

ORIGINAL ARTICLE

Informing cancer patient based on his type of personality: The Uninvolved – Aloof Patient

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Summary

Communicating bad news is often part of a doctor's task. By bad news we mean information which is received as unpleasant by the patient who feels that it can have an unwanted effect in his life. It appears that the way each patient assesses bad news is associated with his personality type, his individual character traits and the adoption of an empathic approach is vital within a therapeutic relationship.

The aim of this article was to describe the uninvolved-alloof character or type of personality thoroughly 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 through groups with doctors and nurses, while research within groups lasted for 5 years.

Assessing the denial mechanism may present the hardest task since the patient does not give any hint to the doctor as to how he feels. The degree of informing should be not as much as for the controlling-orderly person but more than the dependent person's, about "average" to "small". Informing Family: He accepts the family's involvement. Relatives need to be alerted about the patient's fragility.

Key words: cancer patient personality, distant, informing, isolated, minimum emotional expression, unsociable

Introduction

Communicating bad news is often part of a doctor's task. By bad news we mean information which is received as unpleasant by the patient who feels that it can have an unwanted effect in his life [1,2]. It appears that the patient reacts to the news based on his own subjective assessment and this becomes more clear when bad news is disclosed to a cancer patient; despite that treatment and prognosis have admittedly changed, the patient still feels unpleasant because of the myth surrounding cancer disease [3]. It appears that the way each patient assesses bad news is associated with his personality traits [4,5], and the adoption of an empathic approach is vital within a therapeutic relationship [4,6-9].

Since the 1970s research about informing cancer patient was aimed at the quantity evaluation [10-14], while since the 1980s research shifted its focus equally in the quality evaluation [15-20]. So procedure protocols to announce cancer patients

the news of their illness have been suggested by Rabow and McPhee [19], and Baile et al. [20].

As early as the 1950s, it was proposed to deploy the person's character or personality type in the context of Consulting-Liaison (C-L) Psychiatry, based on the approach of the physically ill patient [21,22], which was being developed at the same time. Bibring also proposed the use of psychodynamic concepts to understanding the physically ill patient [6,7].

Among the personality types suggested is the uninvolved character or personality type [4,5,21,22]. This patient does not receive considerable attention by healthcare professionals during hospitalization due to his quiet and inexpressive nature.

The aim of this article was to describe the uninvolved-alloof character or type of personality thoroughly 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 1980s as part of C-L Psychiatry and it is still in process at the School of Health Sciences of the University of Athens [5,23,24].

As method of research the qualitative method of research was used [25-27] 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 the meetings lasted 90 minutes per week and took place for one academic year with total time 60 hours per year.

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 should 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 [28] and Perris [29].

The procedure took into account the following:

- 1) The Balint's group studies on countertransference feelings in the doctor-patient relationship [8,9].
- 2) the psychodynamic concepts in the understanding the medical patients [6,7]
- 3) the understanding of patient through the types of personality [21]

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 the works of Kahana and Bibring [21,22], Schneider [30,31], Oldham J [32,33], Manos [34], Livesley [35] and Reich [36], the profile of uninvolved -alooof character or type of personality is drawing. As point of reference we used the Kahana and Bibring proposal [21] where it is suggested to employ characters or personality types for empathic understanding of the physically ill patient.

Results

With respect to terminology, the name "Uninvolved and aloof" seems to work for both physicians and nurses. This personality type was the subject of study by training groups as well as during daily practice of C-L Psychiatry.

Therefore, we could explicitly outline the characteristics, traits and managements required in informing the patient as part of the therapeutic

relationship.

The prevailing characteristics are his tendency to *isolate himself* and to give an impression of *alooofness* and solitariness. Some times he likes to justify this solitariness by taking up various hobbies such as book reading, going for long strolls on his own, going fishing etc. At this point we should clarify that these tendencies seem to come from inside but are rationalized through hobbies, as opposed to individuals whose similar behaviors stem from their conscious choice to act like that i.e. he consciously chooses to isolate himself somewhere for a couple of weeks or more in order to sort out some issues in his life. This period of time works as a small or large intermission and, once it is over, he goes back to the previous behavior. For the uninvolved-alooof personality solitude is an inner need which takes up most part of or his entire life.

He is always reserved and avoids any involvement with everyday events and concerns of people. Indeed, he seems indifferent, yet most of the times - to a lesser or bigger extent - he does have social and existential concerns, a tendency to become philosophical. Given his behavior in everyday life one might expect to hear him speak conservatively; yet he may very well hear his admiration for subversive idealist rebels. This admiration though is usually only theoretic and very seldom does he become a disciple.

He has difficulty in getting emotionally involved and this is harder for a man since society commands him to chase the female and expose himself. Partners attracted by such personalities appreciate their deeper sensitivity, their philosophical quest, their genius and perhaps the security they feel next to such a person who finds it hard to expose himself inside a relationship. The same pattern may occur in other relationships as well i.e. in a work group, in life, he chooses an extrovert personality that will get him out of difficult situations. A defensive process is to retreat in fantasy. As a result, one might see him absorbed in his own thoughts, staring out of the window for hours or for considerably longer time than an average person would. They are eccentric persons engrossed with dietary and health fads, religious, philosophical theories or socio-political movements. The eccentric person may exhibit an unusual or unconventional manner of dressing. Because of their unconventional eccentric or even odd behavior, others ascribe a psychopathological diagnosis to them even when their ego and skills are very strong.

In terms of occupation, he could work in any field including scientific research. That kind of person would gravitate to occupations and places where there is no competition and contacts with other persons are minimal.

This personality type could be also called schizoid when psychotic symptoms are present. We would suggest though, in the context of C-L Psychiatry, to call him uninvolved-alooof since the term "schizoid" might be confusing to readers. Besides, the purpose of this article is to elaborate on the gravity of normal manifestations.

The uninvolved-alooof person uses isolation for his protection against painful experiences and emotions, reaching denial. The alooof patient intensifies his isolation when he feels threatened by the disease. He takes on a quiet, alooof disposition which gives doctors the opportunity to keep information about his illness low. On other occasions though, doctors may feel embarrassed due to the fact they do not get any response from the patient. Usually in the context of C-L Psychiatry, we get summoned on rare occasions. The reason for our summoning is either the doctors' embarrassment or their concern about the patient's grave, inexpressive face or on other occasions his careless manner of dressing.

During his managements, a doctor should bear in mind that beneath the surface this person is oversensitive and fragile; that his disease is a threat to this *fragile equilibrium*, hence his aloofness and seemingly apathetic demeanor. His lack of social skills should be treated with respect and the doctor should show his interest without requesting from the patient to open up.

If all these conditions are met, the patient will feel secure and indeed more so in the therapeutic relationship than in other relationships, the reason being that within the therapeutic relationship he adheres to professional rules which protect him and keep a safe distance between him and the physician.

In terms of countertransference, attention should be paid to the feeling of embarrassment which often gives us the impression that it borders personality disorders. Therefore, it appears that the task of assessing the denial mechanism is as hard as for the self-sacrificing character.

The uninvolved and alooof person and his family: The uninvolved person usually accepts family's involvement in his therapy. On his part, the doc-

tor should bear in mind the patient's vulnerability and on the family's part they should increase empathic care with respect to his vulnerability and his ability to take on bad news.

Under these conditions, informing about the disease and the treatment plan are greatly facilitated.

Discussion and Conclusions

The uninvolved and alooof person is called "schizoid" when he has pathological symptoms. This distinction should be made clear to doctors and nurses since the term "schizoid" associates with psychotic disorders.

Summarising on the main points, we conventionally propose a scale of the degree of denial and the degree of information provided 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: *uninvolved, aloofness*

Main characteristics: distant, unsociable, isolated

Defence mechanism: Seclusion.

Attributes or cognitions: introvert, quiet, unsociable, non-competitive, minimum interpersonal contact, jobs that require minimum contact with others.

Assessing the denial mechanism may present the hardest task since the patient does not give any hint to the doctor as to how he feels; therefore, the doctor should employ his countertransference as in the Giving – Self-sacrificing type of personality [4,5,37].

His "unsociability" needs to be understood and accepted while maintaining a considerate interest in him without requesting a reciprocal effort on his part or more openness. Information should be filtered more than the controlling-organized personality type, taking in mind his fragility [5,37].

The degree of informing should be not as much as for the controlling-orderly person [5,37,38] but more than the dependent person's, about "average" to "small".

Informing the Family: He accepts the family's involvement. Relatives need to be alerted about the patient's fragility.

Table 1. Overview of the uninvolved – aloof character

Main characteristics: distant, unsociable, isolated

- Distant, reserved, lack of involvement with everyday events and concerns of people.
 - Quiet, distant, unsociable.
 - Little need for emotional ties, without being easily impressed.
 - Beneath the surface: oversensitive, fragile, lack of resilience.
 - Seclusion is a protective denial of excessively painful experiences.
 - He works in usually non-competitive jobs that require minimum contact with others.
 - These persons are eccentric engrossed with dietary and healthy fads, religious or socio-political movements or exhibit an unusual manner of dressing etc.
 - Illness poses a threat to this fragile equilibrium. The patient becomes even more seclusive and distant than usual.
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Managements

- We should respect his unsociability as a need to preserve his equilibrium. We should maintain a considerable interest in him without requesting a reciprocal effort on his part or more openness.
 - We should always keep in mind that under the surface of this distant and aloof nature lies a fragile equilibrium which must be respected.
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