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ORIGINAL ARTICLE

Informing cancer patient based on his type of personality: The suspicious (paranoid) patient

G. Kallergis

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

Summary

Imparting bad news had always been an unpleasant task for the physician, as shown from ancient years to our days. In the healthcare sector and as far as the cancer patient is concerned, the imparting of bad news is performed by the patient's doctor within a therapeutic relationship of course. The fundamental question is how a therapist could tailor the information to any patient and if "Is it possible to determine who should be told what, when and how ?".

The aim of this paper was to describe the suspicious character or type of personality thoroughly 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 of the suspicious personality in the range "minimal - small – medium – large – very large" is : the degree of denial varies between large and very large. The degree of informing varies between medium and small and sometimes minimal. Informing the Family: The hardest family to deal with. Pay attention to litigious mania. Avoid confrontation or be drawn into agreeing with the family views.

Key words: *cancer patient personality, informing, irritability, projection, quarrelsomeness, suspicious*

Introduction

Cancer is an increasingly important health proImparting bad news had always been an unpleasant task for the physician, as shown from ancient years to our days [1-3]. In the healthcare sector and as far as the cancer patient is concerned, the imparting of bad news is performed by the patient's doctor within a therapeutic relationship of course. The fundamental question is how a therapist could tailor the information to any patient.

On one hand, the physician imparts the bad news to the patient, and on the other, he ensures the patient's benefit and his compliance to treatment. Therefore, for the cancer patient approach to be successful, empathic understanding [4] is required on the physician's part. Since the 1980s, research on patient informing has aimed to quality as well [4-9], and attempts to answer the question: "Is it possible to determine who should be told what, when and how?" [10].

Procedure protocols to inform cancer patients about their illness have been suggested by Rabow and McPhee [9], Baile and Buckman [4]. However, healthcare professionals find that the most difficult aspect in approaching a patient is empathy [4]. To achieve an empathic approach, it appears that the use of personality traits contributes to managing the physically ill patient in the best possible way [11]. These diagnostic categories of personality do not designate personality disorders but they refer to the psychologically normal, well-functioning person and are equally applicable to all individuals in any stressful anxiety-producing situation [12].

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

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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Methods

This study was carried out at the Psychiatric Department of the "Metaxa" Cancer Hospital at the end of the 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 [13-15].

As method of research the qualitative method was used [16-18] 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 was taking place weekly and lasted for 90 minutes (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 [19] and Perris [20].

The procedure took into account the following:

1) The Balint's group studies on countertransference feelings in the doctor-patient relationship [21,22].
2) The psychodynamic concepts in the understanding the medical patients [23,24].
3) The understanding of patient through the types of personality [11].

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

From the group studies and from the literature, especially these of Kahana and Bibring [11,12], Manos [25], Oldham and Morris [26], Oldham [27], Schneider [28,29], Livesley [30] and Reich [31], the profile of suspicious character or type of personality is emerging.

As point of reference we used the Kahana and Bibring [11] proposal, where it is suggested to employ characters or personality types to enable the empathic understanding of the physically ill patient.

Results

We preferred to employ the term "suspicious" for the character being studied, given that it appears to be of better service to healthcare professionals in clinical practice rather than the terms "guarded and querulous" suggested by Kahana and Bibring, or "vigilant" by Oldham and Morris.

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

As a next step, we shall describe the profile of the suspicious character and use those traits in empathic approach and cancer patient informing, as concluded from our study. The prevailing characteristics are suspicion, difficulty in trusting others, quarrelsomeness and distrust in other persons' intentions. He has an oversensitivity to hints of other people – even when making facetious remarks. Even the slightest hint of negative feelings in other people makes him feel that they have turned against him. People usually say about him that he "is vexed easily".

His sensitivity to criticism and devaluation makes him feel persecuted and is likely to think that others mean harm or are jealous of him. In his mind, they have turned against something of his that he considers great (i.e. I am active, I am intelligent, I win a leader, I am successful in that area etc). When such a behavior becomes pathologically exaggerated, this patient is named "paranoid".

By describing the defense mechanism of projection, the understanding of the suspicious character becomes much easier. This is a mechanism where weaknesses and faults are attributed to others. They are to blame for his problems. He therefore gets rid of everything painful. By thus freeing himself from what seems unworthy, he elevates his self-regard and reduces anxiety. This enhanced self-esteem reflects a sense of grandiosity, which goes along with the view that the world is a threatening place and others covet or envy him. It is obvious that the projection mechanism ranges from minimal to pathological. By analogy, the aforementioned elements are expressed in the same degree. This mechanism is perhaps easier to perceive, as we can see it in our own behavior and in our relationships, despite the fact that we tend to see it more in others. When the aforementioned characteristics are intensified, then we have a really difficult patient.

Another manifestation of a patient with these personality traits is his inclination for quarrelsomeness. He enters into arguments and conflicts. Indeed, a large number of persons suffering from "litigious mania" possess such elements. This kind of person feels threatened by others and suspicious of their motives. This is his way of justifying his own counterattacks. Men are more quarrelsome than women, given that society permits such a behavior more in men than in women.

These patients, or their relatives, usually constitute the largest share of those making formal

reports against the staff and most of all - against doctors. They are also the same who make formal complaints, and verbally or physically abuse doctors. This behavioral pattern may also occur within family members. On a family level, they are secretive and taciturn (show an exaggerated concern not to let anyone find out), but, as a family, they project aggressiveness to others in order to decrease tension within the family. To avoid any confusion, we should stress that there are families with this structure - yet the patient is not suspicious or querulous. In that case, with a view to protecting their "weak" patient, relatives substitute the patient in all interactions with the staff.

The suspicious patient tends to reproach others for his own illness. During periods of sickness, his tensions and aggressive tendencies and his expectations of being harmed may be intensified. When the family possesses such traits, its members behave accordingly by making threats.

In this personality type, the denial mechanism is assisted by the projection mechanism and mistrust. Tension can be reduced if the doctor lets the patient know about the strategy to be followed in terms of diagnosis and treatment as early as possible. The doctor should not rush into imparting the diagnosis, i.e. cancer, even if signs show that it is indeed cancer. Without concealing the potential gravity of the situation, the doctor should stress that "information will be supplied only after thorough examination". The doctor should pay attention to being overly friendly as it might lead to further suspicion. A friendly attitude on the doctor's part, that avoids getting too close to or far from the patient, is often indicated. If the physician goes too close, the patient will feel more suspicious. The same applies to being too uninvolved.

Special attention should be given to countertransference. The patient's inclination to aggressiveness is felt by the doctor, the risk of conflict and confrontation is high, and getting involved into an argument will not help. Instead, there is a high risk of the doctor exposing himself. The control of countertransference contributes greatly to the informing process and is considered of utmost importance for the success of the following manipulations. This rule applies to every kind of personality, and most of all to the suspicious-irritable person.

This kind of person may also visit the doctor with the intention of blaming the nursing staff and praising the doctor. Indeed, nurses may sometimes enter into conflict with such a person, since he tends to belittle them in a provocative manner. The doctor must neither be drawn into blaming the patient for the situation while defending his colleagues, nor into blaming his colleagues to justify the patient's actions. The doctor must find the golden section in the aforementioned manipulations.

For instance, he should assure him that he appreciates how upsetting these inconveniences can be for a person of his sensitivity. Then he should add that the nurses have very much on their hands, a lot of patients to attend to, and that they do not mean any harm. The next step would be to assure him that the doctor will make every effort to remedy any oversights etc and should appeal to his sensitivity for understanding.

The suspicious person and his family

The suspicious person's family may also be characterised by the same exaggerated secretiveness, suspicion and reservation. These are taken into consideration together with the fact that it is a difficult case. It should be noted here that these paranoid families are excluded from brief family therapy, as a more rigorous context is required.

Nevertheless, in terms of information, the doctor should be wary of how to reveal the diagnosis, since they can be litigious maniacs, report or file formal complaints or make verbal of physical abuses.

When the family does not have this structure, members communicate that they are hurt by the patient's undiminished suspicion. In this case informing is more likely to be easier, but the patient may tend to be a litigious maniac.

Discussion & Conclusions

The term "suspicious" seems to cover the meaning of the trait, whereas the guarded, querulous, vigilant terms cover the meaning of state, according to the Reich's proposal [31].

Manipulating this kind of person can be a challenge for doctors, yet practice can help in manipulating other patients with different prevailing characteristics. It appears that out of all personality types, this type is the one that contributes more in practicing manipulations within the therapeutic relationship. It offers the best way for the doctor and nurses to practice finding a balance each time and the proper distance in each therapeutic relationship, difficult or easy.

It appears that each patient - irrespective of his personality traits – can be treated accordingly.

Thus, the doctor adapts his approach in terms of how close-far or friendly he can be. If, despite all, the patient continues to be aggressive, whining and blameful, the doctor should be generous and open with him, acknowledge his discontent and anger and assure him that he understands how sensitive the patient really is and that he (the doctor) has the best of intentions. By appealing to his sensitivity, which explains his reactions and frustration, we could help him to reduce his aggressiveness and see eye to eye with the doctor. The appeal (manipulation) to sensitivity may have to be repeated many times to curb his aggression. As it appears, the manipulations of this type of personality require self-control on the doctor's part, patience and perseverance.

The patient with suspicious character or type of personality is considered a difficult patient.

Healthcare professionals find it hard to control their countertransference responses when confronted with an aggressive-suspicious behavior, and there is always the risk of engaging into conflict. However, they need to be encouraged to practice manipulating the suspicious character within the context of a therapeutic relationship, as they learn to keep patients not too close but be friendly at the same time.

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

Main characteristics: suspicion, quarrelsomeness and the defensive mechanism of projection too.

Attributes or Cognitions: he feels let down by people, gets easily vexed, is inclined to be suspicious of others' intentions, oversensitive to insults.

Doctor's approach: A steady approach avoiding getting too close to too uninvolved with the patient. Conflicts and confrontations should be also avoided.

Attention should be paid to the degree of litigious mania and potential for making formal complaints.

Assessing the degree of *denial* is hard. A general rule of thumb: the degree of denial is analogous to the projection degree. The projection degree is assessed by the degree of suspicion and the aforementioned attributes. The degree of denial varies between large and very large [32,33]

Information must be given early on, in terms of the diagnostic check and treatment process, starting by scheduling tests and gradually reaching the pace of the controlling - orderly person. The degree of informing varies between medium and small and sometimes minimal.

Informing the family: The hardest family to deal with. Attention should be paid to litigious mania. Avoid confrontation or be drawn into agreeing with the family views [15]. Take into consideration that the family members of suspicious patient usually treat doctors lawsuits.

Table 1. Overview of the suspicious character

Main characteristics: suspicious, quarrelsome

- Reticent, guarded, doubts other people's intentions, feels let down by others.
- Oversensitive to innuendos and to the slightest hint of negative feelings in other people.
- He easily feels persecuted when being criticized or run down.
- He reproaches his entourage for own faults and weaknesses. By disclaiming his faults and weaknesses, he reduces his own anxiety. By freeing himself from what seems unworthy, he elevates his self-regard and perceives other people as threatening and bad.
- When he gets sick, he tends to blame others for his illness. In addition, aggressiveness elements are intensified. He becomes even more fearful, reserved, suspicious and quarrelsome.

Managements

- In order to keep his suspicion at abeyance, it is essential to let the patient know, as early as possible, the strategy of diagnosis and treatment.
- The doctor should keep a friendly attitude without getting excessively involved with the patient or too distant.
- Under no circumstance may the doctor enter into conflict with the patient.
- Agreeing with or confronting the patient does not help. The doctor should appreciate how distressing can be for a person of his sensitivity to be faced with oversights and deficiencies in the provision of care.

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