Review Article

Insights into Conflicts and Harmony in Doctor Patient Relationship through Transactional Analysis

Arun N Bhatt[1], Marina Rajan Joseph[2]

Doctor Patient Relationship (DPR) in India seems to be deteriorating. Remedial measures are incoherent compared to the multitude of factors associated. Transactional Analysis (TA) is a Social Psychology Theory and practice appropriate to analyse changing paradigms of DPR. TA shows that traditional stable DPR model was symbiosis inappropriate for modern era. Current DPR model is game relationship occurring due to failed attempts at symbiosis. Contractual relationship is a stable model of DPR appropriate for modern era and medical fraternity shall work towards bringing a paradigm shift in a coherent manner. TA may be one of the systems that offers models and tools useful for a paradigm shift.

[*J Indian Med Assoc* 2022; **120(8):** 55-8]

***Key words* : Doctor Patient Relationship, Patient-clinician Conflict, Healthcare Violence, Worker safety in hospitals, Transactional Analysis.**

Medical fraternity in India is grappled with deteriorating Doctor-Patient Relationship (DPR). There have been reports of violence against doctors[1]. The scenario may be attributed to a number of factors such as deficiencies in healthcare delivery system, inadequate doctor-patient ratio, increasing awareness and easy access to information, consumer protection act, cost of medical education, corruption, inequity, technological development in medicine, growth in health insurance and workplace factors in hospitals[2]. Medical fraternity responded to increasing violence through emphasising communication skills in medical education, through legal course and even by hiring security personnel[2-4]. Remedial measures need to be multi-pronged considering the web of causation involved. Analysis of psychodynamics of doctor-patient relationship would give insights useful to direct course of action at various levels.

Transactional Analysis (TA) is a Social Psychology Theory developed by Eric Berne and colleagues[5]. The coherent array of models in TA explains structure and function of personality, how and why people communicate and develop relationships in particular patterns, how and why they develop certain attitudes towards self and others and how these can be changed. Apart from its use in psychotherapy and counselling, it is being applied in the field of education and organizations[5]. The beauty of TA is the combination of its simplicity and profoundness. The logical appeal and systematic approach of TA would make it palatable to medical doctors. TA models can be used to gain insights and solve the problems in DPR. Objective of this article is to describe the historical and present scenario of DPR and its future with appropriate TA models.

[1]MBBS, MD (Community Medicine), Assistant Professor, Department of Community Medicine, Government Medical College, Ernakulam, Kerala 683503 and Corresponding author

[2]MBBS, MD (Community Medicine), TSTA, Head of School, IHM School of Medicine, 76-80, Turnham Ave, Rosanna, 3084, Victoria, Australia

Received on : 24/11/2021
Accepted on : 04/06/2022

Editor's Comment :

- Transactional Analysis (TA) is a social psychology theory and practice appropriate to improve dynamics of Doctor Patient Relationship (DPR). TA shows prevailing conflicts analysed as 'games' occur due to the failure of traditional 'symbiotic' model of DPR. Contractual relationship is a harmonious model of DPR appropriate for modern era.

Ego state model of personality :

Ego state model of personality is a core concept in TA. Eric Berne defined an ego-state as a consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behaviors[6]. There are three ego states in any person – Parent, Adult and Child. If a person thinks, feels and behaves like one of his or her parent or parent-figures such as teachers, he or she is in Parent ego state. If person thinks, feels and behaves as he or she used to do in childhood, he or she is in Child ego state. If one person's thoughts, feelings and behaviour are appropriate for here and now situation and considers all options available for responding, that person is in Adult ego state (Fig 1a). Adult ego state use demands awareness of self, others and environment where as the other two ego states

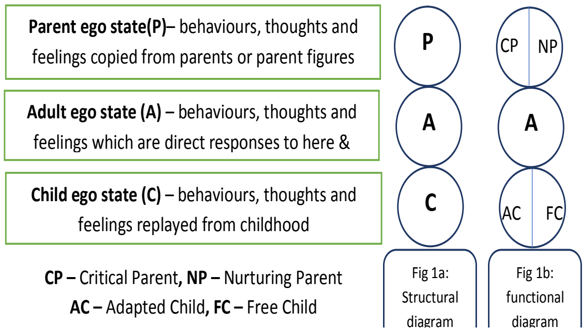

Figure 1: Ego state Model of Personality in Transactional Analysis (Modified from source)[7]

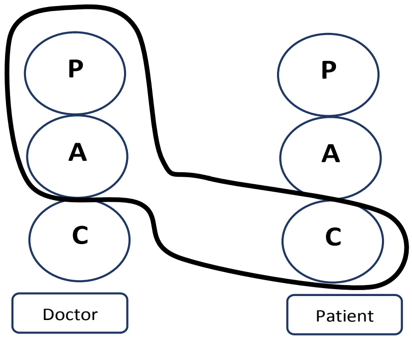

Figure 2: Symbiotic relationship between doctor and patient (modified from source)[7]

are automatic behaviours. The Parent function may be Controlling/Critical (CP) or Nurturing (NP). Child may function in a Free (uncensored) manner (FC) or in an Adapted manner (compliant or rebellious) (AC) (Fig 1b). These functions can be positive or negative depending on the contexts[7].

In consultation office, doctor is likely to be using Parent and Adult ego states and; patient is likely to use Child ego state to relate to each other. They may continue to interact from these ego states indefinitely or may shift to other ego states which would make the relationship uncomfortable. A systematic analysis of DPR is carried out with further models built upon the ego state model.

Symbiosis – Historical Paradigm of Doctor-patient Relationship :

Traditionally, Doctor-patient relationship had been symbiotic. The term symbiosis in TA by default refers to an unhealthy relationship. Typically, one individual excludes use of Parent and Adult and; other individual excludes use of Child in the relationship. There can be situations when symbiosis is appropriate as well, for example, a mother taking care of her infant (infant has not developed Parent and Adult ego states) or a doctor taking care of an unconscious or disoriented patient (both Parent and Adult ego sates of patient are physiologically decommissioned)[1].

In symbiosis, only doctor thinks through different treatment options (Adult) and judges what is good and bad for the patients (Parent) while the patient categorically abides (Child) by those decisions. If any uncomfortable or untoward outcome occurred, patient or family members would still look upon (Child) the doctor to console them. They interact as though there are only three ego states between them instead of six (Fig 2). Symbiosis was appropriate for the era of intuitive medical practice. Patients were not resourceful to contribute to the intuitive process. Doctors would not be able to involve patients in decision making even if they wanted to because, there is no explanation for intuition.

Symbiosis is an outdated model of DPR in the era of Evidence-based Medicine. Though the relationship seems stable, there are potential dangers involved in it. Patient would get exploited and doctor would suffer burn out. The academic demands of the profession, family and social responsibilities of the doctor are different from that of olden times. In other words, doctors have to consider their own needs (Child). Modern diagnostics and treatment modalities are potentially thought provoking for patients and, educated individuals are capable to think and judge (Adult and Parent). Hence, symbiosis cannot be a stable model of DPR in modern era. However, both parties attempt at creating a symbiotic relationship due to historical relics and eventually fail in maintaining it.

Game – The Current Paradigm of Doctor Patient Relationship :

A unit of social discourse between two individuals is termed as transaction. Transactions actually occur between ego states of individuals[7]. In symbiosis, only two sets of transactions occur – one between Child of patient and Adult of doctor and the other between Child of patient and Parent of doctor. In the modern scenario, Child of doctor and; Adult and Parent of patient are also activated in the relationship.

If a transaction contains a covert message behind the overt message, it is called ulterior transaction[7]. This happens when more than two ego states interact together. The covert message is conveyed by non-verbal cues such as posture, gestures, tone and modulation of voice which are incongruent with the spoken words (overt message)[7]. However, covert message emanates without awareness. For example, a family member frantically enquiring about the patient, “doctor, how is she?!” may also be conveying that “you must tell me she will be alright otherwise, I would breakdown right now". The overt message is from Adult and the covert message is from Child (Fig 3). Doctor feels emotionally challenged and speaks "Her condition is serious but, we will do whatever is possible" may also convey that "she will be alright; I will cure her especially serious condition". The overt message is from Adult and the covert message is from Parent (Fig 3).

Berne defined game as series of ulterior transactions with a gimmick, leading to a usually well-concealed but well-defined pay-off[8]. Pay-off is the bad feeling generated at the end of the series of ulterior transactions which may have been continuing over a few minutes to years. The pay-off can be of different degrees ranging from a mild disconcertedness to physical violence depending on the temperaments of the involved individuals[7]. The high degree pay-offs make it to media news where as low degree pay-offs would only be topics for trivial chit-chats.

As a continuation of the example discussed earlier, when an unfortunate outcome occurs though it was expected and explained, the family member will cry foul, "you said she will be alright! What wrong you have done?!" and the doctor would reply "I never said she will be alright! Is this the recognition you give me for all my efforts?!". A shift in ego states of both parties has happened at the close of the game – the family member shifted from Child to Parent while doctor shifted from Parent to Child. The game here was a failed attempt at symbiosis. Expectation of doctors from patients to be 'ever grateful and compliant' and the fantasy expectation of patients that doctor must be 'next to god' are complementary.

Given the probabilistic nature of course of diseases and unknown temperaments of the individuals, degree of pay-off of the games played in healthcare settings are unpredictable. Hence, games are to be addressed in toto whereas, the public discourse is about addressing only high degree pay off, the violence.

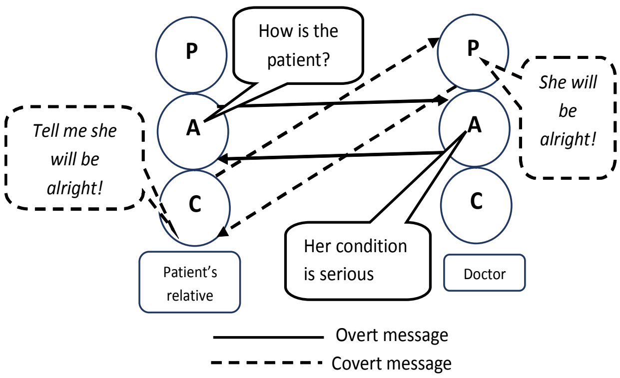

Figure 3: Example of an ulterior transaction in game relationship (Modified from source)[7]

Games need to be replaced by contracts which is a potentially stable model of DPR appropriate for modern era[7].

Contract – the future paradigm of doctor patient relationship :

In TA, the word contract refers to a typical relationship dynamic. James & Jongeward defined contract as Adult commitment to one's self and/or someone else to make a change[9]. The contractual relationship is established between Adult ego states of two individuals (Fig 4). The doctor shall take up the responsibility to direct the patient and family to use their Adult ego state. Transactions must be carried out with Adult awareness. Given the probabilistic nature of disease course, there must be clarity for the patient and family about the probabilistic ramifications of medical treatment from early on about the time and resources involved. Expectations and responsibilities must be negotiated mutually[7]. In the initial contracting, need for re-contracting with eventualities also must be agreed upon. Claude Steiner specified four requirements for an effective contract – mutual consent, appropriate recompense for the professional for the time and effort, competency of the doctor and the competency of the patient to carry out the agreed course of action and lawful goal and course of action[10]. In legal settings, the word contract refers to explicit written statements on agreements. In contractual relationship, the explicit nature and openness are hallmark of every transactions including the written documents.

Though the concept of contract is straightforward, in practice, the unaware psychodynamics would ruin it degrading to games. Adult ego state has the ability to evaluate thoughts and feelings in Parent and Child ego states and can choose to use any of them to behave if appropriate in the given context (Fig 4). The doctor must be watchful for covert messages from self and patient and must address it overtly[7]. In the previous example, when the family member enquires frantically,

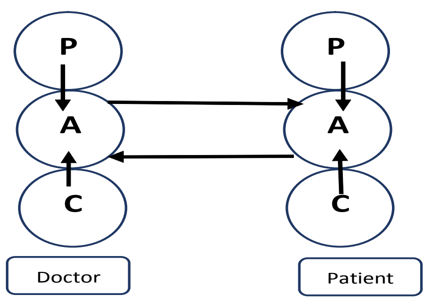

Figure 4: Transactions in Contractual relationship (Modified from source)[7]

the doctor will have to the make the covert message overt respectfully, "I see that you are emotionally overwhelmed. I am afraid, you are at the verge of breakdown". Then, stimulate the person to use Adult ego state with questions such as "what do you understand about her present condition?". These kinds of conversations are structured in communication models such as SPIKES protocol for breaking bad news[11].

It is obvious that to establish a contractual relationship, more time is required and systems need to be reoriented. Often, the contracts are multi-party. For example, a patient visiting a doctor at a hospital is in a minimum three-party contract – involving hospital administrator, doctor and the patient. The problems arise out of the vague nature of expectations and responsibilities of the parties to each other. National Accreditation Board for Hospitals & Health Providers stipulates display of patients' rights and responsibilities at their premises[12]. Such measures stimulate the parties involved to use their Adult ego state. Many such system changes in a coherent manner are required to establish and maintain a contractual Doctor-patient Relationship. Doctors who are convinced that symbiosis is out dated model, would advocate for contractual relationship from all concerned parties. Transactional Analysis gives array of tools to bring about changes in organizations actively and systematically.

Conclusion

Symbiosis was a stable model of DPR relevant in the olden times. Current conflicts in healthcare settings are due to game relationships which are failed attempts at establishing symbiosis. Contractual relationship is a stable model of DPR appropriate for modern era. TA can be one of the systems to analyse and address the current challenges in Doctor-patient Relationship.

Conflict of interest : Authors have no conflict of interests to declare.

Funding : Nil.

Acknowledgement : Authors acknowledge Dr. Manjula VD, Dr Reshmi Ramachandran and Dr Alwin Antony, Department of Community Medicine, Government Medical College, Ernakulam for their feedback on manuscript of article.

References

1 Radia N — Doctor - patient relationship; the growing paradox of Indian Healthcare -. Times of India [Internet]. 2019 Jul 8 [cited 2021 Nov 6]; Available from: https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/doctor-patient-relationship-the-growing-paradox-of-indian-healthcare/articleshow/70124151.cms
2 Tripathi J, Rastogi S, Jadon A — Changing doctor patient relationship in India: a big concern. *Int J Community Med Public Health* 2019 Jun 28; **6(7):** 3160.
3 Kumar B, Paul UK, Pal DK — Perception of Doctor–Patient Relationship in the Present Time from the Viewpoint of Doctors: A Qualitative Study at a Tertiary. *Indian Journal of Community Medicine* 2020; **45(1):** 4.
4 Nagpal N — Incidents of violence against doctors in India: Can these be prevented? *The National Medical Journal of India* 2017; **30(2):** 4.
5 What Is Transactional Analysis? | International Transactional Analysis Association [Internet]. [cited 2021 Nov 6]. Available from: https://www.itaaworld.org/what-transactional-analysis
6 Berne E — The Structure of Personality. In: Transactional Analysis in Psychotherapy. New York: Grove Press; 1961.
7 Stewart I, Joines V — TA Today: A New Introduction to Transactional Analysis. Nottingham: Lifespace Pub; 1987.
8 Berne E — Principles of Group Treatment. New York: Oxford University Press; 1966.
9 James M, Jongeward D — The Adult Ego State. In: Born to Win: Transactional Analysis with Gestalt Experiments. Full Circle Publishing Ltd; 1971.
10 Steiner C — Scripts People Live; Transactional Analysis of Life Scripts. New York: Grove Press; 1974.
11 Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP — SPIKES-A six-step protocol for delivering bad news: application to the patient with cancer. *Oncologist* 2000; **5(4):** 302-11.
12 Agrawal U, D'Souza BC, Seetharam AM — Awareness of Patients' Rights among Inpatients of a Tertiary Care Teaching Hospital- A Cross-sectional Study. *J Clin Diagn Res* 2017 Sep; **11(9):** IC01-IC06.