Helping Hateful Patients: A Case of Applying Transactional Analysis to an Old Paradigm

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Introduction

- In 1978 Dr. James Groves sent a special communication to the New England Journal of Medicine describing “Hateful Patients”, a small subset of patients whose personalities caused conflict and dread.
- Since this description of various stereotypes including “manipulative help-rejecters” and “self-destructive deniers” there has been little published work that has advanced our capabilities to treat them. Here we discuss a patient who persistently finds a reason not to engage in consideration of smoking cessation with an unusual change of course.

Case Presentation

The patient is a 50 year old black male who presents to clinic for his fourth visit for follow up of hypertension management, smoking cessation, and discussion of his recent nephrology visit after progression to stage III chronic kidney disease.

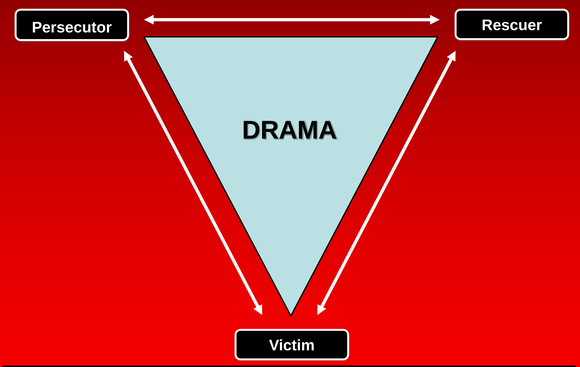
The patient has hypertension sensitive to nicotine, and his hypertension has been uncontrolled on six medications with apparently good adherence to his regimen. When presenting to clinic without smoking, his blood pressure was normal.

The patient repeatedly rejected efforts to assist him in entering the contemplation stage of smoking cessation. The patient is a former construction worker and self-described “Man’s Man” who had declared on multiple visits he would only quit on “his terms” and did not want help.

A discussion began about the influence of nicotine on his blood pressure and concern that this was an issue directly affecting his worsening kidney disease. As the patient acknowledged that his nicotine addiction was likely worsening his renal disease, he proceeded to reject multiple modalities of assisted tobacco cessation.

Clinic Course

- The initial conversation on this visit stagnated in a predictable manner, with rejection of various treatment modalities consistent with the “Manipulative Help-Rejecter” archetype
- This behavior pattern of help-rejection was identified as a game with patterns of passive and resistant behavior which was interrupted by calling attention to the fact that while no provider-suggested therapy was acceptable, patient and provider agreed smoking leading to eventual hypertensive renal failure was also unacceptable.
- If not interrupted, this game can degenerate in several ways, often without sincere commitment. Breakdown of the relationship leads to a reversal of the patient or “victim” role of seeking help to a “persecutor” role, rejecting the physician’s ability to understand or help with any problem.
- After identifying this game, previous failed attempts were discussed and the patient was confronted with the fact that rejecting all options would lead to an agreed unacceptable result . The patient was then asked to identify the most acceptable course and the patient contracted to begin a phased cessation plan with pharmaceutical agents if initial efforts failed.
- This abrupt change in clinical course was realized after training in transactional analysis and game theory with a specific focus on application to common difficult clinical problems.



Discussion

Game Theory

The archetypes described in Dr. Groves communication correlate well with a subset of transactional analysis, Dr. Eric Bernes’ Game Theory. Groves depicts predictable negative behavioral and emotional outcomes, actions which Berne describes as psychological games.

Definitions of a Game

1. A series of ulterior transactions with a gimmick that leads to a switch and a payoff of bad feelings.
2. The process of creating a problem situation to justify what one is already feeling and thinking internally, and to shift the responsibility to the external world.
3. A series of interactions in which people have different assumptions as to the intended outcome and feel surprised and tricked by the other person when the assumptions turn out to be different.

Why Do People Play Games?

They satisfy all the basic psychological hungers:

- They involve intense substitute stimulus
- They are exciting and dramatic
- They justify and reinforce one’s basic worldview

The Drama Triangle

- Dr. Steve Karpman developed the “Drama Triangle,” a model used to understand and prevent the confusion that is experienced in games.
- Those involved will take on one of three roles: the “persecutor,” “rescuer,” or “victim.”
- The roles of those involved switches to another role in the triangle forcing others to switch.
- These switches create confusion, frustration, and a breakdown in the patient-physician relationship.
- When a physician identifies what role the patient is acting from and what he or she has been placed in, predictions about what will happen next can be made to redirect or “break-up” a game.

Conclusion

Applied game theory cultivates a relationship that promotes true self-improving behavior, while cutting to the root of noncompliance and passive decisions. This facilitates positive outcomes, such as patient compliance and maintained physician professionalism and effectiveness.

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