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Informing cancer patient in relation to his type of personality: The emotional-hyperthymic (dramatizing) patient

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Summary

Informing a cancer patient has been an issue of particular interest to the scientific community over the last 50 years. Since 1989 we have been studying the characters or personality types based on the Kahana and Bibring's approach as part of Consultation-Liaison (C-L) Psychiatry. The question posed was how these characters or personality types could be useful in the process of informing the cancer patient.

The aim of this paper was to describe the emotional-hyperthymic character or type of personality thoroughly, so that any physician can make a diagnosis and tailor the information strategy to the patient's needs.

The qualitative method of research through groups with doctors and nurses was used, while the research within groups lasted for 5 years.

The degree of patients' denial varied between "large" and "very large" and sometimes was "medium". Initially, the degree of information was "minimal", then "small" until it reached "medium".

A discordance was evident between what the patient showed and what the family reported about him. The patient presented himself as courageous and extrovert, but the relatives considered him as faint-hearted.

Key words: cancer, effusiveness, hyperthymic, informing, personality, seduction

Introduction

Informing a cancer patient has been an issue of particular interest to the scientific community over the last 50 years. Some authors suggest an information strategy as part of the physician-patient relationship which would take into consideration the cancer patient's psychological needs [1,2].

The constant question is: "How possible it is to individualize cancer patient informing?". Do the patients have a right to know or do they have a right not to know? Is it possible to determine who should be told what, when and how?" [3].

In the 1950s, Kahana and Bibring [4-6] described the characters or types of personality and how they could be used in the psychological management of the physically ill patient. They referred to the psychologically normal well-functioning person and also to all individuals in any stressful anxiety-producing situation. Since 1989 we have been studying the characters or personality types based on the Kahana and Bibring's approach within the framework of C-L Psychiatry [4-6]. The question posed was how these characters or personality types could be useful in the process of informing the cancer patient.

The aim of this paper was to describe the emotional- hyperthymic character or type of personality thoroughly, so that any physician can make a diagnosis and tailor the information strategy to the patient's needs.

Method

This study was carried out at the Psychiatric department of "Metaxa" Cancer hospital at the end of the 1980s as part of the C-L Psychiatry and it is still in process at the School of Health Sciences of the University of Athens [7,8].

The qualitative method of research [9-11] through groups with doctors and nurses was used, while the research within groups lasted for 5 years.

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During the 5 years 8 groups were formed (3 with doctors and 5 with nurses).

The number of members in each group was 12-15 and their meetings took place weekly and lasted 90 min (total duration of one academic year, total yearly time 60 h).

The group process was based on the psychoanalytic group theory, taking into consideration the therapeutic factors, particularly the cohesiveness, interpersonal learning and universality, while the group coordinator had to be trained in group psychotherapy.

The procedure of discussion was based on the inductive method and the Socratic method as it was developed from the cognitive theory [12,13].

The procedure took into account the following:

1) The Balint's group studies on countertransference feelings in the doctor-patient relationship [14,15].
2) The psychodynamic concepts in the understanding of the medical patients [16,17].
3) The understanding of a patient through the types of personality [4].

Results

From the group studies and from the literature, especially those of Kahana and Bibring [4-6], Schneider [18,19], Oldham [20,21], Manos [6], Livesley [22] and Reich [23], the profile of emotional-hyperthymic (dramatizing) character or type of personality is emerging. The question was how the therapists could use the patient characteristics for an empathetic approach when informing a cancer patient with emotional-hyperthymic characteristics.

As regards the dramatizing, emotionally involved, captivating (hysterical) character or type of personality described by Kahana and Bibring [4,5], we used the term "emotional-hyperthymic (dramatizing)" character or type of personality.

In 1950 Schneider [18,19] had already suggested the term "hyperthymic". The term "hysterical" has a negative connotation and has been employed to denote every exaggerative behavior, so the patient is suspect of malingering from the clinic's staff.

Oldham and Morris [20] and Oldham [21] prefer the term "dramatizing style" followed by the corresponding pathological correlate "histrionic personality" in parenthesis.

Further on, we shall describe the profile of the emotional - hyperthymic character and use these traits in empathetic approach and cancer patient informing, as concluded from a previous study of ours [24].

The most prominent characteristic are *the intense emotional communication* that may be accompanied by *emotionalism* and *captivation.*

This kind of person seems interesting, charming and at times inviting in his interactions with others. At times, doctors may suspect the patient of malingering.

This character is what we would call "erotic". Eroticism in this case takes on a wider sense and does not necessarily imply sexuality. Eroticism is a form of playing, hence it is often called "dramatizing". Most of the times it is not sexual intercourse that is actively pursued but the sense that the patient has not lost his charming abilities and he can be recognized and loved. In our days the term "flirting" is widely used in the sense of the erotic play between the sexes and the emotional exchange of messages aimed to seduce. We would argue that the emotional-hyperthymic person is most skilful in flirting given his easiness to make compliments. His moves to the other sex are aimed at seducing and obtaining attachment, while expecting recognition by his peers for his emotional and seductive skills. He is the type of person who "breaks the ice" easily in social gatherings, parties and is a social lion.

The term "extroversion" may prove very helpful in understanding this emotional communication. This is an attitude whereby a person expresses thoughts and feelings by investing in exterior objects (people). The term "hyperthymic" also denotes a lively disposition, an effusive spirit and an ease to communicate with others. Care should be taken not to confuse this term with the term "hypomaniac" which is a different attitude picture leading to emotional pathology.

Introversion, on the other hand, refers to persons who invest in the inside while tending not to have such an accentuated need for external objects, or for acknowledgment and confirmation.

The emotional-hyperthymic (dramatizing) person, more so than other types of personality, is characterized by more distinct behavioral expressions in both sexes.

A woman presents herself:

Either as attractive-seductive (she dresses up attractively and flirts) or as a fighting spirit, supporting and giving.

As regards the first expression, she brings out her defenselessness and need for gallant protection by a man. Her eyes and body moves have a "teasing" look that aims at seducing. This behavior refers to the emotional-hyperthymic (dramatizing) and seductive woman, to the erotic female who attracts males and is flirtatious with them.

The disease may release feelings of losing her at-

tractiveness including her ability to charm and be erotic. This explains why when she gets ill, she exaggerates the expression of these characteristics subconsciously aiming at seducing physicians and ensuring care which will preserve her attractiveness under threat by cancer. Her attractiveness is considered as the only weapon for saving her life. Losses, separation etc trigger similar reactions and mobilize her strengths.

She reacts to the disease with acute stress verging on panic, especially when the disease has affected areas that, in her opinion, make her less attractive, say, the breast or face. In fact, she may place greater significance on her hair falling off than on the actual illness. To have a measure of comparison, we might argue that while it is normal for every woman to feel concerned when faced with such health risks, the reactions of the emotional-hyperthymic and attractive woman are more intense and exaggerated.

A woman like that prefers male physicians since "they understand her better". She claims to be well with men in her personal life as well as at work. She does not feel the same way around women; on the contrary, she feels antagonistic and even aggressive towards them.

At times, when manifestations are particularly intense and filled with anxiety and panic, physicians tend to use, or rather abuse, the term "hysteria", which projects a negative picture of the patient. The term "hysteria" has been used in the past, has a negative connotation, encourages prejudice and creates confusion in clinical practice. It is associated with exaggerated attitudes in women and has a negative impact on how she is approached. We would rather use a descriptive way for speaking of a behavior than use one word-label.

Another expression of the emotional-hyperthymic woman is her assertiveness which is manifested by helping and supporting others and especially persons she is emotionally attached to. These elements often remind oneself of the giving nature of the long-suffering, self-sacrificing personality [4,6]. When she gets ill, she may manifest fears that are seemingly in contrast with her usual fighting spirit and assertiveness. This situation would embarrass others who, either distance themselves or mask their anger with overprotective comments and advice. To her astonishment, she admits that after going through a personal crisis she realizes that people who seemed close to her (most probably for their personal gain) did not support her, while others from whom she expected less and whom she had obviously underestimated stood by her.

A man presents himself:

He may bring out his effusiveness and make repeated efforts to demonstrate his courage, skills and manliness. We need to stress here some differences in manhood demonstrations between the emotional-hyperthymic patient and the guarded, querulous patient. The emotional-hyperthymic character has no deeper unconscious doubt about his manliness. The guarded, querulous person [4,6] has an unconscious doubt about his manliness; that is why he joins in quarrels insinuating lack of his manhood or making facetious remarks about it.

The emotional-hyperthymic person uses flirt, while many times being overly effusive and erotic seeking unconsciously to seduce, but causing the women staff's reaction who confuse his behavior with sexual harassment.

It is need to stress healthcare professionals' attention (both men and women) and alert them about the patient's eroticism and flirtatious disposition. To a lesser or bigger extent, it is absolutely normal that such a behavior moves and flatters us or it may be that at that particular time of our lives we have unfulfilled emotional needs. Nevertheless, it is need to remember that these patients are in a difficult, life-threatening situation and their reactions are unconscious; they "make use of their artillery" to survive. Therefore, a physician should be careful not to enter into any personal and/or sexual relationships with these patients as this distorts the therapeutic relationship and has a detrimental effect on it.

Another word used to describe the emotional-hyperthymic man in everyday language is a "brave man" who struggles for life. Indeed, in his attempt to prove his manliness hides his deep-seated fears. A man like that would help out others with various problems, even health issues, always showing how courageous and brave he is; that he can cope with the disease in his own emotional way. Indeed this is true since his emotionalism disposes the healthcare professionals positively, who regard him as their fellow man. The emotional-hyperthymic dramatizing person receives recognition from other men and admiration and eroticism from women who speak of him as a brave man.

We should stress that when this man falls ill he portrays a different picture, that of a stressed, scared and sad person who estranges the persons who had been used to a different picture of him. This patient of course struggles to hide this picture (albeit hard for an emotional-extrovert personality) and expresses himself with "heroic" words such as: "I can do this… even if you told me to go to surgery right now, I'm ready". But if someone takes a closer look at his face, the slight tremor in his hands, he will probably not believe his words. If someone is familiar with the characteristics it is possible to elaborate the deeper unconscious needs, and understand this seem-

ingly contradictory behavior. At social level a man who acts bravely is not or should not be afraid of anything. No wonder why women who get married to these "brave men" are astonished to find that they are not as fearless and powerful as they looked, which is absolutely normal in daily life. A man of this personality type is content when his wife and himself keep his deepest fears within their family only. This is an important element during the patient's family approach.

In our approach we should recognize and not underestimate the courage and attractiveness of the male or female patient. Below follows an overview of the therapeutic relationship between a man physician and a man or woman patient and a woman physician and a man or woman patient and how they should be treated:

a) Man physician-Man patient: The physician should recognize his courage, his sentimentalism, his captivating nature through a "male alliance" and not through competition.
b) Man physician-Woman patient: The physician should recognize emotionalism, sensitivity, attractiveness establishing calm and careful communication without engaging into emotional affairs besides the therapeutic relationship.
c) Woman physician-Man patient: The physician should recognize courage, captivation, attractiveness and proceed with calmness and firmness without engaging into emotional affairs besides the therapeutic relationship.
d) Woman physician-Woman patient: The physician should recognize attractiveness and patient's emotionalism through a "women's alliance", and not through competition.

A man's and woman's alliance for the man and woman patient respectively fends off competition and feelings of jealousy towards the patient that can be created at a unconscious level of course, as part of countertransference in a therapeutic relationship.

Where the above mentioned characteristics are dominant, the patient's approach is facilitated by a good therapeutic relationship, a so-to-speak "therapeutic alliance" and by keeping countertransference in control. Typically, the above approaches apply to each personality type but to the emotional-hyperthymic (dramatizing) character to the maximum degree.

The patient usually leaves all managements to his physician without insisting on getting informed about each and every detail. This happens because he has trust in him. There is no need, as in the case of the dependent character [25], to find support due to his weakness. The discussions with the patient should not be as comprehensive as they should be with the orderly, controlling personality.

An emotional-hyperthymic person tends to be poetic and theatrical and often uses such speech or is a folk poet. Therefore, he can accept a more descriptive approach with words and expressions that allude to the disease but not necessarily name it. In comparison, about the tailoring information, the controlling patient doesn't think as serious such an approach [26].

The denial mechanism is present to a significant degree in the emotional patient. Usually, therapists underestimate its degree, being deceived by the image portrayed by the person; an image of the expressive person, who, as already noted earlier, knows how to give his fights almost reaching heroism. Doctors should be tolerant until the impact of denial subsides, because, even if the patient seems to want to know (heroically) about the problems which caused his disease, at the same time he is afraid to learn the painful truth. The physician should keep in mind this ambivalent attitude when implementing this approach. In similar situations the controlling patient would seem calm, while the emotional patient would seem more courageous, expressional and more voluble; such volubility increases in proportion to the stress. Besides, the emotional-hyperthymic patient has been adequately "trained" in the denial mechanism joined by the compensation mechanism. The emotional-hyperthymic person usually looks cheerful even when in sorrow. In fact, patient statements like "I used to be a cheerful person who entertained others", "The others always said they would like to be as cheerful as I was. Yet, they didn't know that I had often troubles and I didn't show them", can give the physician a diagnostic clue. Therefore, this kind of person tends to deny feelings of sorrow, unpleasant feelings in general which are counterbalanced by joy. Sometimes such a person is left on his own (without friends) when he gets seriously ill. This happens either because friends cannot accept and bear depression or because the person cannot move from being an animator to being the animated, or both (Table 1).

The emotional-hyperthymic personality and his family

As regards the emotional character, doctors find that what is being portrayed by the patient and what the partner and family say are very different.

The patient is often portrayed as a fighter but this could be a compensation mechanism to his fears. The partner is aware of this counterbalancing mechanism by experience and communicates to the doctor the patient's sensitivity and fears. In this case, doctors often experience confusion and are at risk of engaging into conflict with the whole family.

But if, as recommended, patient and family are approached together, it is possible to have a clear picture;

Table 1. Overview of the emotional - hyperthymic character

Attributes or Cognitions
- Seems to be interesting, captivating, effusive, voluble, charming and / or inviting.
- At times doctors may suspect the patient of malingering.
- He creates intense relationships with the personnel which are characterized by a heightened need to be noticed and admired or may show jealousy of the doctors' and nurses' interest in any other patient.
- Man: he may repeatedly attempt to prove his manliness and courage, especially before nurses and women doctors.
- Woman: she may bring out her weakness in an attractive/captivating way; dresses and makes up in an attractive way and /or engages in flirtatious behavior. Under this sexuality lies the need to feel protected and safe.
- Man: fears associated with bodily damage, loss of manly accomplishment and power: exertion of physical strength, competitiveness and pugnacity may prevail.
- Woman: fears of losing her attractiveness and charm; she may become flirtatious and dress up as for a special occasion.
- Men and women of this personality type may attempt to attract attention and sympathy without caring enough for the consequences of their disease. Sometimes they may venture into serious operations only to prove their courage.

Managements
- Recognize their attractiveness and courage.
- In order to relieve their insecurity, explanations will be offered about their disease but not so systematically as with a controlled personality.
- Proceed with calmness and firmness, since they can be easily get carried away in emotional relationships.

and ascertain that what the family communicates is important and establish the exact degree of information we should divulge to the patient.

Conclusions

Establishing a diagnosis on the emotional-hyperthymic patient presents several difficulties as he/she often uses compensation mechanisms that can mislead the doctor. Indeed when such a patient feels sorrow he tends to put on a happy face by portraying an image that may carry the doctor astray, while the fear and the stress are expressed as militancy. Besides, as ascertained in the variations of D.S.M. (Diagnostic and Statistical Manual of Mental Disorders) [27] and I.C.D. (International Classification of Diseases and Related Health Problems) [28] editions, the task of classifying emotional elements presents several difficulties, leading to a negative impact on diagnosis training. Patients with an emotional-hyperthymic character are not properly diagnosed, while certain characterizations such as exaggerating and hypocritical are often ascribed to them. Perhaps a greater focus should be placed on the Kahana and Bibring study in terms of using personality types in the therapeutic relationship and in the integration of psychiatry and medicine [4-6].

Summarizing on the main points, we conventionally propose a scale of the degree of denial and the degree of information supplied to the patient, thus providing a point of reference for these parameters [8].

minimal, small, medium, large, very large

We take into consideration the main or fundamental characteristic: emotional (thymic) communication with an extrovert tendency.

Attributes or cognitions:

Captivation - eroticism, emotionalism, effusiveness.

Care should be given to the compensation mechanism as it expresses sorrow as joy, fear and stress as competitiveness and adventurousness.

This picture misleads physicians about how strong patients actually are. The therapeutic alliance is of utmost importance.

The degree of denial varies between "large" and "very large" and sometimes is "medium". Through the therapeutic alliance, the physician must exhibit patience until the degree of denial subsides [29].

Initially, the degree of information is "minimal", then "small" until it reaches "medium".

Family:

There is a discordance between what the patient shows and what the family reports about him. The patient presents himself as courageous, extrovert but the relatives consider him faint-hearted [30].

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