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PSYCHOONCOLOGY

Informing cancer patient based on his type of personality: The arrogant (narcissistic) patient

G. Kallergis

Department of Mental Health and Behavioral Sciences, School of Health, University of Athens, Athens, Greece

Summary

The task of informing the cancer patient is considered an arduous one as it typically involves breaking bad news to the patient. It appears that the adoption of an empathic approach is vital within a therapeutic relationship. This applies to every character or personality type, perhaps more so to the arrogant patient with a feeling of superiority. The question "Is it possible to determine who should be told what, when and how" basically implies the adoption of an empathic approach and the tailoring of information to each cancer patient. The use of character traits contributes to managing the physically ill patient in the best possible way. Therefore, follows the question: in what way does a character or personality type affect cancer patient informing?

The aim of this article was to describe the arrogant (narcissistic) character or type of personality in an analytic way so that any therapist can make a diagnosis and tailor the information strategy to the patient's needs.

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

The degree of informing the arrogant personality in the range "minimal - small - medium - large - very large" is: The degree of denial varies between "large" and "very large" while the degree of informing varies between "medium" and "small".

Informing the family: The patient objects to a common approach with the family as he is concerned about inflicting a blow to his image.

Key words: arrogance, cancer patient personality, feeling of superiority, grandiosity, informing, vanity

Introduction

The task of informing the cancer patient is considered an arduous one as it typically involves breaking bad news to the patient [1,2]. Notwithstanding the progress made on cancer treatments, the myths around cancer complicate this task even further[3]. Indeed, it appears that the adoption of an empathic approach is vital within a therapeutic relationship [4-8]. This applies to every character or personality type, perhaps more so to the arrogant patient with a feeling of superiority. Since the 1970s research was aimed at quantity evaluation [9-13] while since the 1980s research shifted its focus equally on quality evaluation [14-19], so the question "Is it possible to determine who should be told what, when and how" [20] basically implies the adoption of an empathic approach and the tailoring of information to each cancer patient [21]. The use of character traits contributes to managing the physically ill patient in the best possible way [22,23]. Therefore, follows the question: in what way does a character or personality type affect cancer patient informing?

The aim of this article was to describe the arrogant (narcissistic) character or type of personality in an analytic way so that any therapist 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 80s within the framework of Consulting - Liaison (C-L) psychiatry and it is still in process at the School of Health Sciences of the University of Athens [24-26]. The question posed was how the personality characteris-

Correspondence to: Georgios Kallergis, MD. 11, G. Theotoki Street, 185 38 Piraeus, Greece. Tel: +30 210 60 40 681, Fax: +30 210 60 40 681, E-mail: gkallerg@nurs.uoa.gr

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tic of the arrogant (narcissistic) person could be useful to informing cancer patients.

As basis of reference we used the Kahana and Bibring [22], and Kahana [23] proposal where it is suggested to employ characters or personality types in the empathic understanding of the physically ill patient admitted at a General Hospital.

The qualitative method was used as method of research [27-29] through groups with doctors and nurses, while research within groups lasted for 5 years.

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 meeting took place weekly and lasted 90 minutes (total duration of one academic year, total yearly time 60 hours).

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

The procedure of discussion was based on the inductive method and on the Socratic method according to Beck [30] and Perris [31].

The procedure took into account the following:

1. The Balint's group studies on Countertransference feelings in the doctor-patient relationship [7,8].
2. The psychodynamic concepts in the understanding the medical patients [5,6].
3. The understanding of patient through the types of personality [22].

In the framework of C-L psychiatry, in collaboration with the medical, surgical and radiotherapeutic clinics, the psychiatric department participated in the training programs which discussed clinical issues over the informing of cancer patients.

Results

From the group studies and from the literature, especially these of Kahana and Bibring [22-23], Manos [32], Oldham [33,34], Schneider [35,36], Livesley [37] and Reich [38], the profile of the arrogant (narcissistic) character or type of personality is emerging.

Throughout this paper, we employ the term "arrogant", since the term "patient with a feeling of superiority" previously suggested by Kahana and Bibring [22,23] and Manos [32], does not correspond to a structural trait, but to a manifestation or state. Furthermore, it seems that the term "arrogant" works better for healthcare professionals who can grasp its meaning more efficiently [4].

The fundamental question was how a therapist could use the patient's characteristics for an empathic approach when informing a cancer patient with arrogant (narcissistic) characteristics.

The most prominent characteristics are *arrogance*, a *feeling of grandiosity* and *superiority* that can reach *vanity.* He considers himself as powerful and all-important. That kind of person thinks it is his right to be accepted and recognized. This need may lead to an attitude so exaggerated that the person may become *grandiose.*

In his relationships with others this kind of person brings out a *patronizing superiority*. In other words, despite his seemingly gentle nature, he looks down on other people.

He is also called "narcissistic". This name comes from the Greek myth of Narcissus, a young man who fell in love with his own reflection on the waters of a lake. It is recommended not to employ this term, at least in the context of C-L psychiatry, since it can create confusion and encourage prejudice and anger towards the patient. We would rather use a descriptive way of describing the patient's profile to other colleagues in order to facilitate dialogue among them.

Moreover, we are interested in characteristics that are expressed without reaching pathologically exaggerated forms, and can be managed by doctors and clinic staff given the appropriate training. If there are serious pathological elements, a psychiatrist's aid is vital.

Clarifying the concept of *self-esteem* might help understand the different variations from normal to pathological, and to understand the arrogant character. Everyone feels vulnerable to some degree about how he is valued in his relationships, both personal and social, while he feels vulnerable to a certain degree concerning criticism. When other persons accept us, especially when they are important to us, we feel good; our morale is heightened. On the contrary, when we get rejected, a blow is struck against our morale.

A person with arrogance and feelings of intense superiority reacts in an exaggerative way to criticism or whatever is perceived as a threat to his self-esteem. He feels great anger, aggressiveness and tends to have fantasies of being mean and taking vengeance. Even when receiving praise, he experiences no satisfaction at all (although he does not feel hurt) because he feels that either he deserves it or that those who praised him are not important enough. These persons tend to feel a deep uncertainty about their merit and their self-esteem is very low.

People use certain words to describe such a character i.e. "proud" when the degree of expression is normal and "cocky" when the degree exceeds what is considered normal. They also use the epithets "snooty", "arrogant", "conceited". The word "selfish" can be used to denote a negative trait but a clarification is added that there are two kinds of selfishness: the good and the bad kind. These words are used by people when they are trying to describe one's character within the boundaries of normality.

We may see someone with self-confidence who might not be like this at all. A seemingly exaggerated opinion of oneself might conceal a low self-esteem. Indeed it appears that this phenomenological attitude is in fact a *compensatory* behavior to a deeper sense of low self-esteem. In other words, the person adopts emotions or ideas or attitudes that are in direct contrast to reality -

on an unconscious level of course. His arrogance stems from the fact that by underestimating or belittling others he satisfies his inner need to feel superior.

In social relations he endeavours to take the floor and adores monologues which he colors with a sense of mystery. When he takes the floor, rather authoritatively, he enjoys making long narrations using the tone and expression of a theatre actor. In an attempt to seduce the audience and obtain admiration he often employs several unusual words (even neologisms) and embarks on areas that he is not acquainted with, nor believes in. He may also recall adages of great scientists or writers since it is his belief that he will cause the audience's admiration. Should his efforts fail (given that very often he might aggravate the audience), he tends to underestimate his audience. The audience gets angry and uses the characterization "What a know-it-all!" for the performer. We find a similar behavior in the emotional-hyperthymic kind of person [21]. The only difference is that he does not give the impression of trying to impose his charm but to seduce the audience with their consent.

When he falls sick, he perceives the disease as a threat to the image of perfection and grandiosity he has created for himself.

Plastic surgeons should be most careful when such patients ask to be operated on for aesthetic reasons. If patients have associated their life's hardships with a bodily defect, which they regard as big or small, it is very likely they will not be happy with even the most perfect operation.

While in hospital, such a patient looks down on younger staff, most probably without concealing his scorn and exhibits a *competitive* attitude which is expressed with phrases like "am I worth or not", "am I worth more than him", "is he underestimating me» etc. The younger staff is considered inferior because of the existing hierarchy and is treated with contempt. Regarding doctors, he exhibits a competitive behavior in terms of his knowledge and demands to be recognized or considered equal at least. He pursues an acquaintance with persons of power i.e. the Director, and if possible, to receive his exclusive attention.

When he gets sick, he is trying to find or pretend to have found doctors or hospitals that are worthy of his superiority.

One should pay attention to a common attitude whereby the patient approaches a doctor, the hospital Director or someone else considered worthy of his attention by flattering them and insinuating that other doctors are not so good. The therapist should be careful with his response to this attitude, as the patient senses of any clashes among doctors or the staff in general, and takes advantage of them. Attention should be paid in this case, since if the doctor and the hospital accept that such patients are treated unequally, the patient's subjective omnipotence will be enhanced.

We draw our attention to this, given that a patient can idealize a doctor in the same way that he can underestimate him. Here lies the risk that the doctor will get in a place where he will feel that he should prove to be of valued service to his patient (on an unconscious level of course) in order not to let him down. In the end, the doctor will lose the game in the therapeutic relationship and the patient will lose his esteem for him.

The *denial* mechanism in the arrogant patient may get out of proportion. This personality type cannot accept that it is *him* facing a serious health problem and not the others "who are so worthless…" for him. We would say that all people feel high and mighty to some degree and therefore cannot accept that a serious disease can attack them. This degree is exaggerated in the arrogant patient.

A good approach has a beneficial impact on the therapeutic relationship in general and also facilitates informing all kinds of personalities. In the case under examination, a good approach from the start could also facilitate the therapeutic relationship.

In terms of countertransference, attention should be paid to the feeling of anger caused by the patient's display of a patronizingly superior attitude towards the doctor. Furthermore, the significance and power derived from being a doctor should not be undermined, and attention should be paid not to create a competitive relationship. Therefore, as noted previously above, the doctor should pay attention to the patient's attempts to create *splitting* within the therapeutic team.

Based on these conditions, a degree of significance and importance should be acknowledged without reducing the importance of patients and bearing in mind the patient's fears that he will discover he is left in the hands of inexperienced and incompetent personnel. When he feels he cannot cope with the doctors by manipulating them equally, he feels secure that he is in the hands of capable people.

In addition, the patient's image of self-esteem, pride, knowledge skills, or the fact that he is well educated or well-dressed, should not get in the way of our approach. He should not be informed like the controlling-orderly patient. In addition, he is not the sort of patient who would leave all care to his doctor as the dependent person would. Informing must be concise without being overly simplistic; the therapist should communicate the gravity of the situation and ask for the patient's cooperation in the join battle. The doctor must show that it matters to him and he understands his feelings.

The arrogant patient with elements of intense supe-

riority is much more vulnerable to losses compared with other personalities. He experiences losses as a blow to his self-esteem and ultimately to his self-dignity. For this person, the vulnerability felt by the blow to his self-dignity is exaggerated compared to other characters. Therefore, the risk of depression and namely major depression is greater. *Thoughts of death* and *suicidal ideation* are similar, so particular attention should be paid since, statistically speaking, this kind of person tends to commit suicide, perhaps on impulse. If the doctor finds such signs, he should seek a psychiatrist's advice.

The arrogant person and his family

The arrogant patient usually reacts to the family's involvement, as he thinks their interference will impair the image of perfection and grandiosity he has created for himself. If the patient is persuaded that his difficulty will be respected, he will accept a meeting with the family. The family and, primarily, the partner have put up with his belittling behavior, so the anger felt by the family members needs to be processed.

During the meeting with the family, the doctor should state that "it is worth making a serious effort to stand by the patient in this ordeal…»

Discussion and Conclusions

The main concept that we should bear in mind is self-esteem, and in this case it is wrong. Upon learning the bad news, the arrogant patient with cancer experiences the so-called "narcissistic blow".

The narcissistic blow in psychoanalytic theory indicates that the patient feels that his ego is under threat, the causality of him and the threat of inexistence.

The narcissistic blow affects all patients - irrespective of their character traits - but more so the arrogant character. Therefore, patients may not go through the 5 stages of grief, as described by Kübler-Ross [39] and risk an impulsive suicide attempt.

The arrogant and avoidant characters share a common characteristic: poor self-esteem. Their difference lies in the fact the one is extrovert and the other is introvert.

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:

minimal small medium large very large

We take into consideration the main or fundamental characteristic: *arrogance with an extrovert trend* and a feeling of superiority.

Arrogant

Main traits: Doubt about his self-esteem, arrogance, feeling of superiority, conceit.

Attributes or cognition: A tendency to reiterate monologues colored with a tone of mystery; he always finds people and products worthy of his magnificent self.

Compensation mechanism: This person has a poor self-esteem, exhibits arrogance, underestimates others by considering them inferior so that he feels superior to them.

The degree of *denial* in the arrogant person is at least "very large". This personality type cannot accept the fact that it is him who may be facing a serious health problem and not some others "so worthless…".

In countertransference, the doctor should pay attention to the patient's arrogance. Additionally, the doctor should have in his mind that the disease is perceived by the patient as a direct threat to his image of perfection and grandiosity. In this way, we can respect the patient's arrogance without affecting the second fact.

The degree of informing varies between "medium" and "small".

Informing the family: The patient objects to a common approach with the family as he is concerned about inflicting a blow to his image. The relatives should process their anger caused by the patient's scorn.

Table 1. Overview of the arrogant character

Main traits: arrogance, feeling of superiority, conceit
Attributes or cognitions: • He considers himself to be powerful and important and he can become vain, ostentatious or imbued with patronizing superiority. • He adores to reiterate monologues which are colored with a tone of mystery. • He is in profound doubt and uncertainty about his inner value (self-esteem). • Most of the times he adopts a belittling behavior towards others, either verbally and/or non verbally. Others describe him as «snooty" or "a know-it-all". • When he gets sick, he is trying to find or pretend to have found doctors or hospitals that are worthy of his superiority. • He looks down on younger staff and competes with doctors in terms of their knowledge and conclusions about his disease. • The disease is perceived as an imminent threat to the image of perfection and grandiosity he has created for himself.
Managements: • Nevertheless, a degree of significance and importance should be recognized, without undermining the doctor's and nurses' importance, given that his deepest fear is that he will discover he is in the hands of inexperienced and incompetent staff.

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