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PSYCHOONCOLOGY

Informing cancer patient based on his type of personality: The avoidant patient

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Summary

Imparting bad news to a cancer patient is considered an arduous task, but it seems to be facilitated by the use of the empathic approach. Indeed, doctors who are trained to adhere to a cancer patient informing protocol argue that the hardest step to take is the empathic approach. The usual questions asked are: To tell the diagnosis or not? How much information should we give? Should the patient know or has the right not to know? Is it possible to determine who should say, what, when, and how.

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

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 the avoidant personality in the range "minimal - small – medium – large – very large" is : The degree of denial varies between "small" and "medium", while the degree of informing varies between "medium" and "small" in order to reach "large" later.

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

Key words: *avoidance, cancer patient personality, concern for exposure, informing, vulnerability to rejection*

Introduction

Michael Balint was the first to psychologically approach psychically ill patients in the 1950s with his study on the therapeutic relationship of general practitioners in terms of their emotional reactions to their patients [1,2] and who first laid the foundations of empathic approach, which was developed in later years.

During the same time, Consultation-Liaison psychiatry had grown significantly, whereas Kahana and Bibring [3], and Kahana [4] suggested the use of patient's character traits in the psychological management of the physically ill patient. Imparting bad news to a cancer patient is considered an arduous task, but it seems to be facilitated by the use of the empathic approach. Indeed, doctors who are trained to adhere to a cancer patient informing protocol argue that the hardest step to take is the empathic approach and that is why they are seeking further training [5]. The usual questions asked are: To tell the diagnosis or not? How much information should we give? Should the patient know or has the right not to know? Is it possible to determine who should say, when, and how [6].

The avoidant character or type of personality requires even more the utilization of the empathic approach due to his penchant for introvercy and fantasy.

The aim of this article was to describe the avoidant 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

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1980s as part of Consulting-Liaison (C-L) psychiatry and it is still in process at the School of Health Sciences of the University of Athens [7-9].

As method of research was used the qualitative method [10-12] 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 meetings took place weekly and lasted 90 min (total duration of one academic year, total yearly time 60 hours).

The group process was based on the 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 and Emery [13] and Perris [14].

The procedure took into account the following:

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

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 cancer patients.

As point of reference we used the Kahana and Bibring proposal where it is suggested to employ characters or personality types to enable the empathic understanding of the physically ill patient.

Results

From the group studies and from the literature, especially these of Kahana and Bibring [3,4], Manos [17], Oldham and Morris [18,19], Schneider [20,21], Livesley [22] and Reich [23], the profile of the avoidant character or type of personality is emerging.

The avoidant personality, as a disorder, was introduced to the Diagnostic and Statistical Manual of Mental Disorders (DSM III) [24] and is included in the DSM IV classification [25]. The term "avoidant" seems to correspond to the basic mechanism used by this character structure.

The prevailing characteristics are social inhibition, and avoidance of social interaction. In particular, in a patient's history it is often noted that "he had always been shy", as if shyness (or timidity) is a deeper dimension of a person's temperament. The avoidant person is hypersensitive to criticism and has a fear of negative evaluation. He also presents a greater or smaller degree of difficulty to relate to others and he seems to want to know in advance that he will be accepted unconditionally.

As gathered from the above, avoidance is a defense mechanism that protects the patient from the subjective perception that he will be rejected, humiliated or even ridiculed. Even though he avoids close relationships, *he feels a strong desire for close and/or social relationships.* This is an important clue that differentiates this personality from the uninvolved-aloof patient who does not seem to pursue close relationships. The avoidant person experiences this contradiction that is manifested by anxiety, depressive emotions, or phobias.

In terms of self-esteem, the avoidant person has a low self-esteem. It was previously noted that low self-esteem is present in the arrogant patient, too. The two characters appear to be reacting in a diametrically opposite way. The patient with an intense feeling of superiority and arrogance by *manifesting* his grandiose self. His pursuit is to show off this grandeur while expecting acknowledgment that will make his inner doubt about his low self-esteem disappear. The avoidant person avoids *exposure* for fear of bringing out his sense of inaptitude and his weakness of being considered inferior. In other words, he hides his grandiose self instead of showing it.

If someone takes a closer look to these two personalities, he will find that they are similar in many aspects; their point of reference is low-esteem. It appears that they both share the narcissistic blow but the avoidant personality manifests an *introvert tendency*, while the arrogant type an *extrovert tendency*. Unlike the arrogant's penchant for monologues, the avoidant person is characterized by social reticence and a profound anxiety that he will say something that might expose him to others. Judging by this behavior, the social environment dubs the avoidant person "a stuck-up", an expression that clearly shows their feelings of being implicitly underestimated. In fact, it is the avoidance mechanism that shields the avoidant person from exposure and fear that the others will be able to see clearly his critically low self-esteem.

He is always afraid of embarrassing himself at social occasions, of crying in front of others or of exposing his weakness. The social environment often utilizes the word "haughty" in order to explain his behavior which is perceived as an attempt to be restrained and not burden or lean on others, which is something that the dependent patient would do very easily.

Similarly, he finds it hard to engage in professional activities that require interpersonal contact and exposure. He may even feel contradicted in the sense that even though he believes he deserves the promotion, at the same time he is scared of it, as it will increase social interactions. Thus, we may see this paradox: a person who gets a promotion at the same time manifests depression and phobias. The avoidant person manifests a serious and restrained personality. He strives to pursue knowledge with a deeper desire to receive admiration and justify his avoidance.

When sick, he feels threatened by the disease and its impact that may cause his exposure. He is angry at himself for this personality flaw which makes it hard for him to manage social interactions and find doctors, hospital etc where they could offer him the best care.

Attention should be paid to the image it is received from this serious, decent, undemanding and quiet patient. Out of *countertransference*, doctors may react by being overprotective, which might embarrass the patient who feels that this proves his inner certainty of weakness and inadequacy.

In addition, doctors may respond with *emotional distancing* as if this serious and dignified person were not in real need of them. The avoidant person needs to be approached *empathetically.* He needs to be tactfully encouraged i.e. the physician's repeated urges to him to be a fighter, optimistic, to "have a little fun for a change" etc. It should be noted here that "the fighting tactic" is not the proper approach for every patient, despite the fact that it appears to be a rather good one.

The quantity of support should be tailored to each personality and offered on the basis of the goal to be achieved. In addition, attention should be paid since the avoidant personality may, at first glance, demonstrate controlling orderly elements which are not prevalent since he develops the controlling and orderly elements which help him build his defense and protection. At the same time, he conveys an austere superego which contributes to an equally severe self-criticism, as this would shield him from the external criticism he fears so much. In conclusion, diagnosis could wrongly take this personality to be a controlling-orderly personality. Therefore, during the informing, the doctor, misled by this portrait, could inform the patient in a "realistic" manner as he would for a controlling-orderly character.

Informing should be clear and articulated in a way to communicate the seriousness of the disease. The patient's consent and his cooperation should be sought. If these have success, more or less, it is highly likely that he will leave all manipulations with the doctor, and receive appropriate informing as part of the therapeutic relationship. The controlling-orderly personality [26] will initially agree to the alliance but will tend to constantly "place it in doubt". It should reconfirm this alliance by satisfying his penchant for control. The dependent personality [27] will probably cede all power if he is convinced that he can rely on the doctor.

Diagnosing the denial degree in the avoidant personality can present difficulties, since, as previously noted, he could be easily thought of as pragmatic like the controlling-orderly patient who would like to reduce his anxiety through control. Again, it is likely that during conversation, because of his introversion, he will not communicate his internal reality and may show signs of being sufficient. In diagnostic interviews a little more time should be allocated to allow the patient to relax and communicate better his denial elements. As already suggested, much more than in other characters, deeper empathic understanding of the avoidant person lays the foundation for a good doctor–patient relationship and facilitates the informing procedure.

The avoidant patient would appreciate *gradual disclosure of information* targeted to the deeper vulnerability and the blow he is experiencing.

The avoidant patient is motivated by fantasy to a great extent. Fantasy compensations usually fill in his brain and when he suffers a loss, such as disease, fear becomes greater in his imagination. It is obvious that in a therapeutic relationship where he is at ease to communicate his fears the fantasy compensation mechanism loses power. In addition, when imagination is amplified it can reach unrealistic dimensions.

If one considered that the avoidant person reacts with depression to loss, which very soon turns into major depression, one would understand that an oversized fantasy could reach *suicidal ideation.* Given a behavior of failure to express his feelings, there is the risk that suicidal ideation is not detected and a suicidal attempt ensues as a result. It is not an overstatement to say that the greater share of success in the therapeutic relationship is owed to empathic approach coupled with the ability to communicate deep-seated fears.

The avoidant personality and his family

The avoidant patient usually reacts to a common approach with his family, fearing that he would disclose the "arrogant" fantasies. In the

Table 1. Overview of the avoidant character

Main characteristics
• An excessive concern over exposure, avoidance of social interaction, while deep down he feels a strong desire for it.
• Mistaken self-esteem with a tendency to low self-esteem.
• Introvert tendency.
Attributes or cognitions
• Manifests with fear to criticism or to a likely negative evaluation.
Social inhibition
• It looks like he is seeking assurance that he will be accepted.
• An exaggerated sensitivity to rejection which is often experienced as humiliation and dishonour.
• He fears exposure out of fear that his sense of inadequacy will be revealed.
• He appears to be serious, reticent and others consider him as conceited.
• He underestimates others and more so his potential judges by belittling them in an intellectualized, rational manner.
• He seeks to undertake scientific or artistic tasks or tasks that have introvert elements which would bring out his real hidden value.
Compensation mechanisms
• An increase of controlling-orderly elements that provide protection and independence.
• A reduction in dependent elements because of fear of exposure.
• An increase of emotional-hypothymic elements since they cause compassion and function as a protection shield.
• Attention must be paid to his depressive reaction which could reach major depression and difficulty to evaluate suicidal ideation that is not expressed.

meeting with the family may need attention to the speed of disclosure vulnerabilities and fantasies [28,29] .

Discussion and Conclusions

A core mechanism of the avoidant character is the defense mechanism that tries to protect his self-esteem. In addition, self-esteem seems to play a key role in the arrogant character but defense mechanisms operate within a context of introvercy. The disease is perceived as a narcissistic blow to an important degree and the risk of depression and suicide is high. The avoidant character can be used by training doctors as an exemplary case of the patients' empathic understanding. Once the avoidant patient senses that his vulnerable self-esteem is not under threat and is equally exposed within the therapeutic relationship, it is clear that empathic understanding was successful [30,31].

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 :

- minimal - small - medium - large - very large

We take into consideration the main or fundamental characteristic: avoidance to exposure.

Main characteristics:

Avoidance to exposure with doubt about his self-esteem, in an introvert way.

Attributes or Cognitions:

A feeling that he is worth more compared to the efforts he made, avoidance to become exposed.

The degree of denial presents difficulties as it may be lead to the perception that the person has a controlling – orderly personality. In fact, they do share the mechanisms of rationalization and intellectualization to a great extent.

Compensation mechanism:

Poor self-esteem and at the same time a feeling that he is worth more than what he is accounted for, belittling of others by being spiteful, rationalization, intellectualization that justifies the fact that he cannot perform.

Control and order protect the avoidant personality. The feeling of a narcissistic blow is equal to that of the arrogant personality. Thus, the degree of denial ranges between "very large" and "large", while we should respect his difficulty as the risk of a suicide attempt is high. Suicide seems the solution to avoid becoming exposed to the consequences of the disease, to the core of self-esteem and dignity.

Disclosing information to this type is equally difficult and the risk not to become aware of sui-

cidal ideation is high.

The degree of information should range between "medium" to "small" in order to reach "large" later.

The avoidant person appreciates the respect (in a silent way) of his difficulties.

Family:

The avoidant patient usually reacts to a common approach with his family, fearing that he would disclose the "arrogant" fantasies.

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