

Transactional Analysis



What is it?

- A consultation model that helps us look at difficult or unsatisfactory consultations
- TA concentrates on the state of mind, or ego state, of the doctor and the patient and how they interact
- The theory was described by Eric Berne, author of “Games People Play”

3 ego states

- Parent ego state (P)
- Adult ego state (A)
- Child ego state (C)
- Parent ego state is the part of us preoccupied with parental thoughts and speech; it can often be identified by containing the words “should, ought or must”
- Imprinted on us as children by our own parents or authority figures such as teachers, doctors, older siblings, police, those in authority

2 types of Parent ego state

- Nurturing Parent
- E.g. "You shouldn't go near the fire or it will burn you"
- Critical Parent
- E.g. "you really must stop smoking NOW!"

Adult ego state

- Principally concerned with thoughts and speech that are logical and factual
- E.g.” If you go near the fire it will burn you”
- “If you smoke your asthma will probably get worse”
- Logical, lack of parental content
- Problem-solving, looking for sensible and constructive compromise but allowing autonomy i.e. making the patient responsible for their actions

Child ego state

- Part of ourselves concerned with the expression of our feelings
- Develops first when we are young and contributes to our subsequent development of the whole person
- We acquire a basketful of feelings as a result of our earliest experiences
- Some of these feelings will be resolved, or fulfilled; others will be unresolved and continue to affect us throughout the rest of our lives

2 types of child ego state

- Free child: the healthy uninhibited part of us that is involved in having fun, being creative, experimenting, playing and loving
- Adapted child lacks spontaneity; the thinking and behaviour is adapted or inhibited in response to other people's expectations or to difficult circumstances
- Adapted child ego state can result in unnatural or manipulative behaviour such as petulant or sulky behaviour

Examples

- At any one time, each of us can be said to be using one or other ego states which determines how we think and feel and behave
- It influences the way others feel about us and dictate “what we are like”
- “Doctor, I have got a very sore throat. I think it may be tonsillitis. Can you advise me what to do?”
- The patient is ill and simply needs to know the diagnosis and how to get better; factual, logical thinking; adult ego state
- “Tell the doctor my throat is sore and he must visit me today and he should prescribe penicillin this time”
- Demanding patient, nothing is ever right, seem to have a perpetual axe to grind: parental ego state

Examples

- “Oh dear, doctor, my asthma is so bad I don’t know what to do. I am so worried about it. I have been completely unable to stop smoking like you said I should”
- Some patients seem to be emotional, unable to be logical or take responsibility for their illness.
- Helpless, worried well, unable to cope; adapted child ego state
- Adapted their behaviour to try and elicit a “nice” response from the doctor; sympathy, comfort, a prescription, a certificate

Application

- Key to understanding TA is to identify which ego state your patient is “in” or “using” and be aware of how appropriate or inappropriate it might be in the circumstances
- Is our own and the other’s ego state appropriate to enable a person to make the best progress as a patient?
- In most successful consultations both patient and doctor display adult behaviour
- Sometimes a parent doctor can work effectively with a patient in child ego state
- If both are happy with their own and the other’s ego state, consultation likely to succeed
- Parallel or complementary transactions, constructive and effective

Crossed transactions

- The transaction may be crossed, not complementary
- Dr: “Your liver enzymes are quite high. We need to look at how much you are drinking”
- Pt: “Doctor, you’re always telling me off about my drinking.....”
- Not a constructive way forward; progress is impeded
- Patients tend to have a certain repertoire of thinking and behaviour
- If we as doctors can recognise our patient’s difficult or unproductive behaviour, we can help them to develop insight and help themselves
- Lots of games people play e.g. “Yes, but....”