
Senthil P Kumar.*

Introduction:

Physical therapy as a profession had evolved from a technical dimension to an evidence-informed paradigm in all aspects of practice, education, research and administration. The orientation in clinical decision-making is shifting 'out of the box' towards a behavioral dimension rather than the biological dimension, and it is witnessed by recommendations of practice guidelines towards a multidisciplinary Biopsychosocial (BPS) model.

The BPS model indicated a necessary but inevitable emphasis on psychosocial aspects of care from therapists', patients' and other stakeholders' perspectives such as professionalism, communication and interpersonal relationships. Psychosocial aspects determine not only the reported history, but also patient co-operation during assessment and treatment, and adherence for exercise prescription. One such powerful model to analyze human behavior was proposed by Eric Berne and it was named 'Transactional analysis (TA)'.

TA is a concept of understanding personality traits of people engaged in interpersonal exchange of information through verbal and non-verbal communication. This concept based upon his psycho-behavioral analysis of human communication to identify roles, interactions and models of behavior. TA had evolved from a technique to a concept over the years, with its wide application into the fields of health sciences education and clinical practice. The aim of this editorial is to provide a detailed overview of evolution and development of transactional analysis with an implication for practice, education, research and administration for profession of Physical therapy.

Principles of transactional analysis (TA):

The exchange of thoughts and information between a physical therapist and others such as patients and their relatives, students and their parents, research participants and policymakers and stakeholders involve a process of 'transaction' where the aim is to attain an overall professional gain in a healthy environment.

The transactions were analyzed into exteropsychic (parent), neopsychic (adult) and archaeopsychic (child)
components, which manifest themselves as complete ego states. Advanced phases of game analysis and script analysis with the therapeutic goal of attaining social control were encouraged so that the individual would be able to conduct their relationships with others in an autonomous way at their own options, and are no longer victims of unconscious, uncontrolled compulsions to exploit or be exploited. 

Germana emphasized that the system of behavior consists of those transactional interrelationships between organism and environment that govern their existence and performance. Goulding described four models of TA, and it was Williams and Williams who developed and validated a 300-item Adjective check list (ACL) for assessment of relative strength of ego states from responses through analysis of ‘egograms’ to identify ‘psychologically healthy person’ among the tested participants.

Academic education:

Students’ perspective: Veronneau et al found that the transactional analysis model of reciprocal influences existed regarding students’ peer experiences (peer acceptance, peer rejection, and friends’ academic achievement) and students’ academic achievement. Wills and Dishion suggested that temperament and self-control moderate links between parenting, peer associations, and substance use amongst students, which bear implications for research on health-related communication and academic stress in physical therapy students.

Faculty’s perspective: Transactional analysis theory provides a useful framework for analysis in classroom and in understanding the examiner-examinee interaction. Kececi and Tasocak compared the ego states of TA between students and faculty and found that faculty members viewed themselves as an Adult and felt they used the Critical Parent ego state the least. Students also perceived that faculty members used the Adult ego state the most and used the Free Child ego state the least. Payton found significant positive change amongst PTs following a communication skills instructional course, which warrant incorporation of TA and studying its effects on faculty and staff in PT.

Clinical practice:

Clinical supervision: Sivan et al opined, “Effective communication between supervisors and trainees at an interpersonal and professional level determines the quality of the clinical supervision process.” McKimm and Forrest explored the use of two TA models- the Drama and Winner’s triangles for an effective supervisor-trainee relationship which also enabled carryover into relationships with patients, carers and colleagues. Holyoake concluded that the confessional nature of clinical supervision reflects contemporary practice and the implications of supervision really appear to be an undercover policing or enforcement of cultural/management objectives. Multiple models of clinical instruction/supervision/education existed in PT with none superior over the other, but none of them explored the psychosocial attributes of incorporating TA into such models.

Clinician’s perspective: Florio et al found nine work stress clusters (Physician-Related Stress, Organizational Factors, Observing Suffering, Ethical Concerns, Death and Dying, Carryover Stress, Negative Self-Thoughts, Inadequate Resources, and Coworker Stress) and ten coping clusters (Coworker Support, Positive Reappraisal, Developing a Growth Perspective, Positive Involvement in Treatment, Affective Regulation, Balancing Work Stress, Negative Coping, Apathy, Withdrawal, and Catharsis) using transactional approach. TA could foster improved professional involvement thereby bettering clinical behavior among PTs.

Patient care: TA is considered as a better patient approach which was useful for incorporating in patient education, pain management and weight loss program. Lawrence reported effectiveness of a lecture series on application of TA and personality assessment to patient counseling for effective communication through their

Kumar SP
self-reported awareness. Ajawi and Higgs found five core components of communicating clinical reasoning among PTs as follows: active listening, framing and presenting the message, matching the co-communicator, metacognitive aspects of communication and clinical reasoning abilities. Need for integrating TA into clinical reasoning processes would enable BPS model effectively in decision-making.

**Provider-patient interaction:**
TA helps to increase the provider’s understanding of, and insight into, the emotional and interactional components of his patients' problems so that a holistic approach to medical practice could be evolved from the traditional Cartesian approach.

**Administration:**
TA aids administrators and policymakers in planning, framing, implementing and evaluating objectives and methods towards continual quality improvement and ongoing process evaluation in advertising, communication, documentation, interpersonal relationship, reacting to change and establishing health units.

**Advertising:**
Maclachlan et al found that a crossed transaction was associated with significantly less psychological impact than a parallel transaction in healthcare-related advertisements.

**Documentation:**
Medical record practitioners could use TA as an effective management tool.

**Interpersonal relationship:**
TA could effectively facilitate psychophysiological detection of deception.

**Reacting to ‘change’:**
TA enables adaptation to changing people and situations and the administrators, policy makers and stakeholders need to understand the developments in TA in order to act as leaders in facilitating positive change.

**Health units:**
Organizing the therapeutic community through a combination of psychodrama, play therapy and TA would help promote awareness about PT among general public.

**Application of TA into healthcare:**
TA had been utilized in many fields of healthcare namely Medicine, mental health, dentistry, nursing, psychotherapy and psychiatry and now it is the turn of PT to understand and exploit TA to its best, in practice, education, research and administration.

Journal of Physical Therapy (JPT) welcomes original articles on application of TA in PT and invites commentaries from experts of all professions on articles published in JPT based upon TA.

**Conflicts of interest:**
None identified and/or declared.

**References:**

Distributed in Open Access Policy under Creative Commons Attribution License 3.0


