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PSYCHOONCOLOGY

Informing cancer patient in relation his type of personality: the emotional-hypothymic (depressive) patient

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Summary

Informing patients with cancer has been a subject of great scientific interest. Initially the research was aimed at quantity evaluation, in other words, the number of doctors who break the news to the patient, the number of patients seeking informing etc. Since the 1980s to present, research has shifted its focus equally on quality evaluation. In other words, serious efforts are being made to answer the question: "Is it possible to determine who should be told what, when and how?" It seems that deepening on the patient's character traits offers the best starting point for understanding the patient.

The aim of this paper was to describe the character of personality types based on the question: "How could characters or personality types be used in informing patients with cancer?"

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

The degree of informing is similar to the degree of the hyperthymic personality; initially, is "minimal, then "small" until it reaches "medium". The degree of denial varies between "large" and "very large" to sometimes "medium". Family: similar to the emotional-hyperthymic person, with the added difficulty of introversy. There is a discordance between what the patient shows and what the family reports about him, especially when the compensation mechanism is that of a controlling – orderly patient.

Key words: cancer patient personality, emotional, hypothymic, informing, sorrowful

Introduction

Informing patients with cancer has been a subject of great scientific interest. During the 1950s, 60s and the 70s, research was aimed at quantity evaluation [1-5], in other words, the number of doctors who break the news to the patient, the number of patients seeking informing etc. Since the 1980s to present, research has shifted its focus equally on quality evaluation [6-11]. In other words, serious efforts are being made to answer the question: "Is it possible to determine who should be told what, when and how?"[12]. Procedure protocols to announce cancer patients the news of their illness have been suggested by Rabow and McPhee (1999) [10] and Baile et al. (2000) [11]. However, healthcare professionals find that the most difficult aspect in approaching a patient is empathic understanding [11].

It seems that deepening on the patient's character traits offers the best starting point for understanding the patient [11,13,14]. Currently, Kahana and Bibring suggest to employ characters or types of personality in the psychological management of the physically ill patient. They refer to the psychologically normal well-functioning person but apply as well in any individual in any stressful, anxiety-producing situation [13,15].

The aim of this paper was to describe the emotional-hypothymic (depressive) 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

Based on the Kahana and Bibring's proposal at the end of the 1980s, we have been studying the characters or personality types based on the question: "How could characters or personality types be used in informing patients with cancer?"

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This study was carried out at the Psychiatric department of "Metaxa" Cancer Hospital within the framework of Consulting-Liaison (C-L) Psychiatry [14,16-18].

As method of research the qualitative method was used [19-21] through groups with doctors and nurses, while research within groups lasted for 5 years.

During these 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 minutes (total duration of one academic year, total yearly time 60 hours).

The process in groups is based on that of analytic group, taking into consideration the therapeutic factors, particularly the cohesiveness, interpersonal learning and universality, while the group coordinator should be trained in group psychotherapy.

The procedure of discussion is based on the inductive method and on the Socratic method according to Beck [22] and Perris [23].

The procedure took into account the following:

1) The Balint's group studies on countertransference feelings in the doctor-patient relationship [24,25].

2) The psychodynamic concepts in the understanding the medical patients [26,27]

3) The understanding of patient trough the types of personality [13].

Below the profile of the emotional-hypothymic character is being described, as concluded from this study, and the traits emerging were used in our empathetic approach and cancer patient informing [28].

Results

From the group and from the literature studies, especially from the works of Kahana and Birbing [13,15], Schneider [29,30], Oldham [31,32], Manos [33], Livesley [34] and Reich [35], the profile of emotional-hypothymic (depressive) character or type of personality emerges.

Schneider [29,30] described the concept of a "depressive personality" in the 1950s. Ever since, this diagnostic category has gone through many changes in the psychiatric D.S.M. (Diagnostic and Statistical Manual of Mental Disorders) [36] and I.C.D. (International Classification of Diseases and Related Health Problems) classification systems [37]. According to the spirit of the Kahana and Bibring study [13] this character or personality type was named emotional-hypothymic (depressive) in our study. The term "depressive" included in parenthesis indicates the respective pathological diagnosis. Oldhman and Morris [31,32] used the term "serious style" and included parenthetically the term "depressive". Our study showed that the term "emotional-hypothymic" minimizes the confusion stemming from classifying depressive elements, namely to what extent they are structural character traits or simply manifestations of the symptoms. The emotional-hypothymic character traits coupled with the degree of denial in relation to the family background contribute to tailoring the information strategy to the cancer patient.

The most prominent characteristics of the emotional-hypothymic patient are sorrow and grief. He feels sad and experiences emotional pain at the hardships faced by his fellow people (losses, mishaps); he can turn melancholic very easily. Furthermore, he is emotional and his eyes are often moistened by tears. He identifies himself with such situations either as a viewer or as a listener. When he watches a play or a movie his eyes are repeatedly filled with tears.

He is grieved by the cruelty and injustice addressed to him or others, yet he does not react like the guarded-querulous person who becomes indignant [14]; this type of personality feels and expresses his sorrow.

Here we use the word "hypothymia", whilst stressing on the clarification on the word "thymos" which here denotes an emotion and maintains its ancient Greek meaning. The opposite state is hyperthymia, which means that the emotion is "uplifting"; it has more of "thymos" and corresponds at the emotional-hyperthymic personality type.

Hypothymia is about feeling sorrow, which is a "downward" emotion. The terms hyper- and hypothymia work as if there were a theoretically stable point, a stable line of reference which is, theoretically speaking, a normal state of mood. There is of course no such stable line in real life, since states of mood are perpetually oscillating in everyday life and relationships. Indeed, emotion oscillates between these two emotional states of mood and no-one is constantly on this imaginable straight line of reference nor constantly on hyperthymia or hypothymia. When a person is called hypothymic, hypothymic states of mood prevail; the opposite is called hyperthymic, when hyperthymic states of mood prevail.

The characteristics of the emotional-hypothymic (depressed) personality seem to be contrary to those of the emotional-hyperthymic character. We could argue that these are emotional states where in one it is sadness that prevails (hypothymia) and in the other it is joy and cheerfulness that prevail (hyperthymia).

Persons with such personality traits may become emotional or express their emotions through a song or a verse. When they enjoy themselves, the feast works as a vehicle to compensate for intense sorrow. Their feasting is always accompanied by a note of melancholy. To make it more eloquent, the emotional-hypothymic patient with depression, when faced with stressful situations or obstacles which are deemed significant to him, he may present a clinical picture of mild depression. This is manifested by lack of energy, an impaired ability to gain enjoyment in life, neurovegetative disorders, sleep or eating disorders (hyperphagia-anorexia).

An emotional-hypothymic person with depression is not expected to necessarily develop major clini-

cal depression. Besides, clinical depression can also be manifested by individuals with different characteristics varying from mild to maximum degree of major depression. To avoid any confusion and get the wrong impression we should keep these in mind.

The characteristics that make up the emotional-hypothymic personality seem to be structurally organized. These individuals are more sensitive and vulnerable to loss during their childhood development; such a loss could be determined i.e. the death of a parent. In other cases this loss may not be obvious; it could be more internal and of subjective significance. It occurs mainly during development i.e. how the passage from one stage to the other or the separation when he was first sent to nursery school were experienced etc.

It is obvious that children possessing such traits are vulnerable to losses of family persons (besides parents), and indeed so if they have a strong bond with such individuals (grandparents etc). When faced with such losses, children go through depression with lesser or greater degrees of intensity, whose significance is not perceived by their entourage and whose existence is oblivious of. It is known that depression in children is often ignored as it does not manifest as in adults. Emotional-hypothymic persons suffer a rather persistent guilt to a lesser or greater degree, as if they hold themselves responsible for feeling hopeless in front of the problems and hardships of others or stand by them. It appears that guilt forms during infancy, when the reality principle is not present and magical thinking is considered normal in this period of life. So the child regrets and is identified with the emotional pain of another person. He is conscious of the other's misery and wants to encourage and help him overcome his sadness. He fancies he can succeed, which of course cannot be done, so he feels guilty and turns negative feelings inwards. Overall, the degree of guilt varies from normal to pathological; the latter can reach a delirium, where the person thinks that he is to blame for all the misery and calamities of the world; this is a pathological condition which does not fall within the scope of this paper. When it does not become immoderate, some degree of guilt is considered normal in our civilization.

The emotional-hypothymic person has a propensity for philosophy and is preoccupied with existential and social issues. He always seeks compliance rather than conflict as he finds it hard to attack others and suffers as a result, by turning aggression inwards.

The emotional-hypothymic person's self-esteem may be low, since his inability to express aggression is construed, especially in boys, as weakness. This is either because that's how he feels about it or because it is associated to his experience (i.e. other children dare him, heat him, other children seem to do better etc). This weakness may sometimes be enhanced by the environment with expressions such as "he is so sensitive, will he manage in his life?", or with recommendations to become more aggressive.

Therefore, those who "can cope with life" are sublimated while their self-esteem is impaired. Low self-esteem can be similar to that of the avoidant personality and requires differential diagnosis. The emotional-hypothymic person may use avoidance defence (avoidant character). Their difference lies in the fact that the avoidant person has constant fantasies of grandiosity, of taking vengeance and looking down on others. The emotional-hypothymic person does not exhibit the avoidant's manifestations and if so, they are of short duration and soon enough they are forgotten. Undoubtedly he feels that he needs to be aggressive but only to protect himself and the persons in weakness (patients, poor, refugees etc), not harm others, belittle or avenge them etc.

Occasionally, a differential diagnosis between the emotional-hypothymic and the avoidant personality may be hard to make, since they both possess an introvert element and the elements of shame and avoidance are highly expressed. Indeed, in terms of the emotional-hypothymic character and with the advocacy of specific environmental factors, avoidant elements may be highly marked and present this difficulty. In this case, the avoidant element may be secondary to the emotional-hypothymic person, meaning it acts as a defence, protecting the basic emotional-hypothymic trait. It is worth stressing the prevailing elements of sorrow and grief as we will achieve better manipulations of the therapeutic relationship without ignoring the avoidant elements which are so heightened. In other emotional-hypothymic persons we might find elevated controlling-orderly elements to such an extent that they compensate for and mask the hypothymic element. This is obviously a compensation mechanism aiming to protect and organize the entire personality. Such persons usually complain that they matured quicker than they should have.

Emotional-hypothymic patients usually bring on this sympathy as they present a calm yet assertive and supportive profile with understanding towards others. The overall profile of this character is common among individuals working in the healthcare industry and it is of particular use to psychotherapists. Therapists may find these traits extremely useful in their empathetic understanding of the patient, provided that they have been trained and practised understanding elements of countertransference during their identification with the patient. At all events, healthcare professionals should take

into consideration any degree of emotional-hypothymic element they possess. With the proper training this may help in improving communication with the patient.

There may be animal lovers and supporters of the weak people. These elements coincide with the giving-self-sacrificing personality and indeed they cooperate [14,16]. Yet they resent the “fatalistic” defeating element which does not befit the assertiveness of the emotional-hypothymic person. Therefore, he shows assertiveness when he helps out others i.e. when they fall ill. When he falls sick, one can see the grief and the anxiety on his face, and he is not such a fighter when illness attacks him. His philosophical views of life and existential anxiety become more intense.

Patients with such traits are likable, open to the therapeutic relationship; they treat their therapist with appreciation and respect. Besides, availability and empathy, the empathic understanding of the therapist conquers the patient, who acknowledges his efforts and trusts him. The degree and process of approach are facilitated by the aforementioned elements.

The degree of denial is usually mild in the hypothymic person. Additionally, he tends to be more realistic than the hyperthymic person who, by means of the aforementioned tendencies, processes reality acceptance reaching the stage of grief.

Evaluation of the patient’s mild depressive emotion should be made with care since it could be considered clinical depression. The philosophical, existential tendency is the cause for his pessimistic and desperate attitude. We suspect that through the processing of emotions he is trying to accept the reality of life. Let us not forget that each individual carries inside a depressing emotion that hinders him from realizing life’s hardships. This depressing emotion can be useful if developed to clarify blockings, deal with crises, elaborate on losses. This occurs mainly in the emotional-hypothymic person and it explains why individuals with such personality traits seem to be more pragmatists and philosophical. They give very good advice (to others at least) and justify their reasoning. Besides therapists, this competence is very useful to professional analysts such as political or financial reporters. They also tend to occupy themselves with nature and animals. The degree of grief and anxiety manifestations is analogous to the subjective magnitude of obstacles experienced (and still experiencing) by the particular patient, as well as the result deriving from these experiences.

Therefore, care should be given to those therapists who cannot withstand the depressing emotion and the potential pessimism; this may lead to detachment and punctiliousness on behalf of the therapist who does not benefit from the therapeutic relationship.

The emotional-hypothymic 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 compensation mechanism experientially and communicates to the doctor the patient’s sensitivity and fears. Doctors normally experience confusion and are at risk of engaging into conflict with the whole family.

But if, as recommended, patient and family were approached together, we would be able to have a clear picture. We would ascertain that what the family communicates is important and we would establish the exact degree of information we should divulge to the patient.

Conclusion

The task of classifying emotional elements presents several difficulties as can be seen in the variations of D.S.M. [36] (Diagnostic and Statistical Manual of Mental Disorders) and I.C.D. [37] (International Classification of Diseases and Related Health Problems) editions.

Schneider [29,30] maintains that there is a “depressive personality” as a character structure and depressive manifestations in clinical level.

Reich [35], as regards character structure, uses the term “trait” and for manifestations the term “state”.

Patients with emotional-hypothymic character are not properly diagnosed; the presence of compensation mechanisms and the picture of a “mature” individual hinder diagnosis even more. The usual compensation mechanism is control and order. These can lead to a wrong diagnosis of the prevailing character. In addition, the picture of a mature individual creates the impression of competence. As a result, healthcare professionals make a wrong assessment of his psychosocial needs.

Summarising 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 [14]:

- minimal - small - medium - large - very large

We take into consideration the main or fundamental characteristic: emotional communication with introvert tendency (Table 1).

Main traits: emotional communication with an introversy.

Attributes or cognitions: Emotional, easily desolates, feels sorrow.

Table 1. An overview of the emotional-hypothymic character

Main characteristics or traits: grief, sorrow, hypothymia.

Attributes or Cognitions:

Emotional, feels sorry about the hardships of their fellow people.
Melancholic, philosophical pondering on existential matters.
Identifies himself with others and gets easily moved by separations in theatrical plays or novels.
He feels sorry about the meanness and injustice addressed to them and others.
He finds it difficult to cope with conflicts and dilemmas. He suffers and seeks compliance rather than conflict.
He often manifests mild depressive attacks.
Experiences an increased degree of guilt; hence avoids aggressiveness.
He is calm and assertive, especially when defending third persons.
He often works at the healthcare industry.
He is an animal lover and supporter of the weak.

Care must be placed on compensation mechanisms as he may conceal basic characteristics:

1. He uses controlling-orderly traits as a shield.
2. When he becomes hyperthymic, as a compensation mechanism, he expresses it with singing, writing poems or with subtle humor. The element of sorrow remains.
3. He often uses avoidant or isolating elements.
4. He has more giving-self-sacrificing elements which contribute to avoiding conflict. He can also accumulate anger with the risk of exploding.

A mistake as regards resistance and fighting spirit may be committed. The introvert tendency makes things even more difficult. He avoids showing emotion and weakness when sick. In terms of the degree of denial, he tends to be more realistic than that of the hyperthymic character who is somewhere between "medium" and "large". The therapeutic alliance is of utmost importance [14,17].

The degree of informing is similar to the degree of the hyperthymic personality; initially is "minimal, then "small" until it reaches "medium". Usual compensation mechanism: increase of controlling-orderly elements as a shield to subjective emotional vulnerability [14,16].

Informing family is similar to the emotional-hyperthymic person, with the added difficulty of introversy. There is a discordance between what the patient shows and what the family reports about him, especially when the compensation mechanism is that of controlling-orderly [14,18].

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