Abstract: The paper deals with personality correlates of colorectal cancer patients in the framework of the cognitive orientation theory. The cognitive-motivational approach and the construction and testing of a reliable and valid questionnaire for assessing the personality correlates of colorectal cancer are reviewed in the first part. In the second part in a new sample of 230 colorectal cancer patients the themes in the questionnaire are clustered and their structure is tested in a confirmatory factor analysis. Further, following the expectation that colorectal cancer is gender bound, the differences in the themes and belief types are applied to testing differences between men and women corresponding to the medical differences. Finally the questionnaire was applied to identifying the detected personality correlates in an attenuated form in a sample of Crohn’s disease patients who are known to be at risk for colorectal cancer. Discriminant analysis showed that the questionnaire provided a highly significant correct identification of cases of the three groups (165 healthy controls, 90 patients with Crohn’s disease and 230 colorectal cancer patients). The thematic clusters that constitute the personality correlates of colorectal cancer were found to be tendencies for compulsiveness, control of oneself and especially of anger, self effacement, pleasing others, self assertion, distancing oneself from others, keeping regulations, and performing to perfection all ones obligations. The three major foci of these tendencies are perfect duty performance, and two contradictory pairs: self effacement versus self assertion, and closeness to others versus distancing from others. The clusters and the contrasts constitute potentially sources of tension. It is suggested that the identified personality correlates be considered as psychological risk factors for colorectal cancer.

Keywords: Colorectal cancer – Crohn’s disease – Cognitive orientation – Risk factors

Résumé : Cet article traite des caractéristiques de personnalité des patients atteints de cancer colorectal (CCR) dans le cadre d’une théorie de la personnalité d’orientation cognitive. Cette approche dite motivationnelle-cognitive, ainsi que la construction d’un questionnaire validé et fiable pour mesurer les caractéristiques de personnalité liées au cancer colorectal, sont développées dans la première partie. Dans la seconde partie, à partir d’un nouvel échantillon de 230 patients atteints de CCR, les thèmes du premier questionnaire ont été rangés en clusters et leur structure a été validée par une nouvelle analyse factorielle. Ensuite, partant du fait que le CCR se manifeste sur un plan médical de manière différente en fonction du sexe, les différences dans les thèmes et les types de croyances, ont été mises en application pour tester des différences hommes/femmes correspondant à ces différences médicales. Enfin, le questionnaire a été appliqué pour identifier les mêmes caractéristiques de personnalité mises en évidence, dans une moindre mesure, chez des patients.
atteints de maladie de Crohn, connus pour être à risque de
cancer colorectal. L’analyse statistique a montré que le
questionnaire permettait d’identifier de manière significative
les caractéristiques de personnalité de chaque groupe. Le
modèle en structure thématique du questionnaire a été
pertinent pour discriminer les différences entre les trois
groupes ainsi qu’entre les hommes et les femmes (groupe
contrôle, n = 165 ; patients atteints de maladie de Crohn,
n = 90 ; patients atteints de cancer colorectal, n = 230). Les
clusters thématiques trouvés ( ou variables de personnalité
du CCR), font ressortir les tendances à la compulsivité, au
corollé de soi et spécialement de la colère, l’auto-
effacement, le fait de se rendre agréable aux autres, l’auto-
arrier, la distanciation des autres, l’attachement aux
règles et le besoin de perfection dans les tâches. On peut
dire que ces tendances se manifestent en trois tendances
majeures : L’accomplissement d’un travail parfait et deux
tendances contradictoires, l’auto-effacement et l’auto-
arrier d’une part, et d’autre part, la proximité des
autres et la distanciation. Ces clusters et oppositions peuvent
constituer des sources de tension. Il est proposé que les
traits de personnalité identifiés puissent être considérés
comme des facteurs de risque psychologique du CCR.

Mots clés : Cancer colorectal – Maladie de Crohn –
Orientation cognitive – Personnalité facteurs de risques

Introduction

Search for risk factors of colorectal cancer yields in the
Medline file over one thousand (n=1618 for August 20, 2008)
and in the PsychNet file about one hundred (n=98) scientific
papers listing a great variety of factors, such as genetics, age,
nutrition, obesity, ethnic background, alcohol consumption,
lack of physical exercise, or ingestion of specific medications
[30-33], but very few if at all refer to psychological or for that
matter psychiatric risk factors. Even an extended search for
the relation of colorectal cancer with life events or traumas
does not yield any additional information. The tendency to
overlook potential psychological risk factors for colorectal
cancer cannot be attributed to lack of interest in psycholog-
ical aspects of cancer because there are practically hundreds
of papers that deal with other psychological aspects in regard
to cancer, such as the impact of colorectal cancer on the
patients’ quality of life and life style or the psychological
effects of genetic testing for colorectal cancer [3,8,28]. The
paucity of scientific interest in psychological risk factors of
cancer is understandable in view of contradictory or unclear
findings in this domain that have been yielded by previous
research concerning psychological correlates of different
kinds of cancer.

Cancer and personality: Previous research

Most of the research focused on specific psychological
variables, sometimes referred to as the Type C personality
type [44], including mainly extraversion, rationality/anti-
emotionality, low or high emotional expressivity, repressiv-
ess, submissiveness, depression, anxiety, hostility and facade
of pleasantness [10,12,15]. However, even the apparently better
supported tendencies, such as anti-emotionality, repressive-
ness or submissiveness were not found in recent replications
[1,29,42,43]. In some cases the obverse was found [27] or the
psychological trait was shown to be the result of the diagnosis
of cancer [24]. Moreover, some of the personality correlates
were found to apply to different chronic diseases (e.g., CHD,
diabetes) rather than specifically to cancer as had been
previously maintained [2,7,41].

There are several reasons for the failure to identify
conclusively personality correlates of cancer. First, the subjects
selected for participation in these studies vary in medical
and psychosocial characteristics that could seriously affect
the results, in particular, cancer diagnoses, stages of disease,
duration of disease, state (viz. undergoing treatment or not),
degree of information about the disease, and quality of life.
Secondly, the psychological variables examined in most
studies did not constitute a comprehensive profile, and were
not grounded in a theory or methodology that relates them to
the disease. Rather, each study focused on one or more
variables selected each for a different rationale, representing
a variety of psychosocial dimensions, ranging from personality
traits through socioeconomic state to life event stresses.
Most importantly, the various studies devoted to personality
correlates of cancer did not deal specifically with colorectal
cancer. It is however unjustified to assume that personality
correlates apply equally to all types of cancer. The obverse
seems both more justified empirically and theoretically [19].

Colorectal cancer and personality:
Previous research

Few studies were devoted specifically to personality correlates
of colorectal cancer (CRC), despite the fact that it is the third
most common form of cancer and the second leading cause of
cancer-related death in the Western world [39]. There seem to
be three notable studies in this domain. In an interview study
with 637 colorectal patients and 714 controls it was found that
references to denial and repression of anger and other
negative emotions, commitment to social norms resulting in
the impression of a nice person, suppression of reactions that
may potentially be offensive to others, and conflict avoidance
were significantly more frequent in the CRC patients than the
healthy controls [26]. The authors consider the mentioned
variables as representing potentially risk for CRC and note
that these variables were independent of other risk factors,
such as diet, beer intake, and family history of colorectal
cancer, as well as of demographic factors, including socio-
economic level, marital status, religion and country of birth.

In another study [16] the subjects were 61 male veterans
diagnosed with CRC. The psychological variables were based