DOCTOR-PATIENT RELATIONSHIP IN TRANSACTIONAL ANALYSIS THERAPY TO RELIEVE POST TRAUMATIC STRESS AMONG ARMED FORCES: A SYSTEMATIC REVIEW

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ABSTRACT

Background: Posttraumatic stress disorder (PTSD) among armed forces is an issue that receives a large attention. Most armed forces that go through traumatic events may have temporary difficulty adjusting and coping. Getting effective treatment can be critical to reduce symptoms and improve function. Transactional analysis (TA) is one of the non-pharmacologic treatments, which is used to show healthy interpersonal relationships and grow intrapersonal abilities. This study aimed to review systematically the doctor-patient relationship in transactional analysis therapy to relieve post-traumatic stress among armed forces.

Subjects and Method: A systematic review was conducted by searching the following databases PubMed which published articles from 2008 to 2018. The keywords for this review included armed forces and PTSD. The inclusion criteria were review, systematic review, clinical review and guidelines. After review process 2 articles were included in this review.

Results: Transactional analysis therapy improved interpersonal relationships, communication, well-being, firmness, coping, and symptom reduction. Good interpersonal and communication doctor improved healing of patients with PTSD.

Conclusion: Transactional analysis therapy is effective in treating post-traumatic stress among armed forces.

Keywords: transactional analysis therapy, doctor, PTSD, armed forces.

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BACKGROUND

Through history, it has been proven that Combined Military Operations were very dangerous. So many cases of mental disorders were experienced both in battle and post-combat (Stokes and Jones, 1995). About 30 percents of Vietnamese soldiers experience Post-Traumatic Stress Disorder (PTSD) with an additional 25 percent experiencing a subclinical form of the disorder. Of the 700,000 American soldiers serving in the Gulf War, 100,000 of them experienced irritability, chronic fatigue, shortness of breath, joint and muscle pain, indigestion, forgetfulness and concentration disorders (Sadock et al., 2015). Of the 1,218,857 Iraq and Afghanistan war veterans who were patients with US Veterans Affairs, a total of 708,062 were diagnosed with mental disorders. About 20 percent of all soldiers who served in the two military operations experienced PTSD (Sadock et al., 2017).

PTSD can lead to disorders that were felt by patients and damaged relationships with family and environment. Symptoms such as irritability,
alienation, and blaming oneself and others can adversely affect social relations and reduce the quality of social relationships (American Psychiatric Association, 2013). The emergence of problems in the relationship experienced by soldiers with PTSD, inhibited the implementation of the main tasks and orders that must be carried out by soldiers. In terms of service, PTSD can damage the relationship with superiors or coworkers to cause various violations. In addition, soldiers who were supposed to act as a state fortress, protect the people can be the opposite, that was causing anxiety and fear in the community due to the symptoms or disturbances that they experienced.

One appropriate therapeutic modality to improve personality structure and interaction with someone else was Transactional Analysis (AT) psychotherapy. The main approach to AT therapy in personality structure was by strengthening cognition, namely the ability to think, analyze, consider, and made realistic decisions. Through improving cognition, a person was able to change perceptions, then can change his/her behavior through changing his/her emotions and controlling his/her interpersonal relationships with others. Then in the end, a person was able to correct the problem of interactions or relationship that occurred (Maharatih, 2015).

Doctor’s interpersonal communication and skills include the ability to gather information to support the achievement of accurate diagnoses, to discuss properly, to give therapeutic orders, and to establish caring relationships with patients. This was the core clinical skills in practice medicine, has the ultimate goal of achieving the best patient outcomes and satisfaction, and was highly important for the provision of effective health care. Doctors with such skills were able to detect problems early, prevent medical crises and expensive interventions, and provide better support to patients. This lead to higher quality results and better satisfaction, lower maintenance costs, greater patient understanding of health problems, and better compliance with the treatment process (Fong & Longnecker, 2010).

There have been no reports of the importance of interpersonal relationships or communication between doctors and patients in supporting Transactional analysis psychotherapy in improving symptoms and overcoming problems of relationship with TNI soldiers who have PTSD, thus opening up opportunities for a study.

1. Case Report
A man, 44 years old, Indonesian Army, Rank 2 of Sergeant, came to the hospital because he was afraid, not confident, had difficulty concentrating, and felt alienated from others. The patient experienced a traumatic event in the form of shooting a small child in Aceh at the end of 2001 during a Military Operation. The patient witnessed it directly, the patient dreamt of the incident multiple times, and often felt that the incident was over and over again. The patient always remembered this when he saw a child so that the patient was frightened and avoid to see children or hear about it.
Patients felt fear, anger, guilty, and alienated from the world or other people. Patients experienced these symptoms for years resulting in disruption of social functions, work and service, and this was not caused due to the use of certain substances. Patients complained of disruption of work and relationships with the Unit Commander/co-workers and their families.

Patients born to families who were disciplined and have a strong character, often feel depressed because their father was mean and often committed violence to their mother and their selves. There was no history of mental disorders in the family. The patient married a woman who assumed that his condition made her embarrassed and currently lived separately from the patient.

Patients came from elite units (Kostrad), attended many maritime education and solve them well. Patients have been repaired and have no treatment. Even patients can attend further education in 2010 and graduate well. The onset of mental disorders experienced by patients in early 2002 (about 5 months since the incident in Aceh mentioned). Until now, with a history of hospitalizations ± 10 times in different hospitals. Since graduating from secondary education in 2010, the patient has served as Commander-in-Chief and Team.

The patient was considered unable to carry out the task properly because of the disturbance that the patient has, so that the patient was transferred to a regional unit, it has not been proposed to be promoted since 4 years ago. Patients have problems in relationships with their wives, children, family, superiors, colleagues, subordinates, and the community.

Patients received Fluoxetine tablets by 20 mg every 24 hours, orally, in the morning. After treatment in the ward for 7 days, the patient underwent outpatient care. In outpatient care, AT was administered AT psychotherapy, improved many stressors in the patient's family environment, psycheduation in the family and the environment around the patient. After 8 sessions, symptoms such as flashback, nightmare and intrusion symptoms were reduced but still present. The patient was still unable to carry out his service optimally which in accordance with his main task.

The therapist realized that there were deficiencies in communication with patients, which were interviews that tend to be closed, relationship rank and realized that therapeutic relationships have not been reached with patients. In the next session, improvements were made to the interpersonal relationship between doctors and patients, after that, the significant improvements were made.

Patients became more open in telling more and details about the causes of stressors in life and in their duties. Patients became more comfortable to talk and conduct therapy, so that it would lead to optimal healing, patients can return to service properly, and have good interpersonal relationships with their family and environment.
2. Formulation of clinical questions

Does the improvement of interpersonal relations between doctors and patients support the main management of psychotherapy transactional analysis to improve the symptoms of TNI soldiers with those who have PTSD?

Search Plot Chart 1:

Interpersonal Relationship AND Psychiatrist AND Patient AND Army AND PTSD

PubMed (2) Medline Plus (0)
The contents do not match the criteria

Search Plot Chart 2:

Interpersonal Relationship AND Communication AND Transactional Analysis
AND Doctor AND Patient OR Army OR Military AND PTSD

PubMed (46) Medline Plus (27)
The contents do not match the criteria

Search Plot Chart 3:

Communication AND Transactional Analysis AND Doctor AND Patient OR Army
OR Military AND PTSD

PubMed (3) Medline Plus (3)

1) Evaluation of the efficacy of pharmacotherapy and psychotherapy in treatment of combat-related post-traumatic stress disorder: a meta-analytic review of outcome studies (Stewart & Wrobel, 2009). The contents do not match the criteria (Exclusion)

2) Quantitative and Qualitative Outcomes of Transactional Analysis Psychotherapy with Male Armed Forces Veterans in United Kingdom presenting with Post-Traumatic Stress Disorder (Harford & Widdowson, 2014)

3) Doctor-patient communication: A Review (Fong & Longnecker, 2010).

From the search plot 1, only 2 journals were found from reliable data sources, but the contents did not match the criteria, so the next search code development was carried out through search plot chart 2, by changing keywords into Interpersonal Relationship AND Communication and Transactional Analysis AND Doctor AND Patient OR Army OR Military AND PTSD patients, 46 journals and 27 journals were obtained from the data source, but the contents did not match the criteria, then the 3rd tracing plot was carried out, with the
key words of 3 journals, and 1 journal was excluded because the publication year was more than 5 years. Results were selected with several inclusion criteria in the form of soldier patients with PTSD, the last 5 years publication. Screening was done manually by selecting the study title in stages, selecting abstracts, and reading the full text. This step was done by looking at the suitability of the article with the clinical questions that were submitted.

The final search results got one article from all sources. These articles can be reviewed critically based on the Valid, Important, Applicable (VIA) concept.

**Diagram 1. Flow chart Selection**

Search results produced two selected study articles, among others: (1) Quantitative and Qualitative Outcomes of Transactional Analysis Psychotherapy with Male Armed Forces Veterans in UK presenting with Post-Traumatic Stress Disorder (Harford and Widdowson, 2014) and (2) Doctor-patient communication: A Review (Fong & Longnecker, 2010).

**Table 1. Critical Review of Journal Structure**

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<tr>
<th>Assessment</th>
<th>Journal 1</th>
<th>Journal 2</th>
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<tbody>
<tr>
<td>Title: Short, interesting, describing the main contents</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Author &amp; institution are appropriate</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Abstract: Structured, Introduction, Methods, Results and Discussion, informative</td>
<td></td>
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<tr>
<td>Introduction: Previous studies reasons, purposes relevant literature</td>
<td>Yes</td>
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https://doi.org/10.26911/theicph.2019.02.36
Method:  
Design, place, data source, measurement of significance, analysis plan  
Result:  
Table of characteristics assessment, analysis test is appropriate  
Discussions:  
The results discussed according to the limitations and the impact on the results are clear, related to previous studies, the main conclusions are based on study data

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<th>Table 2. PICO (Patient/ Problem/ Population; Intervention/ Prognostic Factor/ Exposure; Comparison; Outcome)</th>
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<td><strong>Journal 1</strong></td>
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<th>Table 3. Assess the validity of the study</th>
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<td><strong>Questions</strong></td>
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<td>Is the treatment given randomly and hidden?</td>
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<td>Does the evaluated study can be in the long term?</td>
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<th>Table 4. Assessing the Importance of studies</th>
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<td><strong>Question</strong></td>
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<td>Is this study important?</td>
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<th>Table 5. Assess the potential of studies to be applied in local situations</th>
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<td><strong>Questions</strong></td>
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<tr>
<td>Do patients in this study resemble patients in your place of work?</td>
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<td>Can the results of the study be done at your place of work?</td>
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<th>Table 6. Level of Evidence</th>
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RESULTS

Two study articles obtained from search results, the first was a mix method from a qualitative and quantitative cohort study, the second was a literature review of many studies, which were relevant to clinical questions and were considered capable to answer these clinical questions.

1. Harford and Widdowson, 2014

Study by Harford and Widdowson (2014) evaluated the outcomes of Transactional Analysis Psychotherapy in male Veterans in England who experienced PTSD in a Mix method (Quantitative and qualitative study), non-randomized, single-group clinical trials.

The study was conducted for 2 years with study participants a number of 15 British military veterans aged 32 to 64 years diagnosed with PTSD by psychiatrists based on DSM IV or ICD 10 criteria. All of them stayed in a special facility for this study that considered the level of PTSD they experienced.

The intervention provided was in the form of short-term (24 sessions) and long-term (52 sessions) psychotherapy Transactional Analysis. Quantitative study was measured by the CORE-OM, PHQ-9, and GAD-7 questionnaires. Whereas for qualitative assessment, it used Change Interview for less than 1 hour.

Quantitative results in short-term sessions (24 sessions) with CORE-OM have an average increase of 7.8, with PHQ-9 decreased average of 5.0 (below 6.0 referenced results), and GAD-7 decreased score average of 4.6. Whereas quantitative results in long-term sessions (52 sessions) with CORE-OM have a higher average increase, which was 8.0, with PHQ-9, there was an average decrease of 7.0 and in GAD-7, a decrease in the average score of 6.4.

Qualitative assessment of results using Change Interviews has increased assertiveness, improved communication, improved relations, decreased symptoms of PTSD, increased coping, increased welfare, increased regulation of affect, increased cognitive function, and increased self-awareness.

2. Fong and Longnecker, 2010

There was a lot of patient dissatisfaction and complaints due to the interference in this communication relationship. Over the years, there has been a lot of literatures and studies on this important topic. The three main objectives of doctor-patient communication today were to create good interpersonal relationships, facilitate information exchange, and involve patients in decision making.

There were many obstacles to achieve good communication in doctor-patient relationships, namely patient anxiety and fear, physician workload, fear of physical or verbal abuse, unrealistic patient expectations, reduced communication skills of doctors, lack of caring for doctors, and resistance by patients. There were things that must be considered in order to achieve communication that supported the achievement of therapeutic relationships, namely improving communication skills, communication training, collaborative communication, conflict management, and confidence in being there for healing.
DISCUSSION

1. Harford and Widdowson, 2014
Many veterans showed significant improvements in the psychological welfare of veterans who received TA psychotherapy in the short term (up to 24 sessions) and long-term formats (up to 52 sessions). Initially, Harford and Widdowson (2014) concentrated on quantitative results and measured peak values from pre-treatment levels compared to post-treatment, 2 of the 15 veterans achieved clinically significant changes based on CORE-OM clinical average scores, 3 of 15 veterans experienced significant changes in PHQ-9 and 2 average scores from 15 variables were completed with significant clinical changes in their GAD-7 score.

In comparison with the benchmark, Bradley et al. (2005) stated that 67% of the meta-analysis regarding the efficacy of psychotherapy as a treatment for PTSD, this was equal to the average 16% of veterans in this study who no longer fulfilled the diagnostic criteria for PTSD at the end of 24 respectively, or 52 sessions. This can be considered positive and it should be noted that the PHQ-9 and GAD-7 scale were not exclusive diagnostic indicators for PTSD, but were a broad spectrum of Axis I disorders and expert assessment was based on DSM IV criteria, 8 of 15 sample veterans no longer fulfilled sufficient criteria for the diagnosis of PTSD.

2. Fong and Longnecker, 2010
Fong and Longnecker discussed about effective doctor-patient communication, where central clinical function in building therapeutic relationships between therapeutic physicians-patients was very important in medicine, to achieve high-quality healthcare. Doctors with better communication and interpersonal skills were able to detect problems early, prevent medical crises and interventions that were not needed, and provide better support to patients. This can lead to higher quality outcomes and better satisfaction, lower maintenance costs, greater patient understanding of health problems, better compliance with the treatment process, and greater expectations of collaborative decision making with doctors. And patients who participate as partners to achieve agreed goals and achieve quality of life.

Good communication would form a good doctor-patient therapeutic relationship, and form the achievement of positive emotions. Positive emotions include security, excitement and sometimes surprise or curiosity. There were eight positive emotions that can lead to the achievement of a lasting level of health, namely: gratitude, love, joy, compassion, forgiveness, trust, hope, and admiration. Negative emotions were fear, anxiety, feeling like running away, anger. There was an important difference between positive emotions and negative emotions, both of which have separate bases in brain chemistry, and can coexist but have different functions. Positive emotions can eliminate the physiological effects of negative emotions, and reduce sympathetic nervous system activity up to the baseline. Positive emotions arised from the ability of mammals as social
creatures from birth that arised from the love of parents (Sadock et al., 2017). With the existence of positive emotions, it would reduce the activity of the sympathetic nervous system and low activity of the sympathetic nervous system would increase the parasympathetic nervous system which would reduce activation of the HPA Axis, improve glucocorticoid negative feedback, reduce Catecholamine and Cortisol. Decreasing hyperactivation on Axis HPA would ultimately reduce depression (Contrada and Baum, 2011).

Adequate interpersonal relationship between doctors and patients strongly support the management of psychotherapy Transactional analysis in improving symptoms and relationship problems among soldiers who have PTSD.

**REFERENCE**


