or drinks, and try to sit down with the clinic's staff for a chat. A dependent personality cannot be alone, especially when under stress, so he seeks company to discuss various issues but most often his own problems and troubles.

We can only begin to explain such a behavior if we take into consideration the patient's *subconscious fear;* the fear of *abandonment.* He is frightened of being abandoned by the therapist - "mother", like an infant who feels that he will be in danger and die. This is why such personalities are called "oral", in order to demonstrate the original dependent needs of an infant who relies on his mother's constant availability. The name is coined by Freud, whereby it describes behaviors that are manifested during a person's oral development stage that takes place during the 1st year of life.

If a therapist conveys such concepts to adult behavior, he can better detect and understand his own needs, and he can diagnose them so that he will be able to deal with them. This benefits both the patient and his therapists. The therapist must, however, always bear in mind that he is trying to relate to an *adult patient* whose *"inner infant"* he must understand. This is of course true for all personality types, since the objective is always to understand the inner - subconscious needs of the "inner infant", in other words of "the child inside us".

When under stressful situations, or when dealing with loss, such persons regress to infanthood, during which they feel absolutely safe and protected; a time when mother was, or should have been, always available to meet every need; a time when no *limits* were set by the mother regarding the time of eating or defecation, when there was no sense of time at all. *If one transfers this picture to the present by indulging in the role of the mother, he will understand this behavior.*

The dependent behavior is a defensive reaction against the threat posed by the disease and the fear of death. The patient believes that this behavior can protect him. In order to better comprehend a dependent patient, therapists should detect their depending elements. If the therapist measures the degree of dependence on a scale from 1 to 10, he could assess both his and the patient's degree of dependence.

It is only natural that all individuals have experienced dependence both positively and/or negatively in the course of their development from infant to adult. A normal and balanced degree of dependence is necessary and useful and relates to the positive experiential reconstruction of dependence during childhood. This helps to share emotions but also material things with others, e.g. sharing a meal. It also contributes to role allocation in a couple, helps to get into other people's shoes, and assists harmonic communication, mutual trust and sharing of feelings. The ideal and most beneficial exhibition of dependence in our lives is expressed in balancing support and sharing within our relationship with a partner or any other relationship for that matter. This means mutual support and mutual touch, both of which lead to mutual trust.

The more the need for dependence increases, the more the balance is placed at risk. When above the conventional grade of 10, the therapist dealing with a disorder and the help of a specialist are required.

At this point it is necessary to make a clarification regarding a danger already set out in training groups, in order to avoid confusion.

There is a distinction between dependence as a personality trait and as a behavior for dealing with problems, and dependence which is experienced as a situation. The latter concerns all people regardless of their personality type. Namely, when a person becomes sick, he experiences a situation of dependence on his therapists since they are the ones who take care of him and make decisions about him while the patient loses his autonomy. In this sense he re-experiences the compulsory state of dependence during his childhood that ends at the age of 18-20, according to common belief.

Regression due to compulsory dependence is a common experience for all humans and occurs regardless of the individual's personality.

The image just described, helps to diagnose dependent behavior and assist to the diagnosis with relevant questions, even though in this case the task is harder. The therapist can ask someone: "Do you tend to rely on someone?". Women find it easier to answer than men, since dependent behavior is sensitive to gender role expectations. As far as men are concerned, dependence is rationalized as "sensitivity", whilst also appearing "generous", but at the same time expecting to be repaid for this. If not, he can become vengeful.

Another question can be the following: "When you have a lot on your mind do you find it easy to share your load with others or not?". The dependent patient usually feels a compulsive, inner urge to share all. Also, when finally unburdening himself he "forgets" to ask about the other person's problems since he feels that his own are of greater importance. The person he selects to talk to may not necessarily be a close friend, since the urge to relieve himself of his worries is dominant.

The controlling personality manifests the opposite behavior, i.e. does not easily talk about his troubles, and often becomes the dependent personality's audience. Most of the times though the controlling person looks down on the dependent person's behavior, viewing it as a weakness. Therefore, if a therapist is a controlling personality he may underestimate his dependent patient.

It is very important for a therapist to acknowledge his own depending elements. Errors that can be made due to lack of self-awareness are the following:

The therapist may not be able to maintain limits in the therapeutic relationship and may use it as a base to express his own problems or engage emotionally with the patients.

Afraid of the above, he may deny the depending elements and act in a strict, autocratic and angry way, sometimes puzzling his colleagues.

Other behaviors the dependent type of personality may manifest are eating, smoking or drinking excesses, as well as a tendency to take over-the-counter medication (all of the above are related to oral administration). Food, medication and care are considered to equal love and security on a subconscious level.

The relationship of the dependent type with the therapist is also determined by his positive and/or negative experience of dependence not only during infanthood but also throughout childhood up to adulthood. In the battle against desires and fears he may manifest different behaviors:

1) He may become fully dependent on his doctors and nursing personnel, at times perceiving them as omnipotent, little gods.

2) On other occasions, out of fear of dependence (probably due to a traumatic experience from a situation of dependence) he resists all forms of treatment or care. Typical of this is that the patient abandons therapy in a stressful, almost panicky manner, without explaining why, as if trying to escape from something that causes him great fear. Such a behavior may bring about confusion during diagnosis, i.e. may be interpreted as a tendency for autonomy. So it may therefore misunderstand this behavior since it is a case of *"pseudo-autonomy"*.

3) On other instances he may constantly complain, blaming the staff for not doing enough to alleviate his discomfort. This is a behavior with intense ambivalence between the tendency to lean on someone and the tendency to escape. This type of behavior is described as “grumping, complaining, whingeing”. It is hard for him to make decisions. He does not communicate this clearly and waits for others to reach decisions for him.

Regarding ways of approaching such a patient, they diverge from the ways mentioned for the controlling type. The therapist must be guided by the image of a person who “leans on you and puts his life in your hands”. He usually allows his therapist to make decisions and administer the relevant treatment. When he flees in panic, deep down he hopes or he imagines that someone will take him by the hand and enforce care and treatment, assuming all responsibility.

The degree of *denial* is usually high, therefore, the amount of information the therapist can reveal to this type of patient is almost zero.

When asked “In case a problem arises in your life do you ask to learn all the details or would you rather you didn’t?”, the answer is usually that they would rather not know the details. This helps managements. This behavior is corroborated by the fact that he does not ask specific questions, as opposed to the controlling type who asks questions directly or indirectly.

The dependent type finds it easier and less painful to let his relatives act on his behalf without complaining. A female patient aged 42 with thyroid cancer, who had already undergone an operation, mentioned that the whole process concerning her operation was undertaken by her cousin who was acquainted with the doctor. She stated clearly that she had no desire and no energy to get involved in this. She did not address any questions to her cousin or the doctor. Now 8 months later, she is in the hospital, for a check-up and treatment. She repeated that she still had no desire to ask any questions. She also mentioned that she has always been like this, dependent and tied to her father and now she depends on her husband.

A doctor considered it right that she should inform a 30-year-old patient, educated, talkative and very easy-going, concerning his lymphoma. The doctor was very surprised when at some point the patient said to her “I don’t want you to tell me any more, do what you have to do….”. The doctor felt she was doing her best, that she respected her patient and doing her duty.

A 45-year-old patient with a bilateral mastectomy due to cancer was grateful to her doctor for not telling her anything about her disease. She did blame though another who informed her on her disease. Another doctor was blamed for “not respecting her”. When the patient was urged to read her medical report 3 years after the operation, she fainted. If this patient had been a controlling type she would have reacted in exactly the opposite way.

In a group therapy of 12 cancer patients, there were a few controlling types and one dependent type. The controlling patient accused the doctor of not respecting the patient’s dignity while the dependent patient stated the opposite. Tension was created due to the fact that the two different types of patients could not understand one another. For the record, we mention that out of 12 people in the particular group, 3 required full information, one of them no information at all, while the others wanted various degrees of information.

It becomes therefore obvious that personalization and adaptation to the patient’s personality traits must be the main objective and this constitutes respect towards the patient.

There is certain difficulty in the therapeutic relationship when dealing with the behavior of a dependent patient who has excessive and frequent demands. Therapists may react to this with anger, punitive behavior or by withdrawing care.

When limits need to be set, this must be done with calmness and consistency, explaining that it is necessary to draw a limit to the patient’s demands and that it is not a matter of *punishment.* Attention must be paid to countertransference, especially when the therapists have controlling traits, since they tend to become very strict and punishing with dependent patients.

A therapist must manage such patients with firmness, listening to them for 5 or 10 min at a pre-determined time and steadily responding. The message conveyed is that he does not withdraw care and he teaches the patient to deal with his sense of urgency and stress.

Such a practice in the therapeutic relationship is the best way for a therapist to learn how to set limits for his children and in his life in general. It is true that during development children challenge the limits that have been set at home and in life in general, because they try to find out where their own limits start and end. This happens to a greater or lesser degree throughout the dependence period, peaking during puberty, when challenge is more intense.

Similarly, given his personality trait, the dependent patient challenges the therapists and requires them and the clinic to determine his limits within which he feels safe.

A therapist must always remember to manage such patients in a way that does not allude to punishment but to concern.

The dependent patient and his family

A patient with depending characteristics will most

likely leave all managements to the family. Such a patient would not ask the therapist directly about the medical problem or he would do it timidly, without insisting or just for the sake of asking. The family that "knows" this will pose questions, will not inform the patient or will provide a vague diagnosis with which the therapist has some times agreed, i.e. an inflammation, a virus, a cyst that has not become a malignancy etc. The family, and the partner in particular, would become overprotective by assuming all responsibility. The partner usually has controlling-orderly characteristics or emotional characteristics, hyperthymic or hypothymic to protect the partner.

The above fragile balance is even more aggravated when the medical problem persists after revealing an agreed upon diagnosis. Then the partner senses an enormous burden, becomes even more overprotective and expresses anger towards the patient, urging him to do this or that, to eat so that he can get his force back, etc [15].

Conclusions

The diagnosis of dependent patients has some difficulties because these patients does not give clear information, contrary to controlling-orderly patients. People usually confess easier their controlling-orderly characteristics than the dependent ones.

As the persons grow they experience the dependence situation within the range of the family relationships. They hope to become completely autonomous at the end of adolescence, but that does not happen because in fact it is an utopia. During adulthood the person must leave the situation of dependence but he or she expresses the depending elements as a type of personality in all their relationships and certainly in the therapeutic relationships.

The study of the dependent personality also offers elements that help understand a patient. In this way the therapist reaches the best possible empathetic approach when breaking bad news. Empathy is considered as the more important parameter in this situation [31].

The study of the dependent character helps understand the situation of dependence. All patients have experienced the situation of dependence during their development regardless their personality type, and are now re-experiencing it because of the compulsory dependence on doctors and the health system in the range of the therapeutic relationship, due to their disease [10].

The elements of this study are therefore useful in all relationships with patients regardless of their personality type.

The patient regresses due to the stressful fact of loss of health, with all the existential fears that follow. Due to regression, he relives the situation of dependence which is a common experience for all personality types.

Summarising the main points (Table 1), we conventionally propose a scale of the degree of denial and the degree of information provided to the patient (minimal, small, medium, large, very large) thus providing a point of reference for these parameters [32].

We take into consideration the main trait of *dependence on others*.

A) Attention to the attributes or cognitions: the dependent patient always asks for advice: "what shall I do", "how is this done", "how shall I do what you are asking for" as if the patient is seeking for a magic prescription. On the other hand, the therapist should pay attention to the different manifestation of the same trait: 1) becoming fully dependent on the therapist; 2) resistance, i.e. fleeing treatment for fear of dependence (pseudo-autonomy).

Table 1. The dependent personality

Main characteristic or trait: *Dependence*

Attributes or Cognitions

Relies on others looking for comfort.
Gives an urgent character to his demands.
Demands special attention, constant advice and anticipates infinite care from the staff.
Appears to be generous on many occasions, however, expects reciprocation from nursing staff. If they don't respond, he becomes resentful.
If his needs are not satisfied, he gets angry and melancholic.
He may eat, smoke, drink to excess or take easily drugs facing the risk of addiction. He regards food, medication and special care as equal to love.
He has an unconscious fear of being abandoned. Like a small child, he feels that he will be in danger and he will die.
He tends to regress to infancy when he feels completely safe and protected.
To counter these wishes and fears, he may follow the following solutions:

a) He may become overly dependent on the doctor's and nurses' statements.
b) For fear of addiction, he may resist any form of treatment and care.
c) He may end up feeling sad and withdrawn like a small child that is not loved enough.
d) He may accuse the nursing staff of not alleviating the pain caused by his illness.

Management

Suitably adapt care by understanding deeper needs.
When the person is going through an intense phase and his dependence is high, effective and fast care offers physical and psychological relief.
When demands are excessive and constant, limits need to be set, but calmly and steadily, not with irritation and a desire to punish.
Care is not withdrawn as a punishment but the patient is explained the need to set limits to his demands.

B) The degree of *denial* is "large" to "very large". The degree of *information* is "minimal" and some times none.

C) Family: The dependent patient leaves all managements to the family. He would not ask the therapist directly about his medical problem and the relatives would become over-protective by assuming all responsibility.

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