

**THE USE OF INTERPERSONAL COMMUNICATION IN THERAPY:
CASE STUDIES OF THERAPEUTIC RELATIONSHIPS
IN THE PGH PSYCHIATRY DEPARTMENT**

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Bachelor of Arts in Organizational Communication

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APPROVAL SHEET

This thesis entitled "The Use of Interpersonal Communication in Therapy: Case Studies of Therapeutic Relationships in the PGH Psychiatry Department," submitted by Gwen V. Tansiongco in partial fulfillment of the requirements for the degree of Bachelor of Arts Organizational Communication, is hereby accepted.



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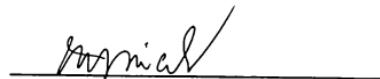
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ABSTRACT

Communication that is employed for healing purposes is identified as therapeutic communication. There have been studies regarding therapeutic communication, but no exploration on actual therapeutic communication situations exists. Thus, this study intends to determine the use of interpersonal communication in a health-service organization. As such, it aims to answer this question: **How is interpersonal communication used by doctors and patients in the Philippine General Hospital's Psychiatry Department?** In doing so, the researcher specifically intends to answer the following questions: (1) What are the demographic profiles of the five therapists?; (2) What are the demographic profiles of the 15 patients? What are their reasons for seeking therapy?; (3) What interpersonal communication skills were used by the therapist and the client in the different stages of therapeutic communication?; and (4) What are the doctor-patient relationship orientations in these stages of therapeutic communication? This multidisciplinary study of communication seeks to determine the interpersonal communication patterns in 15 therapeutic relationships through a descriptive-exploratory approach.

The profiles of the therapists and three of their patients were obtained through a researcher's guide, which inquired about their demographic backgrounds and the patients' diagnoses. The actual therapeutic communication sessions were then observed, documented, organized and interpreted to identify the use of interpersonal communication skills and the pattern of doctor-patient relationship orientations.

The five 26 to 30 year-old female therapists handled patients diagnosed to have psychotic and non-psychotic disorders such as schizophrenia, psychotic anxiety disorders, sleep problems, adjustment disorders, bipolar behavior and major depression. In these relationships, various interpersonal skills were employed: with the therapists mostly giving information on the nature of the psychiatric disorders, brain functioning, medical background and types and qualities of the medicines, and complemented these with positive talk through which they built a personal relationship; while the patients played the role of information-givers regarding their objective conditions, perceptions of their illnesses, and information on their biological and behavioral symptoms, but also complemented these with social conversation by engaging in casual conversation, giving of personal and social remarks, discussing non-medical statements, showing courtesy, and greeting. In all these therapeutic relationships observed, a combination of task and socio-emotional orientations were used. On the whole therefore, the therapists and patients used interpersonal communication skills such as information-giving, positive talk and social conversation and a combination of the task and socio-emotional orientations of the doctor-patient relationship.

TABLE OF CONTENTS

	page
TITLE PAGE	1
APPROVAL SHEET	2
ACKNOWLEDGEMENTS	3
ABSTRACT	5
TABLE OF CONTENTS	6
LIST OF TABLES AND FIGURES	8
 CHAPTER	
1. The Problem and Its Background	9
Introduction	9
Statement of the Problem	11
Objectives of the Study	11
Theoretical and Conceptual Framework	12
Model of the Study	13
Significance of the Study	13
Scope and Limitations	15
2. Review of Related Literature and Related Studies	16
Organizational Communication	16
The Organization	16
The Organization as an Open System	16
Components of an Organization	17
The Health Organization	17
Nature of Health Organization	18
The Philippine General Hospital	18
Roles of Doctors and Patients	19
Communication	19
Elements of Communication	20
Fundamental Principles of the Communication Process	23
Dynamism of Communication	24
Levels of Communication	24
Interpersonal Communication	25
Criteria	25
Components	25
Types	26
Interpersonal Skills	26
Therapeutic Communication	28
Roles of Therapeutic Communication	29
Participants	30
Therapeutic Processes	32
Therapeutic Relationship	32
Method	33
Response Types	33
Stages	33
Goals of Therapy	37
Differences Between Therapeutic and Interpersonal Communications	38

	Page
3. Methods and Procedures	39
Research Design	39
Population and Sampling	39
Tools for Data Gathering	39
Tools for Data Analysis	40
4. Data Presentation and Analysis	41
Therapists' Profiles	41
Patients Profiles and their Reasons for Seeking Therapy	43
Use of Interpersonal Communication Skills	44
Doctor-Patient Orientation	57
5. Findings, Conclusion. Implications and Recommendations	59
Findings	59
Conclusion	60
Implications	61
Recommendations	61
WORKS CITED	62
APPENDICES	
A Permission Letter to Department of Psychology Chair	65
B Researcher's Guide in Obtaining the Demographic Backgrounds	66
C Tool for Observation	67
D Tool for Observed Skills Classification	68
E Tool for Determining Frequency in Skill Use	69
F Documentation of Observations	70
G Observed Skills Classification	88
H Frequency in the Use of Skills	103

LIST OF TABLES AND FIGURES

Tables		page
1	Demographic Background of the Therapists	41
2	Demographic Background of the Patients	42
3	The Beginning Stage	47
4	The Middle Stage	50
5	The Ending Stage	53
6	Use of Interpersonal Communication in Therapy	56
7	Doctor-Patient Relationship Orientation	57

Figures		page
1	Schramm's Fourth Model of Communication	12
2	Hartley-Schramm Integrated Model of Communication	13
3	Kottler's Therapeutic Communication Model	13
4	Interpersonal Therapeutic Communication Model	14
5	The Organization as an Open System	16
6	Berlo's Model of Communication	20
7	Schramm's Fourth Model of Communication	23
8	Hartley's Model of Interpersonal Communication	26
9	Therapeutic Communication Relationship	30
10	Therapeutic Communication Model	31

Chapter 1

THE PROBLEM AND ITS BACKGROUND

Introduction

Communication is vital to all organizations. It is the means by which people share and convey messages to motivate and to possibly influence behavior. Communication involves several levels that address different functions. One of such levels is organizational communication.

Organizational communication is an evolutionary, culturally reliant process of creating and exchanging messages within a network of interdependent relationships to cope with environmental uncertainties. An organization is an entity comprising of individuals and groups pursuing a common goal. As long as members of the organization act towards the achievement of the organizational objectives, the existence of the organization is ensured.

A particular organization which needs to ensure the accomplishment of its goals is a health-service organization. Health organizations' main intention is healing--the attainment of physically, mentally and spiritually pleasant and balanced conditions among its patients. It is held that in healing, aspects of the mind and the body should be attended to by all human processes, especially by communication.

Communication between people is central to the study of organizations. It is part of the strategizing process, organizational change, and the joining, leaving and staying in organizations. The interpersonal communication that takes place in the organization is created and recreated through narrative and discourse because it is the building force of all communication relationships. All communication types are in one way or another dependent on it. In health-service organizations, particularly, communication that is employed for healing purposes is identified as therapeutic communication.

Therapeutic communication aims to sustain a healthy environment for interaction. It is not centered plainly on conflict and stress management because effective maintenance of work relationships is the primary objective of therapeutic communication (Kreps 1986).

Studies on interpersonal communication phenomena have already been done. Findings showed that positive interpersonal communication in dyadic interpersonal relationships tend to be not only highly frequent but involving full disclosure of information (Caraig 1992). In addition, it was shown that mindfulness during the communication process by either the sender or receiver of message can be gauged through both their verbal and nonverbal signals (Burgoon 2000). Given this situation, it is assumed that communication can catalyze mindfulness; in particular, it is held that social interaction can alter a person's level of mindfulness through the directed (intentional) or even indirected (incidental) use of information.

There have also been studies in doctor-patient relationships in the local setting. One study (Hipolito 1998) identified two types of communication patterns--the task oriented and the socio-emotional oriented. When doctors employ both types of communication patterns, the doctor-patient relationship tend to be positive. Additionally, it was revealed that doctors and healers employ rapport-building communication activities with their patients as a preliminary step to their therapeutic communication (Abenojar 1997). Such positive talk has been found to facilitate positive relationships (Go 1997).

While a few studies have been made on therapeutic communication, no study that sheds light on the actual therapeutic communication exists. Thus, this study is made to determine the use of interpersonal communication--skills and relationship orientations--in a health-service organization.

Statement of the Problem

Given the gap in information on therapeutic communication, this study aims to answer this question: **How is interpersonal communication used by doctors and patients in the Philippine General Hospital's Psychiatry Department?** To answer this main problem, the following subproblems are posed:

1. What are the demographic profiles of the five therapists?;
2. What are the demographic profiles of the 15 patients? What are their reasons for seeking therapy?;
3. What interpersonal communication skills were used by the therapist and the client in these stages of therapeutic communication?; and
4. What are the doctor-patient relationship orientations in the different stages of therapeutic communication?

Objectives of the Study

To answer the aforementioned main problem and subproblems, the primary objective of this study is to explore and describe the use of interpersonal communication in therapy. To examine the course of healing from a communication perspective, the following specific objectives are addressed:

1. To determine the demographic profiles of the five therapists;
2. To determine the demographic profiles of the 15 patients, including their reasons for seeking therapy;
3. To enumerate the interpersonal communication skills that the therapist and the patient used in these stages of therapeutic communication; and
4. To determine the doctor-patient relationship orientations during the beginning, middle and ending stages of therapeutic communication.

Theoretical and Conceptual Framework

This study assumes as true the following tenets of communication: (1) it has sender-message-channel-receiver components; (2) it is dynamic; (3) it is an open system; and (4) the role of each communicator is dual—as a sender and as a receiver.

Four major factors are included in all communication situations—the sender, the message, the channel and the receiver. Both the sender and the receiver have dual roles as participants in the communication process. The sender may, at one point, be the receiver, and the receiver may be the sender. Both encode and decode verbal and nonverbal messages conveyed through different sensory channels through their personal interpretations. All these occur in an open system that receives inputs from the environment and sends outputs to the environment (Goldhaber 1990). Their relationship can be illustrated in Schramm's Fourth Model of Communication.

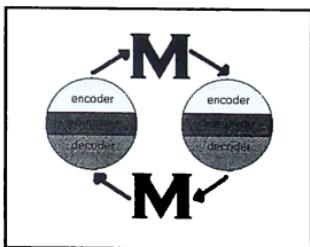


Figure 1. Schramm's Fourth Model of Communication

(Source: Department of Speech Communication and Theater Arts. (n.d.) *Communication III: speech communication*. University of the Philippines Diliman. College of Arts and Letters, p. 11)

Communication is dynamic and the duality of the role of each participant occur in a social context as what is conveyed in the following illustration of an integrated model adapted from Hartley and Schramm's models of communication. Such context involves

representation, the information conveyed by the communicators, and presentation, the relationship formed by the participants.

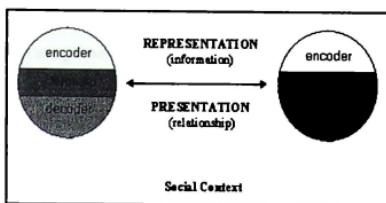


Figure 2. Hartley-Schramm Integrated Model of Communication
 (Adapted from: Department of Speech Communication and Theater Arts. (n.d.) *Communication III: speech communication*. University of the Philippines Diliman. College of Arts and Letters, pp. 11-12; Hartley, P. (1999) *Interpersonal communication*. New York: Routledge, p. 33)

One application of interpersonal communication is the therapeutic communication context. In the therapeutic communication process, there is an interpersonal relationship between a therapist and a client who both encode and decode messages and images in an authentic engagement for a common goal--that of changing the client's state from a negative to a positive disposition. Basically, healing is the ultimate goal of therapy.

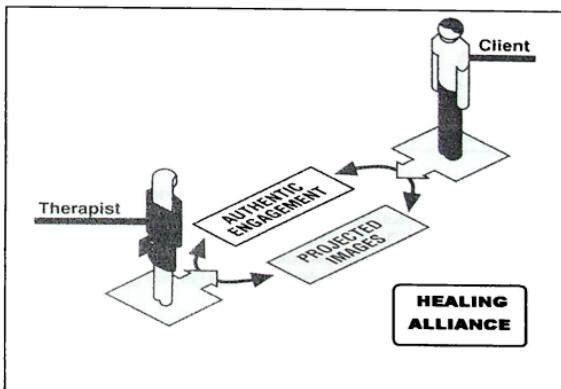


Figure 3. Kottler's Therapeutic Communication Model
 (Source: Kottler, J., et al. (1998) *The heart of healing*. San Francisco: Jossey-Bass Publishers, p. 220)

Model of the Study

In this study, the previously mentioned models are merged and labeled as the Interpersonal Therapeutic Communication Model. It illustrates all the tenets of communication: the four components, and its duality and dynamism. It also puts the communication in a social context that involves representation and presentation. Finally, it incorporated the concepts of therapeutic communication.

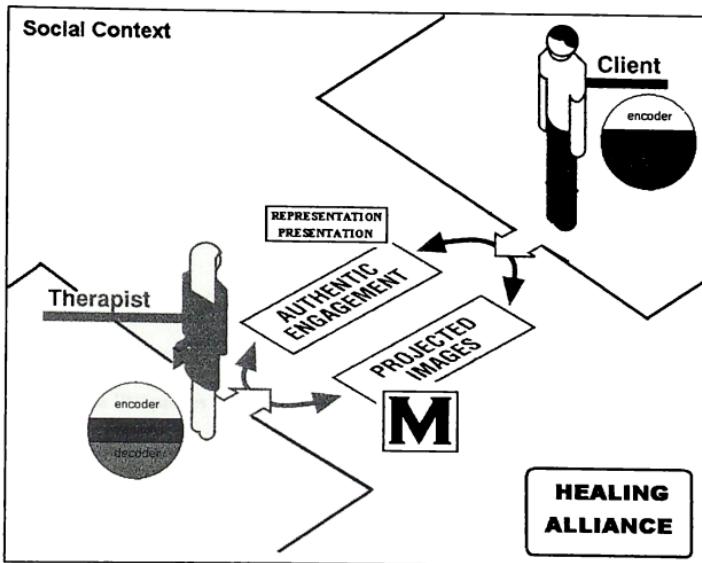


Figure 4. Interpersonal Therapeutic Communication Model

(Sources: Department of Speech Communication and Theater Arts. (n.d.) *Communication III: speech communication*. University of the Philippines Diliman. College of Arts and Letters, pp. 11-12; Hartley, P. (1999) *Interpersonal communication*. New York: Routledge, p. 33; Kottler, J., et al. (1994) *The heart of healing*. San Francisco: Jossey-Bass Publishers, p. 220)

Significance of the Study

This multidisciplinary study would be useful to individuals, as well as to the students of organizational and interpersonal communications, and of psychology.

Having the individual for its main focus, therapeutic communication facilitates the use of interpersonal communication in relationships as a means for understanding. Better interpersonal insights and personality-understanding are the main objectives of therapeutic communication.

This study's contribution to organizational communication is in terms of understanding therapeutic communication in health-service organizations using the perspective of the interpersonal communication, specifically the interpersonal communication skills and the doctor-patient relationship orientations.

Finally, for the students of psychology, this study will not only broaden the idea of non-structured, non-traditional and spontaneous communication practices but will bring interpersonal communication into focus to accomplish psychotherapy's goals.

Scope and Limitations

Therapeutic communication is a relatively new domain in organizational communication. This study is in fact the first of its kind in the OrCom Program of the University of the Philippines Manila.

As such, this study aims to explore and describe the use of interpersonal communication in therapy. Under its domain lies the study of interpersonal communication, restricted to the fields of dyadic and therapeutic communication. The doctor-patient relationship is explored, focusing on five doctors and three of their patients. Within three months, this study is completed with the primary use of observation of therapeutic relationships as verbal and nonverbal observations were documented, explained and analyzed through organized tables, narratives and descriptions. The findings of this study would hopefully encourage future studies in therapeutic communication.

Chapter 2

REVIEW OF RELATED LITERATURE AND RELATED STUDIES

Organizational Communication

Organizational Communication is an evolutionary, culturally reliant process of sharing information within a network of interdependent relationships to cope with uncertainties in the environment. This course of communication takes place in an established setting--the organization.

The Organization

An organization is a group of people that is systematically united for a common purpose or goal (Webster 1992). It is considered an open system that constantly interacts with its environment as a complex, social structure, and its energy flows to and from the environment via the interaction of people and their messages within the system (Goldhaber 1990).

The Organization as an Open System. Organizations receive inputs (e.g. workers, raw materials, information) from their environment and send outputs (e.g. products, services, pollution, and information) into their environment (Goldhaber 1990). These inputs are changed into outputs through transformation which occurs as products are designed and built, people are educated and trained, and services are provided and sold. When some of the

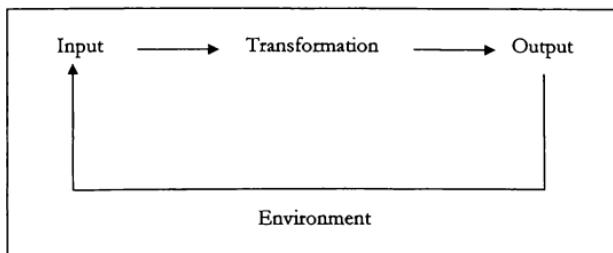


Figure 5. The Organization as an Open System

(Source: Goldhaber, G. (1990) *Organizational communication*. Iowa: William C. Brown Publishers, p. 27)

system's outputs are sent back into the system as new inputs, feedback takes place. The primary goal of the organization is to arrive at a state of steady balance of energy input and product output, or homeostasis.

Components of an Organization. An organization is a dynamic system that creates and exchanges messages among and between its members and the environment, thereby typifying an ongoing, ever-changing and continuous process. People may be simultaneously sending and receiving the same verbal or nonverbal symbols whose meanings are the messages.

Organizations are composed of people, each of whom occupies a specific position or role. Creation and exchange of messages among these people take place over a set of pathways called communication networks. All parts within the system, called subsystems, do affect and are affected by each other. Thus, any change in any part of the system affects all other parts of the system. Communication networks within an organization overlap and are interdependent, making up the physical and social environments that are taken into account in the decision-making behaviors of individuals within the system (Goldhaber 1990).

Organizations are relatively complex open systems that are designed, created and sustained by human beings in order to serve human purposes (White 1992). The aforementioned components are vital to all organizations, whether they are small or large, private or public or having a religious, political, professional, business, sports, or health orientation.

The Health Organization

Health institutions are organizations with a structured medical and nursing staff and with permanent facilities that provide a range of medical services and therapy for people requiring intensive treatment or observation. The clinical staff of these organizations is

ordered into such major divisions as surgery, medicine, obstetrics and gynecology, pediatrics, and psychiatry. Each specialization is staffed by one or more consultants and by various doctors in training, including registrars, hospital medical officers, house officers, and pre-registration medical officers. Medical staff committees also exist to review the professional work of the individual clinicians. These committees may report, as required, to the medical advisory board.

Nature of Health Organizations. The main purpose of health organizations is healing. Healing is defined as “freedom from disease.” Health is attained only when one is physically, mentally and spiritually whole and balanced. It is held that in healing, aspects of the mind and the body should be attended to by all human processes—especially through communication. Healing that considers the psychosomatic (the emotional and social) aspect of the patient focuses on the patient’s personality. This incoming trend in medical care assumes caring to be a potent cure for any disease or ailment (Moyers 1994).

The Philippine General Hospital. An example of a medical-service organization is the Philippine General Hospital (PGH). This is the training hospital for UP Manila's health-related schools and colleges. It is the chief hospital organization in the Philippines in terms of patients served, numbering approximately 700,000 a year. The PGH provides such services as outpatient and inpatient care, emergency care, cancer treatment, ECG, EEG/EMG, rehabilitation, dietary, dental, surgical operations, laboratory, pharmacy, cobalt, x-ray, ultrasound, CT Scan, mammography, medical social services, and radioisotope/nuclear medicine services, and has the most extensive number of doctors and patients in the Philippines.

Roles of Doctors and Patients. In a doctor-patient relationship, the doctor's influence is greater than that of the patient because his image is one characterized by strength and independence. There are two doctor-patient relationships: the task-oriented and the socio-emotional oriented. Doctors and patients show positive response towards the combination of both relationships—a new way of treatment which deals with both body and mind (Hipolito 1998).

Positive interpersonal communications between the doctor and the patient have curative effects. The doctor-patient interaction and the effort directed at influencing the patient by means of psychotherapy fall under the realm of communication. Thus, it could be inferred that the therapeutically-effective means found in psychotherapy are part of communication (Reusch 1961).

In a recent study, it was proven that doctors and healers are inclined to give and seek information when they communicate with their patients. Both are perceived to resort to building rapport with their patients by making them relaxed and giving them time to get used to their surroundings. They are certain on the constructive effects of the use of positive talk (Abenojar 1997).

Better understanding of such concepts necessitates a deeper look at the profound concept of communication.

Communication

Communication is the act of imparting, transmitting or exchanging facts, information, signals, messages, or data by any means such as talking (verbal communication), gesturing (nonverbal communication), writing (written communication), person-to-person (personal communication), from one medium (person, devise or point) to another. The word

“communication” came from the Latin word *communicatus*, the past participle of *communicare*, which means to share, impart or partake (Weiner 1990).

Historically, communication has grown alongside the increased control of people to shape their environment, as well as with their increasing interdependence. The changing communications media have proven to have long-term effects which bring subtle but very important changes to views and perceptions of the audience.

Communication includes all of the procedures by which one mind may affect another. This, of course, involves not only written and oral speech, but also music, the pictorial arts, theater, ballet, and in fact, all human communication processes (Reusch 1961).

The transfer of meaning is from one participant (the sender) to another (the receiver). The sender and receiver may be persons, corporate entities, mediated transfer or groups of people. It is only when the transfer of meaningful information to the involved, and the transmittal of understanding between the sender and receiver has been achieved that effective communication is considered to have taken place (Koontz and Weirich 1988).

Elements of Communication

There are four major elements in a communication situation, according to Berlo (1966). These are the source, message, channel and receiver. The source and the receiver are the participants of the communication process. They are influenced by their personal composition of communication skills, attitudes, knowledge, social system and culture.



Figure 6. Berlo's Model of Communication

(Source: Department of Speech Communication and Theater Arts. (n.d.) *Communication III: speech communication*. University of the Philippines Diliman. College of Arts and Letters, pp. 11-12)

The production of meaning is what transforms the symbols into messages. Thus, messages are made up of meaningful symbols about people, objects and events, and are generated by the interaction of people.

Organizations exchange messages in a dynamic, continuous, ongoing manner that can be observed and belong to several categorizations: language modality, intended receivers, method of diffusion and purpose flow.

Language modality differentiates verbal from nonverbal messages. Verbal messages consist of symbols to which a receiver attaches meaning. It functions with a distinct purpose: task, maintenance or human-oriented. In the organizational setting, task-oriented messages involve products, services and activities of specific importance to an establishment; maintenance messages pertain to policy and regulation while human messages are directed at people within the organization and take into account their attitudes, satisfaction and fulfillment. Human messages which are concerned with feelings, interpersonal relationships, self-concept and morale, include praise for superior achievement, appraisal interviews, conflict solving sessions, grapevine activity, informal activities and counseling sessions. If any of these is neglected, severe moral problems that prove dysfunctional to the systems' goals may ensue (Goldhaber 1990). Exact word choice is crucial in the study of verbal messages.

Nonverbal messages are distinct from spoken and written languages. All components in the organizational communication paradigm--people, message and environment--can make their own nonverbal behavior. People communicate with their bodies and vocal characteristics. Nonverbal messages, either unspoken or unwritten, may be body language, physical characteristics, touching behavior, vocal cues, personal space, objects, and the environment. Space, time design and artifacts are the communicators for the environment.

Nonverbal messages define and regulate the communication system, as well as the communication's specific content. Through nonverbal messages, people discover such things as whether they are to communicate or not, what is appropriate to say, who speaks first, and what they are trying to say. Nonverbal messages can repeat, contradict, substitute, complement and accent verbal signals. Major parts of the shared understanding from communication come from the nonverbal messages of facial expression, voice, mannerisms, posture and dress. Relative weights of an entire communication situation are as follows: verbal impact, 7%; vocal impact, 38%; and facial impact, 55% (Daft 2003). Nonverbal communication is the transfer of feelings and attitudes and should be interpreted only in the context of the total communication situation. They almost always outweigh words and determine the feelings conveyed by a message. The nonverbally communicated information seems to predominate in the interpretation of the person receiving the spoken and unspoken messages (Goldhaber 1990).

The intended receivers of these verbal and nonverbal cues include people either within or outside organizations. Internal messages are intended for the consumption of the organization. External messages satisfy the needs of an open system by linking the organization to its public and to its environment.

Every message is transmitted via a channel. The method of diffusion identifies the particular communication activity employed during the sending of messages to other people. Diffusion implies that messages are spread throughout the organization, either widely or narrowly. Purpose of flow refers to the reason that explains why messages are sent and received in organizations and the specific functions that they serve. Task messages relate to products, services and activities which concern an organization. Maintenance messages such as policy and regulation messages help the organization to remain alive and perpetuate itself.

Human messages are directed at people within the organization--their attitudes, morale, satisfaction and fulfillment (Goldhaber 1990).

Three areas matter in a communicator's message: content, treatment and coding. These are manifested in the channels of communication--the means by which communication is shared.

Fundamental Principles of the Communication Process

Because the sender and receiver encode and decode simultaneously through feedback, communication is a circular, on-going and irreversible process. As a step, first one person communicates, the second person next responds, then the first communicates again, and so on in a concurrent process. At any given moment, everyone involved in the interaction can be both a sender and receiver of messages, encoding one message while decoding another. The messages conveyed become unalterable.

Perception is an individual's way of understanding reality. Such perception depends on a variety of influences including memory, attention, and selectivity. Because communication is circular, based on one's perception, and irreversible, all communication instances are supposed to build upon previous interaction (Underwood 2003).

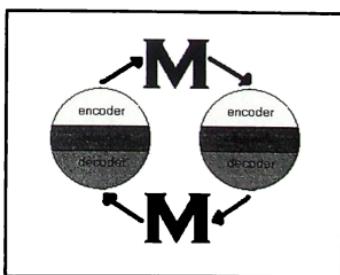


Figure 7. Schramm's Fourth Model of Communication

(Source: Department of Speech Communication and Theater Arts. (n.d.) *Communication III: speech communication*. University of the Philippines Diliman. College of Arts and Letters, pp. 11)

Communication, therefore, is non-linear (Miller, 1981). As depicted in Figure 7, each communicator has a dual role--both a sender and a receiver, or as encoders, interpreters and decoders--which involve personal interpretation.

Dynamism of Communication

Communication as a dynamic process means that it is transactional for it involves the simultaneous and mutual sending and receiving of messages; and as such, it is neither identical nor isolated from its environment. It is rules-based such that when it is agreed upon by all parties, it produces co-orientation and limited inconsistencies. Additionally, communication adjusts to the uniqueness of people and adheres to a step-by-step process in which the messages are sent. The messages are reproduced through one or more channels until they reach their final destination (Goldhaber 1990).

Levels of Communication

There are three basic relational forms of communication--interpersonal, group, and public communication--which are held to subsume other classifications as intrapersonal, interpersonal, public, mass, organizational intercultural and developmental communication. However, interpersonal communication is held to be the atom of all communication relationships, upon which all other types are in one way or another dependent.

Communication between people is central to the study of organizations. It is part of strategizing processes, organizational change, and the joining, leaving and staying in organizations. It is also increasingly being argued that rather than just being an important part of the organization, interpersonal communication is in fact the organization as it is created and recreated through narrative and discourse.

Interpersonal Communication

Interpersonal Communication is the sharing and establishment of meaning between two people through verbal, non-verbal or analogic content (Wilson, 1990). It is considered as the basic unit of communication in organizations, as it is the most common form of communication. Otherwise known as dyadic communication, it is the most imperative form of communication, for it makes people more acquainted with themselves and others. It is also the medium for resolving conflicts and finding solutions to problems.

Interpersonal communication involves face-to-face meetings between two people with varying roles and relationships with one another. Both of them participate in a two-way process of creating and exchanging meaning--either partly or wholly intentional--over time (Hartley 1993).

Criteria. The three criteria that determine whether a communicative activity can be considered as interpersonal communication are as follows: (1) all parties in the communication process are in "close proximity," (2) all parties send and receive messages, and (3) the messages include verbal and nonverbal stimuli (Hartley 1993).

Components. In all interpersonal communication situations, representation and presentation are involved. Representation is the information or the statement that the participants make. Presentation, on the other hand, defines the relationship between the participants.

The social context in which the communication takes place consists of the time and the place which influence the actions and reactions of the participants. Social identities and perceptions are the behavior in dictating how participants see themselves, and each other. Codes are the particular ways of expressing a message such that it becomes meaningful to a

certain audience (Hartley 1994). Altogether, these components make up a complete interpersonal communication event.

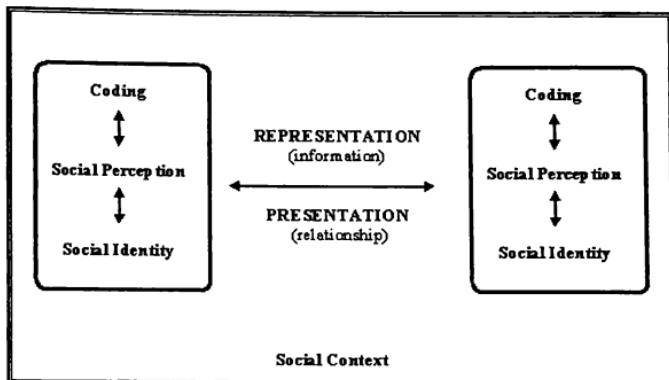


Figure 8. Hartley's Model of Interpersonal Communication
(Source: Hartley, P. (1999) *Interpersonal communication*. New York: Routledge, p. 33)

Types. Three types of interpersonal communication exist: conversation, dialogue and interview. Conversation, a friendly and informal exchange between two people, has no formal purpose, and is less serious and less intimate than other dyadic encounters. Dialogue is a communication type in which the deepest, most intimate and most personal relationships are formed. Here are needed trust, openness, warmth and concern, as well as both verbal and nonverbal communication skills for effectiveness. Interview, on the other hand, is the most purposive form of interpersonal communication, for it is designed to accomplish something; hence it is more serious than conversation but less intimate than dialogue. Its distinguishing feature is structure--comprising of an opening, a body and a closing.

Interpersonal Skills. Positive interpersonal communication that highlights the need for establishing rapport is considered important in the process of understanding. Its related processes like information-giving, information-seeking, social conversation, positive

talk, negative talk and partnership-building all have significant effects on the interpersonal relationship. The information-giving act includes providing information, directions, opinions, suggestions, instruction and counsel, and teaches and discusses technical information, all of which lead to clarify ideas for mutual understanding. Information-seeking, on the other hand, occurs when a participant in the communication process asks questions on information and instructions, takes history and asks about follow-up on previous conversations. Listening is an integral part of information seeking. In social conversation, where positivism is shown, the communicator greets, shows courtesy, introduces himself or herself, and discusses non-medical statements, personal and social remarks and encourages casual conversation.

Positive talk happens when a participant agrees or shows understanding and approval, laughs, uses humor, releases tension, shows solidarity, gives assurance, offers support, encourages, shows empathy, calms the other, and shows simple attention. The building of friendly rapport ascertains harmony in a relationship. Rapport building is holding the other person in pleasant accord, and establishing one's sincerity and trustworthiness. Positive talk also includes reflecting, or mirroring the particular communication situation. In contrast, negative talk crops up when antagonism is confronted, or tension or boredom are shown.

In partnership building, the participant in the communication process asks about the other's opinion, tries to understand, makes suggestions, and poses questions. Reinforcement, the ability to give force and strength to highlight a particular message in order to emphasize a point, is important to building partnership. A similar process that enhances relationships is self-disclosure, which is defines as the "process of sharing information about ourselves with

other people" (Sydney Jourard qtd. in Hartley 1999). In disclosing, a person reveals who he is to other people to show his identity—how he acts and what he says and does when interacting with others. People show their identity, a part of themselves by how they act and what they say and do when interacting with others. Expressing one's self shows a person's unique personality, feelings and experiences. This creates a connection between two parties that in turn helps in interacting and communicating effectively. Through self-disclosure, people are able to share ideas, viewpoints and trust that is crucial to any kind of relationship. In a study by Caraig (1992), it was validated that the more one tries to self-disclose, the better the interpersonal relationships of the participants turn out. As such, self-disclosure performs several functions: as a way of gaining information about another person in as much as once a person engages in self-disclosure, the other person will also disclose personal information; and as a way for deepening trust in relationships (Hartley 1999). All of these processes which are present in therapeutic communication contribute to relationship growth.

Nonverbal communication involves facial expression, gaze, gestures, posture, bodily contact, spatial behavior, clothes and appearance, listening and smell--factors that encompass all kinds of messages.

Other communication events, such as praying together or having a more personal line of conversation, are also unmistakable interpersonal communication skills that may enhance relationships (Moyer 1984).

Therapeutic Communication

Therapeutic communication is a skill practiced by trained therapists in order to help people overcome temporary stress, to get along with other people, to adjust to the unalterable, and to overcome psychological blocks which stand in the path of self-realization. It makes use of all the ways of communication and all the communicative tools that human

beings make use of in order to bring about change in the system and manner of communication of clients or patients.

Therapeutic communication is “encouraging the development of interpersonal relationships by providing communicators with the information both about the expectations that others have of them and about the levels of success at meeting others’ expectations” (Barnlund 1964).

There are five traits of therapeutic communicators: trust, honesty, empathy, validation and caring. Kreps and Thronton (1986) define these traits thus:

Trust is the belief that another person will respect your needs and desires and will behave towards you in a responsible and predictable manner; *honesty* is the ability to communicate truthfully, frankly and sincerely; *empathy* is the ability to develop a full understanding to another person’s condition and feelings and to relate that understanding to the person; *validation* happens when a therapeutic communicator shows that he or she accepts and respects what the other person has to say; and *caring* is the level of emotional involvement that communicators express for one another.

Roles of Therapeutic Communication

The aforementioned traits deliberately work towards the following three main roles of therapeutic communication: improving self-understanding, satisfying personal needs, and accomplishing personal goals (Barnlund 1964). Improved self-understanding happens through the resulting personal insight and reorientation, specifically a well-defined awareness of one’s own physical, intellectual and emotional state. Satisfying needs comes about as a result of the small-group relationship that is formed through communication. Finally, the accomplishment of personal goals results after traits mentioned earlier are employed in relationship-building during the therapeutic communication process.

Considering that therapeutic communication entails a mixture of observable facts, reportable experiences, and non reportable emotions, it is likened to art, craft and science combined into one with the intention of helping the individual maintain his own identity and

sanity against outside pressures (Reusch 1961). It is a process in which the patient is enabled to do what he or she cannot do on her own. The task of the therapist is to get the patient reengaged with the past. As a facilitator, the therapist must be receptive so that the patient may feel that he can disclose anything (Case and Daley 1992). This task requires for the therapist's ability to communicate his understanding of people and situations, adequate personal experiences related to the patient's illness and then treatment, as well as to help other person in communicate better. The process is one of image-making in aid of making sure that the image produced is received by the clients accurately. Thus, it is seen that only when the relationship brings about personal insight and reorientation, does it become therapeutic, thereby helping individuals to communicate satisfactorily.

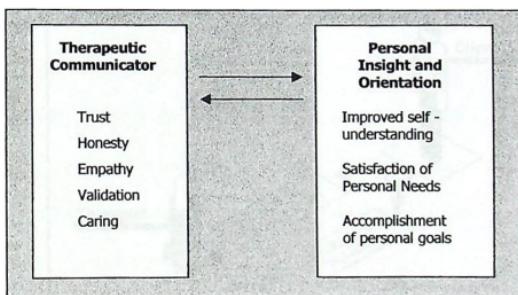


Figure 9: Therapeutic Communication Relationship
 (Source: Reusch, J. (1961). *Therapeutic communication*. USA: W. W. Norton and Company, Inc., p. 234)

Participants in a Therapeutic Relationship

Therapeutic communication is necessarily founded methodically upon therapy. Therapy occurs between two people: the therapist and the client. A therapist is a "skilled professional friend" who may work in three main caring agencies: health, education and social services (Gilbert 1982). The treatment setting obviously depends upon both the philosophy and ethos of the working environment and the approach of the therapist.

Therapists basically motivate their patients to gain or regain a state of well-being by exerting leverage through three fundamental processes: understanding, acknowledging, and agreeing. Understanding involves the establishment of an accurate idea or model of the patient's behavior in the therapist's mind. Acknowledging refers to the specific response of the therapist to the patient's purposive or involuntary messages. Agreeing implies the isolation of certain aspects in the world of human experience and establishing correspondence of views or opinions. All of these processes are considered pleasurable on the part of the patients. Once the patients have experienced the pleasure of these processes of communication, they will seek more of them and therefore learn to communicate better. This in turn enables them to solve their own problems (Reusch 1961).

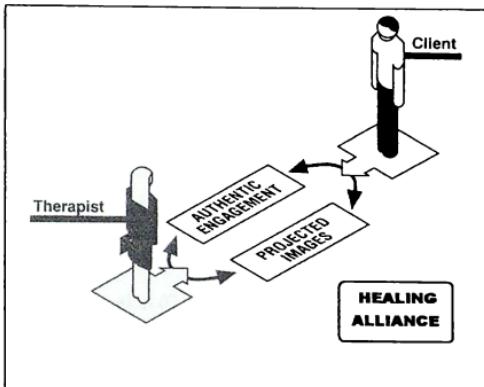


Figure 10. Therapeutic Communication Model
(Source: Kottler, J., et al. (1994). *The heart of healing*. San Francisco: Jossey-Bass Publishers, p. 220)

Patients are referred to as "clients" who may be categorized as unhappy or distressed, and therefore needing therapy for them to feel better. Patients may go to a psychologist for psychotherapy--an effective treatment for many mental disorders. Through

therapy sessions, patients are helped to resolve their internal, unconscious conflicts and correct their abnormal behavior.

Therapeutic Processes

The word therapy literally means treatment (Gilbert 1982). It is a learning process that requires involvement with other people. Carrying it out involves different arrangements or ways which may not be compared to one another. Nobody can be subjected to the same therapy twice, and nobody can specify the state of the patient who begins therapy or the state of the patient who terminated therapy (Reusch 1961).

Three main courses of action are involved in therapy--transference, counter-transference and interpretation. Transference occurs when the patient transfers strong, infantile feelings that originate from childhood experiences or early relationships onto the therapist. The therapist's own feeling response to the client and the image in a therapeutic situation is called counter-transference. Interpretation involves making conscious the unconscious processes, and points the understanding of this process into words. It can come from either the patient in an attempt to make sense of the significance of her conversation and communicative products, or from the therapist who might see some important aspects emerging either in the conversation (Case and Daley 1992).

Therapeutic Relationship

Whatever may be the working situation of the therapist, the therapeutic relationship is deemed the most important consideration. The contact between therapist and client must be clearly worked out for the mutual satisfaction of both parties. The end goal of the therapeutic relationship however should towards healing of the patient (Case and Daley 1992).

Method. In therapy, the relationship building and change process are supposed to occur only within the interpersonal encounter. Very few tangible techniques or events take place for what the participants do mainly is just talking. Social interaction is the only tool brought into the therapeutic process. In some yet unknown way, the relationship resulting from conversation and dialogue serves to draw clients in, influence them, promote the intimacy they may be missing, shape the role they may play in life, and often help reconstruct their conceptions of reality (Kottler et al. 1994).

Quite different from casual conversation, therapeutic communication is calculated, deliberate, purposeful, and focused. Therapists carefully formulate each intervention to achieve a specific objective during each session, and throughout the treatment. The task involves focusing and following, effectively inquiring, reflecting and feeling, and structuring dialogue for information and action.

Response Types. Therapeutic communication focuses on three response types-- listening, acting, and sharing. Each response type consists of several verbal techniques. Therapists likewise usually employ the techniques of paraphrasing, reflecting, clarifying, primary level empathy, and summarizing to help shape the dialogue in a productive way. During therapeutic dialogue, therapists may select and combine any number of these techniques.

Stages. A complete episode of a therapeutic communication interaction goes through five stages: the preliminary, beginning, middle, ending and closing stages.

The preliminary phase of therapy at the initial encounter is devoted to the process of getting acquainted. This may be done through a phone conversation, or a handshake and greeting. The development of the relationship begins at these moments (Kottler et al. 1994, Reusch 1961).

The three main stages of therapy are the beginning, middle, and ending stages. These are comparable to the stages of a dyadic speech transaction: the stages of exploration, interaction and termination.

The formal part of the beginning stage in therapy usually starts with a discussion. Here, the client evaluates the trustworthiness and credibility of the therapist as the therapist likewise assesses and forms the clinical impression of the client. This is the stage of rapport-building of the client and the therapist (Kottler et al. 1994). For the therapist, it is necessary to call off usual ways of communication because the chance to establish corrective feedback may be greater with another approach. Varied and flexible, the communication is custom-fit to each client's personality. Once the therapist has discovered a type of interaction that encourages the patient's reply, the foundation for future exchanges is secure. Eventually the patient will get used to the pleasure of being responded to and will actively seek people in the hope of obtaining satisfaction from more diversified sources (Reusch 1961). At this stage also, the client usually tells stories. This continuation of the self-disclosure is facilitated by the emphatic, genuine, and compassionate responses of the therapist. Thus, the depth of the intimacy dimension is fully developed, as both therapist and client come to know each other more closely. This is reflected in the curiosity that many clients exhibit concerning their therapists' interests, temperaments and lifestyles (Kottler et al. 1994). The coming of transference signals the opportunity for client insight and understanding of relationship patterns as they are unfolding. These transference issues are normally expected, and even welcome for they help promote the process of therapy (Kottler et al. 1994). In interpersonal communication, this is called the exploration or the fencing period. It mainly aims to establish rapport and set mutual goals for the interpersonal therapeutic encounter, thereby putting the participants in the right mental perspective.

By the middle stage, the patient usually has accepted the therapeutic procedure, and his relationship to the therapist is stabilized. Therapy has now become part of the patient's existence. This stage entails exploration of the unconscious, the acceptance of existing conflicts, the understanding of resistances, and the struggling with the transference. Communication at this time revolves around specific topics in which past events are equated with present happenings and unsettled experiences are relived in the therapeutic situation (Reusch 1961). This phase is characterized by detailed work. Daily events, dreams, or episodes of the past are brought to light, scrutinized, and collected in order to be integrated with other experiences that have not yet been discussed. This is a period of education, in which traumatic and repetitive memories have to be undone. Because change has to be experienced, therapy thus takes time. The experiences shared by the doctor and the patient eventually gel into a common bond which leads the patient into seeing the therapist as a friend, a helper, a person who sets limitations and abides by rules, a person who is kind but firm, a person who is living, and who has a family, friends, and outside interests. It is this realistic contact with a functioning human being which gradually replaces the patient's attributions, projection, and assumptions that previously distorted his view of the therapist's personality. As therapy progresses and a new bond between doctor and patient created, an attachment between them ensues until such time as the doctor's experience of the patient decreases because new and more recent cases occupy his attention and the patient's experience of the therapist dims because he has formed new attachments in life. The patient's memory of the therapist's existence has to recede before the patient can function well. As such, the therapist has supplied the patient with corrective experiences (Reusch 1961).

The situation in the initial phase of therapy, in which events cannot yet be related to the past experiences of the patient because the doctor is not familiar with the case and the patient himself may have difficulties in recalling certain pertinent events, change during the middle phase after his discovery of situations which are similar in terms of context, motivation, and effect, the therapist can superimpose one episode upon another. This enables the patient to recognize the implications of his actions thereby obtaining a richer insight into what is going on. When repetitive events are telescoped into a construct, they are assigned a permanent place in the memory of the patient (Reusch 1961). This procedure enables the patient to realize his own negative behavior. Hence, in the middle stage, that interpersonal interaction becomes very important for at this point, the initial agreement and established complementarity between the therapist and client begin to change because conflict increases. At this stage, the therapist becomes aware of the client's relationship patterns. The therapist does not limit the client's typical style but instead tries to expand them. In this stage, the therapist has two primary goals: (1) to identify when the client's interactional style is impeding the progress of therapy, and (2) to change the behavior of the client. By changing behavior, the therapist destabilizes the relationship and introduces a degree of conflict. Change begets change. The therapist's change will force the client to alter his behavior as well (Kottler et al. 1994). The middle stage of therapy is the interactive stage of interpersonal communication. The substantive part, wherein the subject matter is explored by the participants is the time when the goals of the encounter are being accomplished.

The latter and ending phase of therapy is characterized by some conflicts have been worked through so that various aspects of the patient's existence may appear to be more consistent. Correction by the other person is accepted by the patient and self-correction

begins to work. Since both the patient and the doctor can look back upon many hours of hard work, a common bond has been formed. The patient's view of the therapist is no longer self-determined but is arrived at by consensual validation. Events of daily life are taken up and discussed with the assumption that in anybody's life there exist difficulties which have to be solved. The patient feels free to plot his own course with free consultation to the therapist. By now, the patient has learned that he may oppose and contradict without asking the permission of the therapist (Reusch 1961). In the final stage, the labors of the previous stages are rewarded. This is the time that often feels magical (Kottler et al. 1994). The feelings associated with the healing alliance are invigorating, and sometimes it is difficult for both the therapist and the client to acknowledge that the relationship will inevitably end. Where before there was struggle and uncertainty, now there are sets of interactional patterns and the comfort level of the participants is at its peak. This is a stage of relationship stabilization and of work that is goal-oriented and intentional (Kottler et al. 1994). In interpersonal communication, this is referred to as the termination stage, wherein the transaction is completed and major points of discussion may be paraphrased for proper interpretation.

The closing stage is the termination of the relationship. Closing is about loss as well as gain. Both the clients and therapists usually feel ambivalent about letting go (Kottler et al. 1994).

Goals of Therapy

Therapy is not designed to make people more successful or efficient, but happier, adjusted and contented. The task of therapy is not to achieve "objective improvement--a condition experienced by the value system of the observer, but "subjective improvement"--which is defined by the experience of growth and satisfaction of the patient. Therapy hardly

changes the character of people in a radical way. Instead, through continuous exchange the patient is helped to accept the physical, psychological, and social limitations of his existence, and he learns not to deplore what he is and what he has but tries to make the best out of them (Reusch 1961).

If, through social interaction, the client comes nearer to the realization of his potentialities while at the same time, respecting, within limits, the conventions imposed by the environment, and if he or she can find within this framework a new meaning in life, then the therapist has accomplished his task--healing.

The Differences of Therapeutic and Interpersonal Communications

Although therapeutic communication and interpersonal communication may be similar in most aspects, there are a few differences between them. More than any other relationship, therapeutic communication is distinguished by its asymmetry. The client discloses personal problems with little reciprocal disclosure by the therapist. The therapist provides assistance and support without any reciprocal aid from the client.

Unlike interpersonal relationships, the therapeutic relationship is severely limited in time, space, and involvement. The intense interaction characteristic of therapy occurs under clearly specified circumstances--at a particular time and place at a regular meeting session. Few close interpersonal relationships are scheduled. Finally, the therapeutic relationship is unusual in that a desired outcome is termination. The implicit contract is that therapist and client will develop a close relationship as a means of furthering the client's autonomy until he or she no longer needs the therapeutic relationship (Kelly 1998).

Chapter 3

METHODS AND PROCEDURES

This chapter presents the methods and procedures that were vital for the accomplishment of this study.

Research Design

This multidisciplinary study of communication sought to describe the nature, characteristics and processes of a distinctive type of communication-therapeutic communication. A descriptive-exploratory approach was used to determine the interpersonal communication patterns in therapy. This was executed by means of holistic and thorough case studies of 15 therapeutic communication situations in the Philippine General Hospital's Outpatient Psychiatry Department (OPD). Verbal and nonverbal exchanges made by the 15 patients and the five therapists in all stages of therapy were documented, classified, organized and interpreted for a systematic analysis of data.

Population and Sampling

Five therapists with relatively similar demographic backgrounds were purposively selected for observation. For each of the therapists, a patient in the (1) beginning stage, (2) middle stage, and (3) ending stage was observed. Thus, under each of the five doctors, three patients were observed. The 15 patients' permissions were secured before observation.

The preliminary and termination stages were not observed, because the therapists in the Philippine General Hospital focus only on the beginning, middle and ending stages, and the preliminary and termination stages are being facilitated by interns.

Tools for Data Gathering

The profiles of the therapists and their patients were obtained by using the researcher's guide in getting their demographic backgrounds. The therapists orally answered

this guide, which included included the diagnoses of the patients to determine their reasons for therapy.

Fifteen actual therapeutic communication sessions were observed to identify the interpersonal communication skills and the doctor-patient relationship orientations used in therapy. Afterwhich, observation charts were made, organized, classified and interpreted to determine all interpersonal communication patterns that were evident.

Tools for Data Analysis

A combination of quantitative and qualitative procedures for data analysis was employed. To begin with, the gathered data were systematically tabulated and classified according to the enumerated interpersonal activities and skills. The frequency for each interpersonal skill and activity was determined, and then important findings were highlighted in the form of bar graphs. Interpersonal communication skills that were generally almost always present in the stages were marked. A summary table showing the general application of interpersonal communication skills was created to show the general pattern of the use of interpersonal communication skills in therapy. Lastly, the data was organized to also show the orientations of the doctor-patient relationships.

Chapter 4

DATA PRESENTATION

Therapists' Profiles

The five therapists who are observed for this study are Doctors Gay Azman, Nadia Mariñas, Liz Belleza, Katherine Camus and Val Andora. As shown in Table 1, all of the doctor therapists are females, aged between 26 to 30 years whose expertise are in handling all cases—either psychotic or non-psychotic. All of them are working the Psychiatric Out-patient Department of the Philippine General Hospital without pay for an average of two to three days a week.

Table 1: Demographic Background of the Therapists

Code	Therapist	Age	Gender	Area of Expertise
D1	Gay Azman	26	Female	Psychotic and non-psychotic cases
D2	Katherine Camus	30	Female	Psychotic and non-psychotic cases
D3	Liz Belleza	29	Female	Psychotic and non-psychotic cases
D4	Nadia Mariñas	28	Female	Psychotic and non-psychotic cases
D5	Val Andora	30	Female	Psychotic and non-psychotic cases

Patients' Profiles and their Reasons for Seeking Therapy

Five patients for each doctor mentioned above were observed. They were in the different stages of therapy, coded as the beginning stage (Bs), middle stage (Ms), and ending stage (Es). For easy identifications, these stages were combined with the doctors' codes. For instance, Dr. Gay Azman's (D1) beginning stage (Bs) was coded BsD1, her case in the middle stage (Ms) was coded MsD1, and in the ending stage (Es) was EsD1. Dr. Katherine Camus' (D2) beginning stage (Bs) was coded BsD2, her handled middle stage (Ms) was MsD2, and the ending stage (Es) was EsD2. The same format was used with the other coded doctors.

From Table 2, it is shown that Girlie, BsD1, is a patient in the Beginning Stage handled by D1, Dr. Gay Azman. Karlo, BsD2, is also a patient in the beginning stage

handled by D2, Dr. Katherine Camus. MsD1 is Gary, a patient in his middle stage, handled by D1, Dr. Azman, and Ken, MsD2, is a patient handled by Dr. Camus. The code is functional for all the patients and their corresponding doctors.

Table 2: Demographic Background of the Patients

Stage of Therapy	Case	Patient Pseudonym	Gender	Age	Civil Status	Location	Co-residents	Diagnosis
Beginning	BsD1	Girlic	Female	26	Single	Makati	Mother and two sisters	Major Depression
	BsD2	Karlo	Male	30	Single	Manila/Bicol	Mother	Schizophrenia
	BsD3	Joseph	Male	32	Single	Manila	Mother	Schizophrenia
	BsD4	Narciso	Male	28	Single	Malabon	Grandfather, Parents, Aunt	Schizophrenia
	BsD5	Vic	Male	24	Single	Laguna	Mother	Schizophrenia
Middle	MsD1	Gary	Male	30	Single	Blumentritt	Aunt	Schizophrenia Paranoia
	MsD2	Ken	Male	38	Single	Pasay City	Sister	Schizophrenia
	MsD3	Jose	Male	57	Single	Bicol	Sister and Nephew	Undifferentiated Schizophrenia and Sleep Problems
	MsD4	Niko	Male	47	Single	Boni Avenue	Mother and Uncle	Schizophrenia Paranoia
	MsD5	Von	Male	32	Single	Nueva Ecija	Mother and Cousin	Schizophrenia
Ending	EsD1	Gervasio	Male	71	Widow	Pasay City	Brother	Stable long-term Schizophrenia
	EsD2	Kardota	Female	78	Widow	Tondo, Manila	Cousin, Daughter	Adjustment Disorder
	EsD3	Josephine	Female	56	Single	Paco, Manila	Daughter and Niece	Schizophrenia in Delusion
	EsD4	Nemensio	Male	47	Married	San Lazaro/Boni	Wife, Son, Daughter-in-law, Two Grandchildren	Psychotic Anxiety Disorder
	EsD5	Vivan	Female	36	Separated	Cavite	Mother and 3 Children	Bipolar Behavior with Delusions

From Table 2, it is shown that the 11 male-patients and four female-patients live in Metro Manila (Makati, Manila, Quiapo, Malabon, and Mandaluyong), Bicol, Cavite, and Laguna. Their ages range from 24 to 71 years. Among them, 11 are single, one is married, one is separated and two are widowed. It is shown that there are more single males among the patients.

The patients belonging to the beginning stage are in their 20's to 30's, all single, living mostly with their mothers, and suffering from schizophrenia. Girlie (BsD1), a 26-year-old female patient, currently residing at Makati with her mother and two sisters, wants to recover from her recent psychiatric diagnosis—major depression. Karlo (BsD2), is a 30-year-old male, currently residing at Manila with his mother for easy facilitation of his therapy for overcoming schizophrenia. Joseph (BsD3), 32 years old, is a male schizophrenic who goes to the starting stages of his therapy with his co-resident in Manila, his mother. Twenty-eight year-old Narciso (BsD4) is a schizophrenic from Malabon, presently living with his grandfather, parents and aunt. Vic (BsD5), a 24 year old patient from Laguna, is the youngest among all the schizophrenic patients observed.

Patients in the middle stage are all single males, whose complaints are schizophrenia-related. Their ages range from 30 and 57 years old. Gary (MsD1) is a 30-year old schizophrenic paranoid currently residing at Blumentritt, Quiapo with his aunt. Thirty-eight year-old Ken (MsD2) is currently residing with her sister at Pasay City, Manila, for accessible facilitation of therapy for overcoming schizophrenia. Jose (MsD3), a 57-year-old Manileño currently residing with his older sister and nephew, is working on overcoming undifferentiated schizophrenia and sleep problems. A 47-year-old schizophrenic paranoid, Niko (MsD4), is residing with his mother and uncle in Mandaluyong. Von (MsD5) is a 32-year old schizophrenic from Nueva Ecija, living with his mother and male cousin.

Patients from the ending stages are aged 36 to 78 years, of varying social status and problems. One is single, another is married, still another is separated, and two are widowed. Their complaints are schizophrenia (stable and delusional), bipolar disorder, psychotic anxiety disorder and adjustment disorder. Two of them are males while three are females. Seventy-one year-old Gervasio (EsD1) is male patient from Pasay City currently residing

with his brother. He is a widow for six years already; and is at the ending sessions of his therapy for stable long-term schizophrenia. Karlota (EsD2), a patient suffering from adjustment disorder, is a 78-year-old widowed female from Tondo, Manila residing with a cousin and one of her daughters. Fifty-six year-old Josephine (EsD3) is a single female from Paco, Manila, presently residing with her daughter and niece, and is diagnosed to have schizophrenia in delusion. Nemensio (EsD4) is suffering from psychotic anxiety disorder. He is 47 years old, currently living with his wife, son, daughter-in-law, and two grandchildren. Vivian, a 36 year old separated female who lives with her mother and three schooling children in Cavite, is suffering from bipolar behavior and occasional delusions.

On the whole, the patients' reasons for seeking therapy were mainly psychotic and non-psychotic disturbances. Their problems were several levels and kinds of schizophrenia-- plain schizophrenia, schizophrenia paranoia, undifferentiated schizophrenia, schizophrenia in delusion and stable long-term schizophrenia. Other patient concerns are psychotic anxiety disorder, sleep problems, adjustment disorder, bipolar behavior and major depression.

Use of Interpersonal Communication Skills

Interpersonal doctor-patient communication skills that were applied in therapy can be classified to seven general categories: information-giving, information-seeking, social conversation, positive talk, negative talk, partnership-building, and nonverbal communication.

Information-giving includes providing information, opinions, suggestions, instruction and counsel while information-seeking involves getting information, taking medical history, and asking about compliance to medical prescriptions.

Greeting, showing courtesy, discussing non-medical statements, giving personal and social remarks and indicate casual social conversation. Partnership-building includes asking the other's opinion, showing understanding, and reinforcing self-disclosing.

Both positive and negative talks involve various skills. Positive talk consists of rapport building, motivating, agreeing or approving, laughing, using humor, releasing tension, showing solidarity, giving assurance, offering support, encouraging, showing empathy, calming the other, showing simple attention and reflecting. Negative talk involves confronting antagonism and showing tension or boredom.

Nonverbal communication skills refer to the acts of facial expression, gaze, gestures, bodily contact, spatial behavior, clothes and appearance, smell, posture, voice and listening.

Communication Skills at the Beginning Stage

Because the sessions of the preliminary stage is handled by interns and not included in the study, the discussion starts with the beginning stage.

Table 3 shows the frequencies of the use of interpersonal communication skills. A transparent overlap then highlights how often these skills were used and the total interpersonal communication activity use in the beginning stage of therapy.

The Therapists' Skills. In the beginning stage, the therapists generally did information-seeking and information-giving activities. They focused on getting the patients' medical history--then the biological and behavioral symptoms. Compliance to the initially prescribed medicines was also asked as well, as the immediate effects and side-effects of these medicines. To educate the patients, the therapists informed the patients on the nature of their brain status and functioning and the illnesses' effects to their lifestyle. The objective conditions that they were experiencing were also explained. What followed explanations were concrete instructions on how to cope with their psychiatric disorders, the medicinal

dosage and medicinal side-effect management in the form of opinions, suggestions and counsel.

The socio-emotional orientation of their communication was evident in terms of positive talk and social conversation. Rapport, solidarity and reflection on the statements of the patients were made through warmth and friendliness, and concern for the patients' welfare. These activities helped them establish connection with their patients; occasional assurance, agreeing, using humor, showing simple attention, understanding, encouragement, support, motivation and of their patient further strengthened their relationships.

Investment in the doctor-patient partnership was done by the asking of the patients' opinions and then showing understanding. However, one therapist showed boredom while facilitating the therapy, when she sent closed her arms and looked at her watch even though the patient was still explaining something.

The therapeutic process was interlaced with various aspects of social conversation-- greetings, showing courtesy, discussing everyday non-medical issues, giving personal remarks and simple casual conversation. The dominant social conversation events were greetings of welcome and goodbye, and story-telling of experiences with their immediate relatives and co-residents. In all the therapeutic sessions, the doctors used the skills of getting medical information and then providing the patients with necessary instructions.

Nonverbal communication skills engaged by the therapists at this stage were mostly facial expressions--gazing and looking inquisitive to prod the patients to further explain their points. Necessary gestures, such as nodding and the use of hand and arm gesticulations to express points were applied. Smiling to show warmth and acceptance to the patients was commonly done. Lastly, active listening was evident, although the therapists tend to perform multiple tasks. A very evident example among all the therapists was asking a question and

Table 3. Beginning Stage

IP Comm Activity	Specific Skills	THERAPIST					PATIENT						
		BaD1	BaD2	BaD3	BaD4	BaD5	Skill Use	BaD1	BaD2	BaD3	BaD4	BaD5	Skill Use
Social conversation	Greeting	2	1	1	1	1	6						0
	Showing courtesy	1		2	1	3	7			1	1		2
	Introducing self						0						0
	Discussing non-med ideas		1	1	2		4		8	3	1		12
	Giving remarks				4	1	5	1	1	7			9
	Using casual conversation	2				5	7	1	1	3	8	1	14
Information-giving	Providing information	2	1		1	4	8	14	5	27	6	3	55
	Providing opinions	1		5			6		8	5	2		15
	Providing suggestions			1	1	1	3			2			2
	Providing instruction	2	5	6	1	4	18			1			1
	Providing counsel	7		11	6		24						0
	Providing med info					10	10		2	6	1		9
Information-seeking	Providing obj conditions	6		8	2	4	20	3		2			5
	Providing info/ inst			1	5	2	1	9		7	4	7	18
	Asking medical history	10	4	19	12	3	48						0
Positive talk	Asking compliance		2	2	2		6						0
	Rapport-building	3	1	2	2	1	9			2	1		3
	Motivating				1		1		1				1
	Agreeing and approving			2	2		4	1		4	4		9
	Laughing						0		2				2
	Using humor		1				1			2			2
	Releasing tension						0						0
	Showing solidarity	3		1	4		8			4			4
	Giving assurance	1		3	2	1	7	2		1			3
	Offering support	2				1	3						0
	Encouraging	1		3	2	1	7						0
	Showing empathy	1				1	2						0
Negative talk	Calmng the other	2		1			3	1		3			4
	Showing attention		1		2		3						0
	Reflecting	3	1	1	3		8		4	2	5		11
	Confronting antagonism				6		6						0
	Showing tension/ boredom	2		7			9		3				3
Partnership-building	Asking opinion	2		11	2	1	16	2			1		3
	Showing understanding			2			2						0
	Giving suggestions						0						0
	Reinforcing	4		1	1		6	2		1			3
	Self-disclosing						0	22					22

taking notes or writing prescriptions simultaneously so much so that minimal eye contact was established.

The Patients' Skills. Information giving was the most prominent activity of patients in the beginning stage of therapy. They provided information and opinions on their biological reactions to medicine, sleep patterns, and other symptoms that have arisen after taking medicine. Other information given helped the therapists to assess their improvement or deterioration after the taking of medicine and suggested activities. The patients also practiced social conversation. They freely discussed non-medical statements and gave personal and social comments. Patients demonstrated a secure disposition with the therapist, as evident in their directness in conversing casually. They participated in making the doctor-patient relationship more than just a task-oriented relationship with the sole purpose of healing by their openly establishing a personal relationship with their therapists. Positive talk was used as well. Agreeing or approving was done and these were complemented by rapport building efforts, reflections, calming their doctors, using humor, showing solidarity and giving assurance that they would comply with the therapists' prescriptions. Self-disclosure by one patient was also evident in the therapeutic communication when they discussed feelings and family issues. To some extent, the patients also wanted information on the nature of their illnesses and the nature of their medicine. In all the cases, the patients' most apparent skills used were providing information and using casual conversation. They were also receptive to the doctor's authoritativeness, as they mostly agreed and approved of the instructions that the latter gave.

Patients' nonverbal communication activities were very evident in the form of gestures--nodding, pointing to what they are talking about, showing skin allergies and showing documents. Additionally, facial reactions, such as smiling, looking inquisitive and

looking up or down, were subconsciously made. Patients, at this stage, were fairly conscious and not too comfortable with their therapists, such that the interpersonal relationships were rather detached.

Communication Skills at the Middle Stage

In the middle stage of therapy, the relationships between the therapists and the patients had been already established. Now, the therapists engaged mostly in information-giving and positive talk, while patients employed information-giving and social conversation. As the relationship between the two participants went deeper, they discussed more personal matters.

Table 4 shows the frequencies of the use of interpersonal communication skills in the middle stage. A transparent overlap also highlights how often these skills were used and the frequencies of interpersonal communication activity usage.

The Therapists' Skills. The therapists mainly gave their patients such information as how to take the medicine and tips on coping with the biological side effects of these medicines, the objective condition that the illnesses entail, as well as suggestions to overcome their psychotic and non-psychotic concerns. During this stage, the patients already understood and had possibly accepted the reasons for going through therapy.

Positive talk was the second most prominent interpersonal activity of the therapists. They reflected what their patients said to show understanding. They also showed solidarity with them by regarding the healing as a common goal. Rapport was built through verbal and nonverbal communication practices--uttering thoughtful words, smiling and engaging in pleasant conversations. They assured their patients that they will get better; provided they religiously comply with the medications and other suggestions. They motivated the patients,

Table 4. Middle Stage

IP Comm Activity	Specific Skills	THERAPIST					PATIENT						
		MeD1	MeD2	MeD3	MeD4	MeD5	Skill Use	MeD1	MeD2	MeD3	MeD4	MeD5	Skill Use
Social conversation	Greeting	2	1			3	6	1	1		1	3	
	Showing courtesy		1	2	3	3	9			2	2	4	
	Introducing self						0					0	
	Discussing non-med ideas	2				2	4	2			4	6	
	Giving remarks		1	1			2		6	2	3	11	
	Using casual conversation	1			3	2	6			4	5	9	
Information-giving	Providing information	3		1		2	6		12	8	14	1	35
	Providing opinions						0		4	3	3	2	12
	Providing suggestions	1	1	6	3		11				1		1
	Providing instruction	3	5	5	7	2	22						0
	Providing counsel						0						0
	Providing med info	3	1				4		13	6			19
Information-seeking	Providing obj conditions	4		5	4		13			1			1
	Providing info/ inst	6		2	4		12		2	1	1	1	6
	Asking medical history	7	6	13	7	1	34						0
Positive talk	Asking compliance		1	2	2		5						0
	Rapport-building	4	1	1		1	7		2		3	4	9
	Motivating	1	1	1	1	2	6						0
	Agreeing and approving	3		1			4			2	3		5
	Laughing						0						0
	Using humor						0						0
	Releasing tension						0						0
	Showing solidarity	1		2	5		8			1			1
	Giving assurance	3		2	1	1	7						0
	Offering support	1	1				2						0
	Encouraging	1			1	4	6						0
Negative talk	Showing empathy						0						0
	Calmng the other			1			1						0
	Showing attention	2	2		1		5		2	1			3
	Reflecting	4	1	1		4	10		5	1	1	2	9
	Confronting antagonism					5	5		1	3	1		5
	Showing tension/ boredom				4		4			1			1
Partnership-building	Asking opinion	4	2		3		9			1			1
	Showing understanding	1					1						0
	Giving suggestions	2			2		4						0
	Reinforcing			1	1		2		1		3		4
	Self-disclosing						0		5	5			10

showed them attention, offered them support, and calmed the patient down with the assurance of getting better. Furthermore, they engaged in information-seeking activities—asking about recent medical history of the patients, securing information on their developed or regressed conditions, and inquiring about the medical compliance. They used social conversation as well to build a personal relationship with the patients. They showed courtesy, greeted them and engaged in casual conversation. Non-medical statements and personal and social remarks were made, along with asking the patients' opinion, giving suggestions, reinforcing the statements and showing understanding to the patients.

In one case of those in the middle stage of therapy, negative talk was made in the form of confronting antagonism and showing of tension. This was when the patient showed stubbornness by not intending to comply with recommendations of the doctor. In all other cases however, the therapists frequently asked for more information about what the patients had recently experienced.

The most apparent nonverbal communication was smiling. This facial expression was applied in all the cases. Also, the therapists tended to show inquisitive facial expressions when they wanted the patients to further explain or clarify their points. Multi-tasking was again evident, hence, minimal eye contact was observed in all the cases. Lastly, active listening was very evident.

The Patients' Skills. Patients' behavior at the middle stage of treatment was dominated by information-giving and social conversation. Patients gave information on symptoms, psychiatric experiences, reactions to medicines they took and offered unsolicited opinions. These showed that they were already familiar with their illnesses. Social conversation was the next most frequent activity. Because patients were already comfortable with their doctors, they easily gave personal and social remarks as well as non-medical

statements during casual conversation. They showed courtesy and greeted the therapists to reciprocate the former's positive talk. They responded to rapport-building by smiling and positively acknowledging the doctors' assessments. They also agreed with and approved of the therapists' suggestions. A close interpersonal relationship was thus established that built partnership with the therapist by self-disclosing, reinforcing of comments, and asking the doctor's opinion.

Patients at this stage already had a clear background of their illnesses, thus frequent information-seeking was evident. Having become familiar with their therapists, the patients were unrestrained in showing antagonism or even boredom during their sessions.

The patients' nonverbal communication activities were such gesticulations as nodding, shrugging the shoulders, pointing to what they are talking about, and showing documents and previous prescriptions. Finally, facial reactions, such as smiling, looking inquisitive and looking up or down, were also forms of nonverbal messages. Compared to what they did at the beginning stage of therapy, their eye contact had reasonably improved—an indication that they were now more comfortable with their therapists.

Communication Skills at the Ending Stage

As the patient's behavior had stabilized because of the therapeutic and medicinal treatments, the ending stage took place. The therapists now engaged mainly in positive talk and information-seeking, while the patients focused on information-giving and social conversation.

Table 5 shows the frequencies of the use of interpersonal communication skills in the ending stage. A transparent overlap shows the pattern of use of these skills, as well as the total interpersonal communication activity usage.

Table 5. Ending Stage

IP Comm Activity	Specific Skills	THERAPIST					PATIENT						
		EaD1	EaD2	EaD3	EaD4	EaD5	Skill Use	EaD1	EaD2	EaD3	EaD4	EaD5	Skill Use
Social conversation	Greeting	2		1	2	5							0
	Showing courtesy	1		2	1	2	6			3	1	2	6
	Introducing self						0						0
	Discussing non-med ideas	1	2	1	1	3	8	4	8	1	2	15	
	Giving remarks	5	2				2	9	8	8	2	2	20
	Using casual conversation				1	3	4	7	11	1	3	22	
Information-giving	Providing information			3	4	5	12	18	9	22	6	5	60
	Providing opinions		1				1	7	3	4	2	1	17
	Providing suggestions			2			2			1	2	1	4
	Providing instruction	1	3	8	1	3	16			1			1
	Providing counsel						0						0
	Providing med info				1	6	7	31		7	4	2	44
Information-seeking	Providing obj conditions			1		2	3			1	4		5
	Providing info/ inst	3	2	5	6	1	17	1		1	5	3	10
	Asking medical history	7	1	11	3	4	26						0
Positive talk	Asking compliance		2	2			4						0
	Rapport-building	7	1	1	2	1	12	9	3	1	1	2	16
	Motivating			1			1						0
	Agreeing and approving	1	1	1			3		3	2	1	1	7
	Laughing						0						0
	Using humor					1	1		2				2
	Releasing tension						0						0
	Showing solidarity	1	1	3	4	3	12						0
	Giving assurance	2	1		2	1	6						0
	Offering support		1	1	5	1	8						0
	Encouraging				2		2						0
Negative talk	Showing empathy						0						0
	Calmng the other						0						0
	Showing attention	1		2		3			1			1	
	Reflecting		1	1		2				6		6	
	Confronting antagonism						0						0
	Showing tension/ boredom						0			1		1	
Partnership-building	Asking opinion		2	3	1		6		1	3		4	
	Showing understanding				2		2		1			1	
	Giving suggestions						0						0
	Reinforcing	1	1	1	1	1	5	3		1		4	
	Self-disclosing						0	18	2	7		27	

The Therapists' Skills. Having helped their patients to become stabilized, the therapists boosted the attitude of their patients through positive talk at the ending stage of therapy. They still showed solidarity, built rapport through pleasant facial expressions and casual informal utterances, offered support, and encouraged open communication to the extent of giving their telephone and cellular phone numbers in case they need to communicate later. They assured the patients about having improved, showed simple attention, agreement and approval. They furthermore encouraged, motivated and humored their patients.

Information-seeking was likewise frequently done by asking about the patients' recent medical history, and the events related to their brain functioning that happened since the last therapy session. They also inquired about the compliance with the prescriptions. Thereafter, they provided instructions on how the patients may cope with the recent occurrences and more suggestions and opinions.

With these task-oriented activities, they made personal social remarks, non-medical statements, made courtesy greetings, and engaged in casual conversation to enhance the partnership with the patients, opened themselves for the patients' opinions, gave reinforcements, and demonstrated understanding toward the patients. No negative talk was evident this time.

The Patients' Skills. At this stage, the patients mostly engaged in information-giving and social conversation. Information-giving was mainly for discussion of medical information and providing information on the recent experiences of the patients with regard to their psychiatric complications. Patients seemed secure enough to provide opinions, explain objective conditions, provide suggestions, and even propose alternative activities. Social conversation was likewise evident. Casual conversation, personal and social remarks,

non-medical statements and courtesy gestures were almost always done. Greeting was no longer necessary, for familiarity with their therapists had already been established. Asking about medical history, information and additional instructions were means by which patients sought more knowledge on their illnesses. Partnership-building was also evident this time, so with self-disclosure and reinforcement that expressed trust on the therapists were evident when they inquired about the therapists' opinion on medical and non-medical matters.

General Use of Interpersonal Communication Skills

As shown in Table 6, both the therapists and patients were inclined to give information in their sessions.

By the Therapists. As experts in the relationship, the therapists gave information mostly on the nature of the psychiatric disorders, the brain functioning, the medical background and the types and qualities of the medicines. They complemented these with positive talk through which they built a personal relationship.

By the Patient. Patients also were similarly givers of information in therapy sessions. The information they gave were about their objective conditions, perceptions of their illnesses, and information on their biological and behavioral symptoms. Complementing these task-oriented activities were the socio-emotional interpersonal communication activities like social conversation through engaging in casual conversation, giving of personal and social remarks, discussion of non-medical statements, showing courtesy, and greeting.

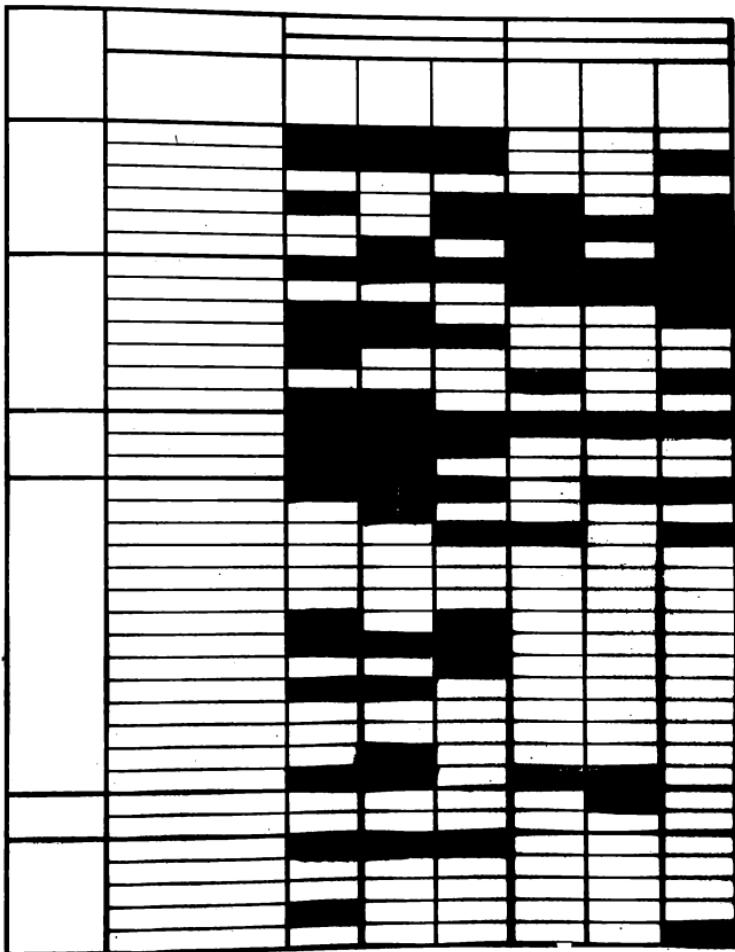


Table 6. General Use of Interpersonal Skills

IP Comm Activity	Specific Skills	THERAPIST			PATIENT			
		Use per Stage (x/5)	Bs	Ms	Es	Use per Stage (x/5)	Bs	Ms
Social conversation	Greeting	5	3	3	0	3	0	0
	Showing courtesy	4	4	4	2	2	3	3
	Introducing self	0	0	0	0	0	0	0
	Discussing non-med ideas	3	2	5	3	2	4	4
	Giving remarks	2	2	3	3	3	4	4
	Using casual conversation	2	3	2	5	2	4	4
Information-giving	Providing information	4	3	3	5	4	5	5
	Providing opinions	2	0	1	3	4	5	5
	Providing suggestions	3	4	1	2	1	3	3
	Providing instruction	5	5	5	1	0	1	1
	Providing counsel	3	0	0	0	0	0	0
	Providing med info	1	2	2	3	2	4	4
Information-seeking	Providing obj conditions	4	3	2	2	1	2	2
	Providing info/ inst	4	3	5	3	5	4	4
	Asking medical history	5	5	5	0	0	0	0
Positive talk	Asking compliance	3	3	2	0	0	0	0
	Rapport-building	5	4	5	2	3	5	5
	Motivating	1	5	1	1	0	0	0
	Agreeing and approving	2	2	3	3	2	4	4
	Laughing	0	0	0	1	0	0	0
	Using humor	1	0	1	1	0	1	1
	Releasing tension	0	0	0	0	0	0	0
	Showing solidarity	3	3	5	1	1	0	0
	Giving assurance	4	4	4	2	0	0	0
	Offering support	2	2	4	0	0	0	0
	Encouraging	4	3	1	0	0	0	0
	Showing empathy	2	0	0	0	0	0	0
Negative talk	Calmng the other	2	1	0	2	0	0	0
	Showing attention	2	3	2	0	2	1	1
	Reflecting	4	4	2	3	4	1	1
	Confronting antagonism	1	1	0	0	3	0	0
	Showing tension/ boredom	2	1	0	1	1	1	1
Partnership-building	Asking opinion	4	3	3	2	1	2	2
	Showing understanding	1	1	1	0	0	1	1
	Giving suggestions	0	2	0	0	0	0	0
	Reinforcing	3	2	5	2	2	2	2
	Self-disclosing	0	0	0	1	2	3	3

Doctor-Patient Orientation

As shown in Table 7, in all the therapeutic communication situations, a combination of the task-oriented and socio-emotional oriented approaches was employed by the therapist.

Table 7: Doctor-Patient Relationship Orientation

Doctor-Patient Relationship	Interpersonal Communication Activity	Doctor			Patient		
		Frequency in Usage			Frequency in Usage		
		Bs	Ms	Es	Bs	Ms	Es
Task-oriented	Information-giving	89	56	41	87	68	131
	Information-seeking	63	51	47	18	6	10
Socio-emotional oriented	Social conversation	29	27	32	37	33	63
	Positive talk	56	56	50	39	27	32
	Negative talk	24	9	0	3	6	1
	Partnership building	24	25	13	28	15	36

Task-oriented communication activities are the means of acquiring and giving necessary information so healing would be achieved. In all stages of therapy, both the therapists and the patients exchanged task-oriented messages. In the beginning stage, information giving was the primary interpersonal communication activity of the doctor. These information included the nature of the diagnosis, possible biological and behavioral effects, strategies on how the patients could cope with their respective diseases, and medicinal prescriptions. Positive talk by the therapist came next; hence, the emotional issues of the patients were addressed, and their relationships as therapist-patient tandems started off. Seeking information on the patient's background, the objective conditions, the symptoms and their perceived personal behavior and biological problems was done.

In the middle stage, the therapists likewise employed information-seeking and positive talk, while they followed up on the recent psychiatric-related events in the patients' lives, and continued strengthening the doctor-patient relationship.

Positive talk was the first priority in the ending stage, as the patients were being prepared to cope with their illnesses on their own. Information-seeking was also applied but secondarily.

For the therapists, the beginning stage was dominantly task-oriented, and the ending stage was dominantly socio-emotional oriented, although both orientations were present in both stages. The middle stage had a striking balance between both orientations in that information-seeking and positive talk were used with equal rate, thus having equal use of the task and socio-emotional orientations.

In all the stages of therapy, information giving was largely dominant with the patients being mainly task oriented in their relational skills. The information they shared more are mainly about their illnesses, their everyday experiences, and the coping strategies that had already been employed. Social conversation, with which they related socio-emotionally with their doctor, was less dominant. This social conversation touched on medical statements and personal and social remarks. Patients' attitudes toward the relationship were mostly task-oriented, although socio-emotional exchanges were considerably evident.

Chapter 5
FINDINGS, CONCLUSION, IMPLICATIONS and RECOMMENDATIONS

Findings

The five doctor therapists are 26 to 30 year-old females who work at the Psychiatric Out-patient Department (OPD) of the Philippine General Hospital, handling psychotic and non-psychotic cases. Their charity work at the OPD averages two to three days a week.

The five patients, on the other hand, were mostly males and single from Metro Manila (Makati, Manila, Quiapo, Malabon, and Mandaluyong), Bicol, Cavite, and Laguna, with ages ranging from 24 to 71. Their reasons for seeking therapy were mainly psychotic and non-psychotic disturbances, such as several levels and kinds of schizophrenia (e.g. plain schizophrenia, schizophrenia paranoia, undifferentiated schizophrenia, schizophrenia in delusion and stable long-term schizophrenia), and psychotic anxiety disorder, sleep problems, adjustment disorder, bipolar behavior and major depression.

Therapists and patients used various interpersonal skills in their therapeutic sessions. As experts in the relationship, the therapists mostly gave information on the nature of the psychiatric disorders, the brain functioning, the medical background and the types and qualities of the medicines. They complemented these with positive talk through which they built a personal relationship. On the other hand, the patients played the role of information-givers, and their topics were their objective conditions, perceptions of their illnesses, and information on their biological and behavioral symptoms. Also complementing these task-oriented activities were the socio-emotional interpersonal communication activities like social conversation through engaging in casual conversation, giving of personal and social remarks, discussion of non-medical statements, showing courtesy, and greeting.

The therapeutic relationships between the doctors and the patients were task-oriented and socio-emotional oriented. The therapists' beginning stage was dominantly task-oriented, and the ending stage was dominantly socio-emotional oriented, while the middle stage had a striking balance between both orientations. The patients' general approach to the relationship was a combination of task and socio-emotional oriented, but predominantly task-oriented.

Conclusion

The five 26-30 year-old female therapists handle charity cases in the Philippine General Hospital's Out-patient Department for two to three days a week. Their three patients' problems were of several levels and kinds of schizophrenia—plain schizophrenia, schizophrenia paranoia, undifferentiated schizophrenia, schizophrenia in delusion and stable long-term schizophrenia, as well as other concerns such as psychotic anxiety disorder, sleep problems, adjustment disorder, bipolar behavior and major depression. In these relationships, various interpersonal skills were used: with the therapists mostly giving information on the nature of the psychiatric disorders, the brain functioning, the medical background and the types and qualities of the medicines and complemented these with positive talk through which they built a personal relationship; while the patients played the role of information-givers regarding their objective conditions, perceptions of their illnesses, and information on their biological and behavioral symptoms but also complementing this with social conversation through engaging in casual conversation, giving of personal and social remarks, discussion of non-medical statements, showing courtesy, and greeting. In all the therapeutic relationships observed, a combination of the task-oriented and socio-emotional oriented approaches was employed by the doctors and their patients. On the

whole therefore, the therapists and patients used skills such as information-giving, positive talk and social conversation in their task and socio-emotional oriented relationships.

Implications

The findings from this study address the gap in knowledge in the use of interpersonal communication skills and relationship orientations in a doctor-patient relationship. It suggests that in therapeutic communication, several aspects of interpersonal communication are used. Participants specifically employ interpersonal communication skills such as information-giving, positive talk and social conversation in their task and socio-emotional relationships. This study thus establishes the groundwork in the study of interpersonal communication in therapy.

Recommendations

Therapeutic communication is a relatively new domain in organizational communication. In the light of the limitations of this study and to validate the findings several relative studies can be conducted. The researcher recommends:

1. A similar study focusing on group therapy;
2. A more in-depth and longitudinal study covering all the stages in one therapeutic relationship;
3. The use of audio-visual tools for data-gathering;
4. The use of a functional one-way viewing room to avoid doctor-patient relationship disturbances; and
5. Interview of the participants in the therapeutic relationship.

This study may be a potent reference material for future doctor-patient and medical service related studies.

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Appendix A
PERMISSION LETTER TO THE DEPARTMENT OF PSYCHIATRY CHAIR

November 19, 2004

Dr. Cynthia Leynes
Chair
Department of Psychiatry
Philippine General Hospital

Dear Dr. Leynes:

As a student of Organizational Communication in UP Manila, I am currently working on my undergraduate thesis entitled, "The Use of Interpersonal Communication in Therapy." This aims to establish the use of interpersonal communication—relationship orientations, types and skills—in a health-service organization.

This study necessitates observation and audio-visual documentation of 15 actual therapeutic communication sessions in the PGH Department of Psychiatry. In line with this, I would like to seek your approval to perform such procedures in your department. This would be of significant help in accomplishing my research paper, and a tangible exposure to the professional field that I intend to pursue eventually.

I am ardently hoping for your positive response.

Thank you very much.

Sincerely,

Gwen V. Tansiongco
Student
University of the Philippines Manila

Endorsed by:

Dr. Adela Beringuela, Ph.D.
Faculty
Department of Arts and Communication
University of the Philippines Manila

Appendix B
RESEARCHER'S GUIDE IN OBTAINING THE DEMOGRAPHIC
BACKGROUNDS

Code: _____

The Therapist

Complete name: _____

Gender: _____

Age: _____

Civil status: _____

The Patient

Gender: _____

Age: _____

Civil Status: _____

Residence Location: _____

Co-residents: _____

Diagnosis: _____

Stage in Therapy: _____

Appendix C
TOOL FOR OBSERVATION

Therapist	Patient
(written observations were written here and then superscripts were assigned)	

Appendix D
TOOL FOR OBSERVED SKILLS CLASSIFICATION

IP Comm	Specific Skills	Therapist (superscripts)	Patient
Social conversation	Greeting		
	Showing courtesy		
	Introducing self		
	Discussing non-medical state		
	Giving personal social remarks		
	Using casual conversation		
Information-giving	Providing information		
	Providing opinions		
	Providing suggestions		
	Providing instruction		
	Providing counsel		
	Discussing medical information		
	Explaining objective conditions		
Information-seeking	Asking questions on info/ inst		
	Asking medical history		
	Asking about compliance		
Positive talk	Rapport-building		
	Motivating		
	Agreeing and approving		
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity		
	Giving assurance		
	Offering support		
	Encouraging		
	Showing empathy		
	Calmng the other		
	Showing simple attention		
Negative talk	Reflecting		
	Confronting antagonism		
Partnership building	Showing tension/boredom		
	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing		
	Self-disclosing		

Appendix E
TOOL FOR DETERMINING FREQUENCY IN SKILL USE

IP Comm	Specific Skills	Therapist (tally of superscripts)	Patient
Social conversation	Greeting		
	Showing courtesy		
	Introducing self		
	Discussing non-medical state		
	Giving personal social remarks		
	Using casual conversation		
Information-giving	Providing information		
	Providing opinions		
	Providing suggestions		
	Providing instruction		
	Providing counsel		
	Discussing medical information		
	Explaining objective conditions		
Information-seeking	Asking questions on info/ inst		
	Asking medical history		
	Asking about compliance		
Positive talk	Rapport-building		
	Motivating		
	Agreeing and approving		
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity		
	Giving assurance		
	Offering support		
	Encouraging		
	Showing empathy		
	Calming the other		
	Showing simple attention		
	Reflecting		
Negative talk	Confronting antagonism		
	Showing tension/boredom		
Partnership building	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing		
	Self-disclosing		

Appendix F
DOCUMENTATION OF OBSERVATIONS
Fifteen Therapeutic Relationships

1. Beginning Stage, Doctor 1

Therapist	Patient
Smiles. ¹	Sits on the Patient's chair. ⁵ "Si Nanay po." ⁶
Stretches arm, pointing to seat. ² "Kumusta? ³	
"Sino ang kasama mo ngayon?" ⁴ "Kumusta?" ⁷	"Eto po, naghahanap ng trabaho." ⁸ Scratches head. ⁹
"Saan ka na nakapaghanap?" ¹⁰ Inquisitive look. ¹¹	"Sa Manila Bulletin, tapos sa NAIA- PCA." ¹²
Nods. ¹³	"Kaso lang po may problema ako, nag-cool off po kami ng boyfriend ko last week." ¹⁴
"Ay, oo." ¹⁵ "Naalala ko may first major away kayo noong January 3?" ¹⁶	"Ok lang po yun." ¹⁷ Pauses. ¹⁸ "Hindi ko naman siya mahal." ¹⁹
"Anong reaction mo?" ²⁰ Looks inquisitive. ²¹	"Ok lang po yun." ²² Shrugs shoulder. ²³ "Naghahanap po ako ng trabaho." ²⁴
"Sandali, doon sa away ninyo, ano ang ugat ng pagtatalo?" ²⁵	"Eh kasi, parang gusto niya kung tatawagan niya ako, sasagot ako agad." ²⁶ "Tapos kung gusto niya magkita, tapos hindi ako pwede, kailangan magkita pa rin kami." ²⁷ "Parang, gusto niya, kapag may gusto siya, agad agad ibibigay." ²⁸ "Tapos nagseselos siya sa ex ko." ²⁹
Nods. ³⁰ "Paano mo naman nalaman?" ³¹	"Eh kasi nagkwentó ako nang tungkol sa ex ko, tapos naglit na siya." ³²
"Ano nga uli yung pangalan ng boyfriend mo?" ³³	"Noel." ³⁴
"Tapos yung ex mo ay si Richard..." ³⁵	Nods. ³⁶
"Anong basis ulit ng breakup ninyo?" ³⁷	"Selos siguro." ³⁸ "Kasi mahal na mahal niya ako." ³⁹ "Pero sa akin, wala na lang yun." ⁴⁰ "Tapos masyado siyang madrama... tsaka... ano yun... sensitive." ⁴¹
"Tkaw, hindi?" ⁴²	"Hindi na." ⁴³
"Sa ibang tao, regardless kung si Noel man yun, hindi ka na ganun?" ⁴⁴	"Gusto ko na mamahinga sa relationship eh." ⁴⁵ Looks down. ⁴⁶ Looks up again. ⁴⁷ "Gusto ko magtrabaho muna." ⁴⁸
"Anong pakiramdam mo noong nagbreak kayo?" ⁴⁹	"Hindi ako umiyak." ⁵⁰
"So ano nga ang feeling mo noong hindi ka umiyak?" ⁵¹	"Nalungkot din ako." ⁵² "Kasi mabait siya, tsaka siniryo niya ako." ⁵³
"So hindi ka certain dun sa decision mo?" ⁵⁴	"Kung siya sana ang una kong sinagot, siguro nagtuloytuloy ang relationship namin." ⁵⁵ "Pero hindi eh." ⁵⁶ "Nagsawa na din siguro ako sa relationships...." ⁵⁷
Plays with ballpen. ⁵⁸ "So, anong gusto mong mangyari?" ⁵⁹	"Maghanap ng trabaho." ⁶⁰ "Tsaka na f-Friendster ako ngayon." ⁶¹
Smiles. ⁶² Puts ballpen down. ⁶³ "Kelan pa yan?" ⁶⁴	"Noon November." ⁶⁵ "Masaya siya. Maraming nakikilang friends." ⁶⁶ "Tsaka nakakalibang talaga." ⁶⁷
"Mabuti yan." ⁶⁸	Smiles. ⁶⁹

"For the past week ba, ok naman ang tulog mo?" ⁷⁰	Nods. ⁷¹
"Hindi ka naman matamlay?" ⁷²	"Hindi gaano." ⁷³ "Dati, wala akong plano kasi nga depressed ako diba, pero ngayon, gusto ko na talaga magtrabaho." ⁷⁴
"Pero ngayon, anong activities mo sa bahay?" ⁷⁵	"Nagbabantay ng tindahan, naghuluto, tsaka naglilinis ng bahay." ⁷⁶
"Tinitext mo pa yung girlfriend ni Richard?" ⁷⁷	Smiles. ⁷⁸
"Paano mo naman nalaman?" ⁸⁰	"Na-inlove nga sa akin yun eh." ⁷⁹ "Eh kasi sabi niya gusto niya makipagkita sa akin." ⁸¹ "Tapos parati niya akong sinasabihin na nami-miss niya ako." ⁸²
"Gaano mo siya kadalas i-text?" ⁸³	Is silent. ⁸⁴
"Anong pakiramdam mo ngayon?" ⁸⁵ Crosses arms. ⁸⁶	"Ewan ko." ⁸⁷ "Kasi sabi niya magpapakasal na daw sila." ⁸⁸ "Tapos mago-open ng joint account." ⁸⁹ "Tapos gusto niya na daw magka-baby." ⁹⁰
"O, anong nararamdam mo ngayon?" ⁹¹	"Nagagalit." ⁹² Looks down. ⁹³
"Ayan, kita mo." ⁹⁴ "Sa tingin mo ba nakatulong yan sa'yo?" ⁹⁵	"Opo, pero nakakadagdag din sa sama ng loob." ⁹⁶
"O, anong makakapagbawas ng sama ng loob?" ⁹⁷	"Kailangan kong maging busy." ⁹⁸
"Sa palagay ko, Girlie, non-issue na yung kay Noel eh." ⁹⁹	"Sana nga hindi na lang eh." ¹⁰²
Pauses. ¹⁰⁰	
"Ang issue mo pa rin ngayon ay si Richard." ¹⁰¹	
"Sinisisi mo ba ang sarili mo?" ¹⁰³	"Oo." ¹⁰⁴
"Pero Girlie kasi, kabut sino, kabut ako man, kabut kelan, hindi mo malalaman na manloloko ang boyfriend mo." ¹⁰⁵	"Sana hindi ko binigay ang lahat." ¹⁰⁷
"Everyone, pumapasok sa isang relationship kung saan aka nila ay mas magiging mabuti silang tao." ¹⁰⁶	
"Eh kasi iba-iba naman ang mga tao." ¹⁰⁸ "May mga taong pumapasok sa isang relationship, just because." ¹⁰⁹	Is silent for a few moments. ¹¹³ Looks down, and then up after a few seconds. ¹¹⁴
"Pero yung iba, seryoso." ¹¹⁰ "It's just a matter of alin ka dun" ¹¹¹	
Hand gestures to make quotation marks. ¹¹²	
"Tapos, kung gusto mo siyang kilimutan, hindi sapat na magpadistraction ka lang sa trabaho." ¹¹⁵	"Napapagaan naman ang pakiramdam ko sa text dun sa GF niya." ¹¹⁶
"Kaya lang, nakabaon pa din kasi diyan ang nararamdam man mo." ¹¹⁷	Looks down. ¹²⁰
"Hindi basta bastang natatakpan yun." ¹¹⁸	
"Kasi, 'pag tinakpan lang, nawawala ang pantakip..." ¹¹⁹	
"Huwag mo mamadaliin ang sarili mo." ¹²¹	Turns head away from the therapist. ¹²² Prevents self from crying. ¹²³
"Si Richard pa rin ang issue mo." ¹²⁴ "But you have to acknowledge na may girlfriend na siya." ¹²⁵	"Ok lang yun eh." ¹²⁶ "Hindi ko naman siya mahal." ¹²⁷ Cries. ¹²⁸ "Galit lang ako kasi ginamit niya ako." ¹²⁹ Tries to stop crying. ¹³⁰
"Palagay mo ba malaking kawala sa'yo si Richard?" ¹³¹	"Dati." ¹³² Shakes head. ¹³³ "Pero wala na yun ngayon." ¹³⁴ "Sige, gwapo nga siya, matangkad nga siya, mahilig kasi ako sa matangkad eh." ¹³⁵

Looks at watch. ¹³⁶	
"Ok. Mabuti yan." ¹³⁸	"Pero hindi naman maganda ang ugali." ¹³⁷ "Ma-pride din kasi yun." ¹³⁹ "Doc, gusto ko po pala magtrahabo sa agency." ¹⁴⁰ "Pwedek po kaya yun?" ¹⁴¹
"Ok lang yun." ¹⁴² Smiles. ¹⁴³	"Sige, yun na muna asikasuhin ko." ¹⁴⁴ "Kailan po ako babalik?" ¹⁴⁵
Looks at calendar. ¹⁴⁶ "March 11?" ¹⁴⁷	"Sige po." ¹⁴⁸
"Eto pa rin ang gamot mo." ¹⁴⁹ Writes on prescription pad. ¹⁵⁰ "Ilalagay ko din dito ang landline at cellphone ko." ¹⁵¹ "Tawag ka lang kung sakaling may problema ka pa." ¹⁵²	Nods. ¹⁵³ "Thank you, Doktora." ¹⁵⁴
"Welcome." ¹⁵⁵	Stands. ¹⁵⁶ Smiles. ¹⁵⁷ Goes out of the room. ¹⁵⁸

2. Beginning Stage, Doctor 2

Therapist	Patient
"Kumusta!" ¹	Sits at the Patient's chair. ² "Ah." ³
"Anong ginagawa mo ngayon?" ⁴ "Anong ginagawa mo sa bayah?" ⁵ Smiles. ⁶	"Nood." ⁷ Looks down. ⁸ Presses cotton held by the left hand to the right arm. ⁹
"Kakainjection mo lang pala." ¹⁰	"Kabilang naman ito." ¹¹
Nods. ¹²	"Hmmm." ¹⁴
"Oo, kasi dati sa kaliwa ka ini-injection-an ano?" ¹³	Nods. ¹⁵
"Hindi masakit?" ¹⁶	"Hindi naman." ¹⁷
"Hindi ka naman nagkakasakit?" ¹⁸	"Hindi naman." ¹⁹
"Nakakatulog ka na ba?" ²⁰	Shakes head. ²¹ "Eh kasi kape eh." ²²
"Nakakailang kape ka ba?" ²³	"Dalawa lang." ²⁴
"Isa sa umaga, isa sa hapon?" ²⁵ Shows an inquisitive look. ²⁶	"Oo." ²⁷
"Iwasan mo na yung sa hapon." ²⁸ "Pero kung hindi talaga kaya, yung decaf yung inumin mo." ²⁹	"Pero hindi talaga ako inaantok eh." ³⁰
"Dahil sa gamot mo yan." ³¹ "Pero hindi ka na naman nagwawala?" ³²	"Hindi naman." ³³
Smiles. ³⁴	"Sa taxi?" ³⁶
"Anong nangyayari sa iyo?" ³⁵	
"Anong nangyayari sa taxi?" ³⁷	"Nawala kasi ako." ³⁸ "Tapos hindi ko alam kung paano umuwi." ³⁹ "Tapos sinabi ko sa taxi." ⁴⁰ "Ang galing." ⁴¹ "Nasa harap na ako ng bayah namin." ⁴² Smiles. ⁴³
Laughs. ⁴⁴ "Nanloloko ka pala ng taxi driver, ah." ⁴⁵	Smiles. ⁴⁶
"O sige." ⁴⁷ "Mabuti't ganyan ka." ⁴⁸ "Para makatulog ka na, kalahati na lang ng Nosinal yung inumin mo." ⁴⁹	"Hmmm." ⁵⁰
"Tapos magkita muli tayo sa April 15...hapon." ⁵¹ Writes on prescription. ⁵³ "Linom ka pa rin ng Nosinal tsaka Akeneton ha..."	No reaction. ⁵² "Ok." ⁵⁶ Puts the prescription in his pouch. ⁵⁷

heyo.” ⁵⁴ Hands the prescription. ⁵⁵	Walks out of the room. ⁵⁶
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3. Beginning Stage, Doctor 3

Therapist	Patient
“Upo ka, Joseph.” ¹	Sits down. ² “Hindi po ako nagpa-inject.” ³
“Bakit?” ⁴	“Tumitirik ako eh.” ⁵
“Umuinom ka ba ng gamot mo?” ⁶	“Opo.” ⁷
“Oh.” ⁸	“Side effect yata yun.” ¹⁰ “Sabi ni mama magpa-rehab na daw ako.” ¹¹
“Tumitirik ka pa din?” ⁹	Shakes head. ¹⁴
“Bakit, nagdodroga ka pa ba?” ¹² Frowns. ¹³	
“Sabihin mo sa Mama mo, pumunta sya dito.” ¹⁵	“Mahina tuhod nya eh.” ¹⁶
Raises voice. ¹⁷	“Andito po kayo kahit gabii.” ¹⁹
“Eh di tumawag sya.” ¹⁸	“Anong oras yun?” ²²
“Syempre wala na.” ²⁰	
“Office hours lang ako nandito.” ²¹	“Gusto niya magpa-rehab ako.” ²⁵
“8-5.” ²³	
“O pwede din naman siyang sumulat eh.” ²⁴	“Ewan.” ²⁹
“Anong rehab?” ²⁶	
Forehead shows disappointment. ²⁷	
“Nagdodroga ka pa ba?” ²⁸	
“Palagay mo dapat ka ba i-rehab?” ³⁰	“Nagwawala ako eh.” ³²
“Makakatulong ba yun sa ‘yo?” ³¹	“Humawak pa nga ako ng kutsilyo.” ³³
Voice returns to the initial kind tone. ¹⁰	“December po.” ¹⁰
“Kelan yan?” ²⁸	Looks down. ²⁹
“Bakit?” ³⁴	“Ayaw sa’kin ibigay yung baraha eh.” ³⁶
“Anoong dahilan? ³⁵	
“May bumulong ba sa ‘yo na gawin yun?” ³⁷	“Wala.” ³⁸
“Naiintindihan mo ba kung para saan ang rehab?” ³⁹	“Sa adik.” ⁴⁰
“Adik ka pa ba?” ⁴¹	Shakes head. ⁴²
“Naninigarilyo ka pa ba?” ⁴³	“Umiiwas na po.” ⁴⁴
“Gaano karami?” ⁴⁵	Is silent for a few seconds. ⁴⁶ “Dalawang kaha.” ⁴⁷
“O naninigarilyo ka pa pala.” ⁴⁸	“Pwede po ba ako magpa-rehab?” ⁵⁰
“Tapos ayaw mo magpa-inject.” ⁴⁹	
“Kelan ka huling nagdroga?” ⁵¹	“2003.” ⁵²
“O.” ⁵³	“2004.” ⁵⁵
“Matagal na yun.” ⁵⁴	“Di na.” ⁵⁷
“Kelan ultit?” ⁵⁶	“Wala lang kasi akong magawa sa pera.” ⁵⁸
“Naiintindihan mo ba na hindi makakatulong sa iyo ang droga?” ⁵⁹	“Marami akong pera eh.” ⁶⁰ “Hindi ko alam ang pagawin ko dun.” ⁶¹
Frowns. ⁶²	“Hindi.” ⁶⁴
“Makakatulong ba yun sa iyo?” ⁶³	
“Ano pa ang pwede mong gawin sa pera?” ⁶⁵	“Sugal.” ⁶⁶ “Karera.” ⁶⁷
“Makakatulong ba yun sa iyo?” ⁶⁸	“Hindi.” ⁶⁹ Looks down. ⁷⁰
“Alam mo naman pala eh.” ⁷¹	“Gamot.” ⁷³
“Ano kaya ang makakatulog sa iyo?” ⁷²	“Hindi bisyo.” ⁷⁴
“Maliban doon, ano pa ang pwede mong gawin sa pera?” ⁷⁵	Is silent for a few seconds. ⁷⁶ “Yun lang.” ⁷⁷
“Nagpupunta ka pa ba sa Day Center?” ⁷⁸	“Oo.” ⁷⁹

	Makes eye contact with the therapist. ⁸⁰ "Kanina nga nagluto kami." ⁸¹ "Yung adobong mais." ⁸²
"Tapos binenta?" ⁸³	"Oo." ⁸⁴ Looks down. ⁸⁵
"Anong balak mo ngayon?" ⁸⁶	"Ewan ko sa Nanay ko." ⁸⁷ Looks down. ⁸⁸
Raises voice. ⁸⁹ "Pero ikaw?" ⁹⁰ "Anong balak mo?" ⁹¹	"Gusto ko magpa-rehab." ⁹² "Para makaiwas sa sigarilyo." ⁹³
Returns to the kind voice. ⁹⁴ "Palagay ko kasi, nag-alala Mama mo kung paano ka na pag-alis niya." ⁹⁵ "Pero hindi rehab ang dapat sa iyo." ⁹⁶ "Halfway house- alam mo ba yun?" ⁹⁷ "Doon, may mag-aalaga sa'yo pero may bayad buwan buwan." ⁹⁸ "Papainumin ka ng gamot dun." ⁹⁹	Does not reply. ¹⁰⁰
"Kelan aalis Mama mo?" ¹⁰¹	"Sa March." ¹⁰²
"Kailangan ko siya makausap." ¹⁰³ "Bago man lamang siya umalis." ¹⁰⁴ Voice sounds angry. ¹⁰⁵ "Tatlong taon ka na pabalik-pabalik dito, ni anino niya hindi ko man lang nakita." ¹⁰⁶ "Kung gusto niya akong makausap, maraming paraan." ¹⁰⁷ "May ibang pasyente ako, mahina na rin ang tubod ng magulang, pero gumagawa ng paraan." ¹⁰⁸ "Pwedeng telepono, sulat..." ¹⁰⁹	Does not reply. ¹¹⁰
"Mahina na din ba kamay ng nanay mo?" ¹¹¹ Makes hand gestures. ¹¹³ "Tuhod niya lang ang mahina, hindi kamay." ¹¹⁴ Pauses. ¹¹⁵ "Pwede niya akong sulatan." ¹¹⁶ "Hindi kasi talaha rehab ang kailangan mo." ¹¹⁸ Voice returns to the average tone. ¹¹⁹ "May mga sintomas ka pa bang nararamdamang?" ¹²⁰ "Boses?" ¹²²	"Hindi." ¹¹² Does not reply. ¹¹⁷
"Tamang hinala?" ¹²⁴ "Nagsha-shabu ka pa ba?" ¹²⁶ "Kapag may pera ka?" ¹²⁸ "Ano bang pwedeng gawin sa pera?" ¹³⁰ "Pwedeng ilagay sa bangko dibag?" ¹³² "Pwedeng ibigay sa barangay." ¹³³ "Sa isang tableta, ayos na ba ang tulog mo?" ¹³⁵ "Anoong oras ang tulog mo ngayon?" ¹³⁷ "Hanggang?" ¹³⁹	"Mahirap ipaliwanag eh." ¹²⁵ "Tuwing Pasko." ¹²⁷ "Hindi ko alam gagawin sa pera ko eh." ¹²⁹ Does not reply. ¹³¹ "Ayoko sa baranggay, may record ako dun eh." ¹³⁴ Does not reply. ¹³⁶ "7:30." ¹³⁸ "Alas sais." ¹⁴⁰ Looks down. ¹⁴¹
"Ok ka sa pagkain?" ¹⁴² "May gana ka ba?" ¹⁴³ "Bakit ka naninigarilyo?" ¹⁴⁵ "Pero iwasan mo na yun." ¹⁴⁷ "Kapag mataas ang gamit ng sigarilyo, tataasan din natin ang gamot, at magtitatas din ang side effects." ¹⁴⁸ "Dahan-dahan lang para hindi ka mabigla." ¹⁵⁰ "Nagawa mo na dati eh." ¹⁵² Voice sounds encouraging. ¹⁵³	"Wala." ¹⁴⁴ "Kasi ano eh... barkada." ¹⁴⁶ "Ang hirap iwasan eh." ¹⁴⁹ Does not reply. ¹⁵¹ "Ok." ¹⁵⁵

"Subukan ulit natin ha?" ¹⁵⁴	
"Sa ngayon, tataasan natin ang gamot mo sa 1 1/2." ¹⁵⁵	
"Oo." ¹⁵⁶	"Eh di 300 yun?" ¹⁵⁷
"Huweg mo kakalimutan sabihin sa Mama mo na tumawg o sumulat sya." ¹⁶⁰	"O sige." ¹⁵⁹
"Please." ¹⁶¹	"Kelan po ang duty ninyo?" ¹⁶³
"Tatlong taon na tayo, walang nagayari kasi hindi kami nakakapag-usap." ¹⁶²	
"Everyday." ¹⁶⁴	"Bukas?" ¹⁶⁵
"Andito ako sa umaga." ¹⁶⁶	"Papatawagin ko na lagn po siya ng alas ocho." ¹⁶⁷ Looks up. ¹⁶⁸
"O sige." ¹⁷⁰	"Dun po sa 2437?" ¹⁶⁹
"Umiinom ka talaga ng gamot ha?" ¹⁷²	Smiles. ¹⁷¹
"Sino nagbibigay?" ¹⁷⁴	"Opo." ¹⁷³
"O sige, kakausapin ko siya bukas." ¹⁷⁶	"Mama ko." ¹⁷⁵
"Magkita ulit tayo sa March." ¹⁷⁸	Does not reply. ¹⁷⁷
"March 9, 2PM?" ¹⁸¹	"March 8 o 9." ¹⁷⁹
"O sige na." ¹⁸⁴	"Tuesday or Wedensday yun." ¹⁸⁰
"Ok." ¹⁸⁶	"Wednesday?" ¹⁸²
"Bye bye." ¹⁸⁷	"Ok." ¹⁸³
	"OK na?" ¹⁸⁵
	"Thank you." ¹⁸⁸

4. Beginning Stage, Doctor 4

Therapist	Patient
"Upo ka, o." ¹	"Salamat." ² Sits down. ³
"Kumusta?" ⁴	"Opo." ⁶
"Magaling na ba ang sipon mo?" ⁵	"Magaling na." ⁸
"Boses?" ⁷	"Wala naman po." ¹⁰
"May pakiramdam ba na pinag-uusapan?" ⁹	"Wala." ¹²
"May mga boses pa bang naririnig?" ¹¹	"Walang gana eh." ¹⁴
"Kumusta ang kain?" ¹³	No reaction ¹⁶
Smiles ¹⁵	"Tumutulong sa bahay, nagtitinda ng tinapay...?" ¹⁸
"Ano naman ang ginagawa mo ngayon?" ¹⁷	Nods ²⁰
"Ah, tumutulong ka?" ¹⁹	"Wala." ²²
"Bukod dun, ano pa?" ²¹	"Seven." ²⁴
"Anong oras ka nagpipingis?" ²³	"Natutulog ulit o nakatanaw." ²⁷
Voice is inquisitive. ²⁵	"Seven thirty." ²⁹
"Tapos, anong ginagawa mo?" ²⁶	"Nakatanaw lang." ³¹
"Anong oras ka nag-aagahan?" ²⁸	"Malapit na ko mag fifty years ng buhay...?" ³²
"Tapos?" ³⁰	Smiles. ³³
"Umiinom ka ng gamot mo?" ³⁴	"Oo." ³⁵ "Ang gamot ko naman pampalibing yata yun." ³⁶ "Wala bang gamot na panghabangbuhay?" ³⁷
Shows an inquisitive facial expression. ³⁸	"Yung para buhay ako habangbuhay?" ³⁹ "Wala bang ganun?" ⁴⁰
"Bakit pakiramdam mo mamamatay ka na?" ⁴¹	"Hindi." ⁴² "Muntik na nga ko mamamatay eh...sa tindahan." ⁴³
"Ano nangyari sa tindahan?" ⁴⁴	"Kasi, yung... parang nilait ako." ⁴⁵ "Tapos ginanun ko sa balikat." ⁴⁶ Punches air. ⁴⁷
"Saan mo sinuntok?" ⁴⁸	"Hindi." ⁴⁹

"Wala namang bumulong sa'yo na suntukin mo yun?" ⁵²	"Biniro ko lang sa balikat." ⁵⁰ Smiles. ⁵¹
"Niko, umiinom ka ba ng gamot?" ⁵⁵	"Wala, wala." ⁵³ "Bito lang yun." ⁵⁴
"Ah." ⁵⁷ Smiles. ⁵⁸ "Very good, very good si Niko." ⁵⁹ "O sige." ⁶⁰ "Huwag mo na uulitin yun ha... yung nangyari sa tindahan." ⁶¹	"Opo." ⁵⁶ "Opo." ⁶²
"Anong nangyari dyan sa mukha mo?" ⁶³ Stands and looks at Niko's face. ⁶⁴	"Saan po?" ⁶⁵
"Meron pa ba nyan sa ibang parte?" ⁶⁶	Raises shirt. ⁶⁷
"Sa paa?" ⁶⁸ "Sa likod?" ⁶⁹	"Meron din po." ⁷⁰ Lifts shirt. ⁷¹ Shows right foot. ⁷²
"Makati ba?" ⁷³	"Wala po." ⁷⁴
"Gusto mo patingin natin sa derma, dyan lang sa baba?" ⁷⁵	"Ok, sige." ⁷⁶
"Baka epektiko kasi ng gamot." ⁷⁷ "Ipatingin natin sa baba." ⁷⁸	"Ngayon na po?" ⁷⁹ "Sige po." ⁸⁰
"Pero yun pa din muna ang gamot mo ha." ⁸¹ "Tuloy-tuloy mo lang yung dalawa sa gabi." ⁸² "Sa umaga inom ka na din ng kalahati." ⁸³	"Opo." ⁸⁴ "Dalawa pa din sa gabi, tapos kalahati sa umaga." ⁸⁵
"Tama." ⁸⁶ Smiles. ⁸⁷ "Bale 500mg lahat." ⁸⁸	"Sabihin niyo po sa Mama ko." ⁸⁹
"Oo, sige." ⁹⁰	Smiles. ⁹¹
"Sige, eto irerefer kita sa baba ha." ⁹² Writes endorsement on paper. ⁹³	Sits idle, with no visible reaction. ⁹⁴
"Sa March 22 ulit tayo magkikita, one PM." ⁹⁵	"Opo." ⁹⁶
"Sige, Niko, magiingat ka ha." ⁹⁷ "Tsaka huwag mo kalimutan yung gamot mo." ⁹⁸	Walks away. ⁹⁹

5. Beginning Stage, Doctor 5

Therapist	Patient
"Hi, Vic." ¹ "Maupo ka." ² "I'm sorry I'm late, may meeting kasi ako sa CM." ³ "Kumusta na, Vic?" ⁴	Sits down. ⁵ "Nainom naman po ako ng gamot." ⁶
"Pakiramdam mo ba may nanonood sa'yo?" ⁷	"Minsan po." ⁸
"Kumusta ang tulog?" ⁹ "Hindi naman nahihitrapan?" ¹⁰	"Hindi." ¹¹ "Minsan lang." ¹¹ "Doc, ano po ba ang sakit ko?" ¹² Exhibits an inquisitive look. ¹³
"Ah." ¹⁴ "Merong ka kasing schizophrenia." ¹⁵ "Kapag may kakaiaba kang nararamdam, ito yun." ¹⁶ "Para din itong atake, pero sa utak." ¹⁷ "So nababagabag ka sa paggalaw, nababagabag ang drives mo." ¹⁸	"Anong mangyayari sa akin?" ¹⁹
"Kapag meron kang underdosage ng gamot, nagkakaroon ng imbalance among your brain chemicals." ²⁰ "Marami ang, tinatawag naming, dopamine." ²¹ "Ganun ang nangyayari sa schizophrenia." ²²	"Ah." ²³ "Kaya pala ganun noong September." ²⁴ "Pero may tanong po ako..." ²⁵ "Minsan po kasi naba-blangko ang isip ko." ²⁶ "Sa Acheneton po ba yun o sa Serenace?" ²⁷ "Naguguluhang kasi ako sa gamot ko." ²⁷

"Ano ba ang concerns mo ngayon?" ²⁸	"Naapektohan po ang pagbiyahe ko... tsaka lagi na lang akong nag-alala sa nanay ko." ²⁹
"Kasi nga merong neurotransmitters o chemicals sa utak na hindi balanced." ³⁰	"Ah." ³²
"Kaya dapat binabalanse nitong mga gamot na ito." ³¹	"So Solian na ang gamot ko talaga." ³³
"Mas konti kasi side effects nun... mako-control mo pa." ³⁴	"Hindi." ³⁶
"Pero pag naglaon, pwedeng huwag ka na mag-Solian." ³⁵	"Pero nakakabutib yun sa akin." ³⁷
"May tumutulog ba sa'yo sa gamot mo?" ³⁸	"Oo, si Congressman." ³⁹
"Ah, so pwede pa nating taasan ang dosage para hindi ka na nag-alala?" ⁴⁰	Nods. ⁴¹
"Ang Serenace kasi may side effects kaya mura... P20 lang yun." ⁴²	"Sige po, pwede po sa mahal." ⁴⁴
"Pero ang Solian, walang side effect, o kung meron man, konti lang... P100 plus yun." ⁴³	
Writes prescription. ⁴⁵ "Ok." ⁴⁶	"Doktora, pwede po ba ako magtrabaho na?" ⁴⁷
"Titingnan nuna natin kung hiyang ka sa gamot." ⁴⁸	"Opo." ⁵⁰
"Mag-onna month na correct dosage ka ha; tapos, kung walang side effects, huwag ka na mag-acheneton, pero, niresetahan pa rin kita." ⁴⁹	Exhibits an inquisitive look. ⁵¹
"Sa umaga mo ito iiuminin." ⁵²	Nods. ⁵³ Smiles. ⁵⁴
Smiles. ⁵⁵ "Sa April 12 na ang follow-up natin." ⁵⁶	"Opo." ⁵⁷ Walks out of the room. ⁵⁸

6. Middle Stage, Doctor 1

Therapist	Patient
Points to patient seat. ¹	Sits down. ²
Smiles. ³ "Kumusta?" ⁴	"Hindi pa po, pagtapos po nito." ⁶
Nakapagpa-injection ka na?" ⁵	
"Patingin nga nang dati kong reseta?" ⁷	Hands the prescription. ⁹
Gets previous prescription. ⁸	
"Kumusta ang kain?" ¹⁰	"Oo nga po." ¹²
"Medyo nananaba ka." ¹¹	
"Kumusta ang negosyo?" ¹³	"Ayun, nagtitinda pa din ng ulam." ¹⁴
"Saan?" ¹⁵	"Sa Blumentritt." ¹⁶
"Kumusta ang gamot?" ¹⁷	Pouts mouth. ¹⁸ "Hindi ako nakakainom eh." ¹⁹ "Wala kasing pera." ²⁰
"Injection?" ²¹	"Opo." ²² "Monthly po." ²³
"Ah." ²⁴	"Kalahating kaha bawat araw." ²⁷
"Yung injection, pwede na yun kapalit ng tablets mo, kung mayatos naman ang lifestyle mo." ²⁵	
"Sa isang linggo ba, gaano ka kadalas manigarilyo?" ²⁶	
"Alam mo ba ang epekto ng paninigarilyo sa iyo?" ²⁸	Is silent for about a minute. ³¹
"Sa gamot mo?" ²⁹	
Establishes eye contact. ³⁰	
"Mahaba ba ang tulog mo?" ³²	"Mahaba." ³³ "Mga ala una po hanggang ala una ng hapon." ³⁴ "Hindi ako makabangon eh." ³⁵
"Ok na sana ang 7-8 na oras ang tulog." ³⁶	"Pero hindi nga rin ako makatulog kung minsan." ³⁸
"Mas maganda kung 8 o 9 ang gising." ³⁷	
"Nakakapaglaway lang kasi ang Serenace." ³⁹	"Ah." ⁴²

"Ang Meleanil, nakakaantok." ⁴⁰	"Ganun po." ⁴³
"Nakakapaglaway din ang Toracin." ⁴¹	
"May money ka ba for injection?" ⁴⁴	"May 170 po ako dito." ⁴⁵ Face leaning to inquisitive look. ⁴⁶
"Ah kasya yan." ⁴⁷	Smiles. ⁴⁸
"May mga natinig ka pa ba, Gary?" ⁴⁹	"Wala na po." ⁵⁰

7. Middle Stage, Doctor 2

Therapist	Patient
"Maupo ka, Ken." ¹	Sits down. ³
"Kumusta?" ²	"Apat na beses akong nalasing ngayon eh." ⁴ "Nung Christmas, New Year, tsaka nung birthday ng pinsan ko." ⁵
"Gumamit ka ngayon?" ⁶ Makes an eye contact. ⁷	"Hindi ako adik." ⁸ "Sa sigarilyo lang." ⁹
"May bumubulong pa ba sa'yoo?" ¹⁰ Looks inquisitive. ¹¹	"Oo." ¹² "Yung Jesus Christ na yun." ¹³
"May nagsasabi ba sa'yoo kung anong gagawin mo?" ¹⁴	"Meron o wala." ¹⁵
"Ano ang pumapasok sa'yoo?" ¹⁷	"Basta tang inang Jesus Christ yun." ¹⁶ "Basta ako ang gumagana sa bigat ng ginagawa niya." ¹⁸
"Sinasabihan ka din niyang maniganilyo?" ¹⁹	"Alak, oo, pero sigarilyo, hindi." ²⁰ "Gusto ko na ngang magbago." ²¹ "Gusto ko na ng asawa." ²² "Kaso lang iniistorbo ako nun Jesus Jesus na yan." ²³
"Sa tingin mo, bakit ganyan ang pakiramdam mo?" ²⁴	"Dahil dun sa Akeneton. drugs yun eh." ²⁵
"Hindi, gamot yun para sa sakit mo." ²⁶	"Gamot?" ²⁷
"Anong sabi ng ate mo noong lasing ka?" ²⁸	"Wala." ²⁹ Raises head. ³⁰ "Kaya ko namang dalhin eh." ³¹
"Tama ba yan?" ³²	"Wala naman kasing problema." ³³ "Kaso lang iniistorbo ako nung Jesus Christ nga." ³⁴ "Kaya naimon ako ng slak." ³⁵
"Tama ba yun?" ³⁶ "Bagong taon na, Ken." ³⁷ "Anong goals mo ngayong 2005?" ³⁸	"Kung totoong may Diyos, bibigyan niya ako ng asawa." ³⁹ "Dati may girlfriend naman ako eh." ⁴⁰ "Kaya lang may asawa na yun ngayon." ⁴¹
"So ano nga ang balak mo ngayon?" ⁴²	"Nagmamadali nga ako eh, may pupuntahan pa ako." ⁴³
"Kelan ang huling injection mo?" ⁴⁴	"December pa, Doc." ⁴⁵
"Kaya naman pala eh." ⁴⁶ "Dapat buwan-buan yun." ⁴⁷ "Magpa-injection ka ngayon, hihintayin kita dito." ⁴⁸	"Ngayon?" ⁴⁹ Frowns. ⁵⁰ "Valentines pa naman ngayon." ⁵¹ Smiles. ⁵² "Happy Valentines, Doktora." ⁵³
"Hihintayin kita rito." ⁵⁴ "Bumili ka na ng karayon mo sa baba." ⁵⁵ Points to the door. ⁵⁶ "Kailangang ma-injectionan ka ngayon ha." ⁵⁷ "Sige, bilisan mo na at nagmamadali ka pa." ⁶⁰	"Sige, para sa inyo, Doc." ⁵⁸ "Valentines naman eh." ⁵⁹
"Opo." ⁶¹	"Opo." ⁶¹ Goes out of the room. ⁶²

8. Middle Stage, Doctor 3

Therapist	Patient
"Pasok po kayo." ¹	Walks inside. ²
"Upo po muná kayo." ³	Sits. ⁴

"Kumusta na po?" ⁵	
"Kumusta ang Solian?" ⁷	"Hindi pa din makatulog eh." ⁶
"Ang Nosinal ba?" ⁹	"Di naman umeepekto." ⁸
"Ilan ang inom sa Solian?" ¹¹	"Yun sana." ¹⁰
"Isa't kalahati?" ¹²	"Isa't kalahati ang sabi ninyo eh." ¹³
"Itaas natin sa dalawa." ¹⁴	
"Kasi, simula sa June, ipagbabawal na yun itinda." ¹⁷	"Doc, bakit po ba pinatalitan?" ¹⁵
"May mga pagsusurin kasi na nagsasabi na nakakaaddict daw yun." ¹⁸	"Ok na sana sa Nosinal, hiyang ako dun" ¹⁶
"Kung hindi natin papalitan ngayon ng dahon dahon, mabibigla ka sa June." ¹⁹	"Ah." ²⁰
"Nalulungkot pa po ba kayo?" ²¹	"Oo." ²² Shows a sad face. ²³
Writes on paper. ²⁴	"Kasi hindi ako makatulog." ²⁴
"Bakit?" ²⁵	"Ang mahal kasi ng Solian... P117." ²⁷
"Pero kapresyo lang sya ng Mclearil." ²⁸	"Opo." ³⁰
"Nagya-vitamins ka pa ba?" ²⁹	
"Sigarilyo?" ³¹	"Hindi na." ³²
"Magaling." ³³	Smiles. ³⁴
"Sino nga ulit yung unang doctor mo dito sa PGHP?" ³⁵	"Jocarles." ³⁶ "Tapos napalitan ng napalitan." ³⁷
"Oo nga." ³⁸	
"Ganyan talaga dito, every three years or less, naggapalit." ³⁹	"Tuloy ang business." ⁴¹ Smiles. ⁴²
"Ano na ang ginagawa mo araw-araw?" ⁴⁰	
"Magaling." ⁴³	"Opo." ⁴⁷
Nods. ⁴⁴	
"Eh anong mga pampatulog ang mga ginagawa mo?" ⁴⁵	
"Yun pag-inom ng gatas bago mahiga, ginagawa mo pa yun?" ⁴⁶	
Nods. ⁴⁸	"Oo..." ⁵⁰ Pero... ⁵¹
"Nakakatulong yun." ⁴⁹	Remains silent. ⁵⁵
Looks inquisitive. ⁵²	
"Hirap ka pa din?" ⁵³	
"Mababaw?" ⁵⁴	
"Anong oras ka ba nahihiga?" ⁵⁶	"Eight." ⁵⁷
"Inaantok ka na nun?" ⁵⁸	"Di pa." ⁵⁹
"Subukan mo kayang gumawa ng ibang bagay na hindi sa kama mo." ⁶⁰	"Kaso hindi nga ako dinadalaw ng antok" ⁶⁵
"Pwedeng sa salas, kunwari." ⁶¹	
"Manood ng TV, magbasa saglit." ⁶²	
"Kahit ano basta hindi sa kama." ⁶³	
"Tapos, pumunta ka na lang sa kama kapag anotok na antok ka na." ⁶⁴	
"Kaya nga itataas natin ang gamot mo." ⁶⁶	Looks irritated. ⁶⁷ Nods. ⁶⁸
Looks at planner. ⁶⁹	"Oho." ⁷²
"Sa March 23 po, pwede kayo?" ⁷⁰	
"Hapon, mga two." ⁷¹	
Writes on patient's slip. ⁷³	"Thank you, Doktora." ⁷⁶
"Ok, sa 23 po." ⁷⁴	
"Thank you." ⁷⁵	

9. Middle Stage, Doctor 4

Therapist	Patient
Smiles. ¹ "Good afternoon, Nernensio." ²	Blank stare. ³ Sits down. ⁴
"Año iniiisp mo?" ⁵	"Isip ako ng isip eh." ⁶
Eye contact. ⁷ "Año nga yun." ⁸	"Isip ako ng isip." ⁹
Voice sounds agitated. ¹⁰ "Año nga, Nernensio?" ¹¹	"I-findi ko matandaan." ¹²
"Dapat isipin mo." ¹³	"Ayaw eh." ¹⁴
"Baki hindi mo maisip?" ¹⁵	Blank stare. ¹⁶
"Año nga yun?" ¹⁷	"Marami kasi eh." ²⁰
"Dati pa tayo ganito." ¹⁸	
"Paikot-ikot na lang tayo, wala tayong magawa kasi hindi mo matandaan yung iniiisp mo." ¹⁹	
"Sa dami nun, wala ka man lang matandaan?" ²¹	"Wala." ²²
"Hindi kita matutulungan kung ganun." ²³	"Pagdaging ko, marami akong maisip pero ngayon, wala na." ²⁴
"Sige, sa susunod, kapag may iniiisp ka, isulat mo sa notebook." ²⁵	"Isip ako ng isip eh." ²⁹
"Kuha ka ng notebook na luma ng anak mo, o di kaya ng apo mo." ²⁶	
"Tapos isulat mo o ipasulat mo sa asawa mo yung naiiisp mo, kahit nakakahiya." ²⁷	
"Ok ba yun?" ²⁸	
"Parati na lang ganyan." ³⁰	"Baka sa Akeneton ito?" ³²
"Pero kung hindi mo masasabi sa akin, hindi ko malalaman kung ano ang problema mo." ³¹	
"Gamot mo ang Akeneton." ³³	"Solenol." ³⁶
"Hindi nga masyadong importante yun eh." ³⁴	
"Ang mas importante and Solenol." ³⁵	
"Nainom mo naman yun?" ³⁷	"Oo." ³⁸
"Kumusta ang pagkain?" ³⁹	"Ok." ⁴⁰
"Ang boses?" ⁴¹	"Ok." ⁴²
"Año naman ang ginagawa mo sa bahay?" ⁴³	"Hindi ako mapakali kaya lumalabas ako." ⁴⁴
"Saan ka pumupunta?" ⁴⁵	"Sa kalsada lang." ⁴⁷
Voice is calm now. ⁴⁶	"Tumatutaw para malibang." ⁴⁸
"Año pa ang iba mong ginagawa?" ⁴⁹	"TV." ⁵⁰
Writes something on paper. ⁵¹	"Ok." ⁵³
"Ok naman ang boses mo?" ⁵²	
"Hindi ka naman kinakabahan?" ⁵⁴	"Pangkaraniwan na lang yun as akin." ⁵⁵
"Gaano kadalas?" ⁵⁶	"Mga dalawang beses sa isang linggo." ⁵⁷
"Dapat kasi hindi ka masyadong nag-iisip." ⁵⁸ "Kumusta ang Rivotril?" ⁵⁹	"Gabi-gabi ko pa rin ininom." ⁶⁰
"Gawin nating every other night, ok lang?" ⁶¹	"Mahihirapan ako." ⁶²
"Subukan mo lang." ⁶³	"Hindi ko kaya." ⁶⁴
"Susubukan lang po natin kasi baka maging dependent ka." ⁶⁵	"Hindi ba pwedeng...?" ⁶⁶
"Gusto mo maging addict sa Rivotril?" ⁶⁷	No reply. ⁶⁸
"Hindi siya kasi pwede gabi-gabi." ⁶⁹	Nods. ⁷²
"Kaya dahan dahanin natin ang pagbawas—every other night." ⁷⁰	
"Mamatayang gabi, huwag ka munang uminom nun, bukas na ulti." ⁷¹	
Looks at planner. ⁷³ "Tapos magkita tayo ultil sa April 4?" ⁷⁴	"April 4." ⁷⁵ Nods. ⁷⁶

“Pagdating mo sa April 4, titingnan natin ang notebook mo, ha?” ⁷⁷	“Opo.” ⁷⁸
“Maliban dun, may iba ka pa bang nararamdamann?” ⁷⁹	“Wala na.” ⁸⁰
“O sige, sa April 4 na ulti tayo magkita.” ⁸¹	Walks out of the room. ⁸³
“Tawag ka lang kung may problema.” ⁸²	

10. Middle Stage, Doctor 5

Therapist	Patient
“Hi, Von.” ¹	“Hindi pa.” ⁶
“Good afternoon.” ²	“Pero malapit na.” ⁷
“Sorry ha, na-late ako.” ³	“May offer nga sa akin, pero Gasoline Boy.” ⁸
“Hindi ko kasi maiwan yung class ko sa College of Medicine eh.” ⁴	Laughs. ⁹
“Anyway, kumusta... aalis ka na ba?” ⁵	“Ayaw ko nun, para naman akong robot.” ¹⁰
“Ok lang naman yun, sa simula lang yun.” ¹¹	“Eh sayang ang ginraduate ko ng Mechanical Eng kung ganun din lang.” ¹²
“Sa bagay.” ¹³	“Minsan, pero malayo na... tsaka nilalabanan ko na ngayon.” ¹⁵
“Pero, kumusta... may naririnig ka pa ba?” ¹⁴	“Ok na nga ako eh.” ¹⁹
“Ah.” ¹⁶	“WISA na lang problema, tsaka kasi... gasoline boy?” ²⁰
Smiles. ¹⁷	
“So nag-improve na.” ¹⁸	“Pakiramdoam ko pinagtatawanan pa din ako eh.” ²⁴
“Ok lang yun.” ²¹	
“Sa simula lang yan... tulad ng Chinese, diba... sa simula, mababang trabaho lang munna, pero umaasenso din.” ²²	
“Mahirap lang yan sa start, pero ‘pag naglaon, ok na din.” ²³	
“Eh kasi hindi naman totally mawawala yan, pero sa brain mo lang yan.” ²⁵	“Hindi totally maaalis?” ²⁶
“Depende.” ²⁷	“Ok.” ²⁹
“Pero hindi ibig sabihin ay hindi ka pwede magtrabaho... pwede pa rin.” ²⁸	“Medyo sensitive lang ako sa insulto.” ³⁰
“O sige, May 10 na tayo sunod magkikita ha.” ³¹	“Aba, muntik na birthday nung Mama ko ah.” ³³
Writes prescription. ³²	“Ngayon nga mutak nang birthday ko eh.... birthday ko nung Friday eh.” ³⁴
“Aba, belated happy birthday, Von.” ³⁵	Smiles. ³⁷
“Anong ginawa niyo nun?” ³⁶	“Nagluto lang kami, may mga bisita.” ³⁸
“Wow, party.” ³⁹	Smiles. ⁴¹
Continues to write on prescription. ⁴⁰	
“So sige, magkita na lang tayo ulti sa May 10.” ⁴²	“Salamat po dito, Doc.” ⁴⁴
Hands prescription to the patient. ⁴³	Smiles. ⁴⁵
	“Sige po.” ⁴⁶

11. Ending Stage, Doctor 1

Therapist	Patient
	Enters room. ¹ Holds cotton on his right arm with his left hand. ²
“Wow, kaka-injection lang.” ³	Laughs. ⁶ “Medyo masagwa pa din mata ko eh.” ⁷
Smiles. ⁴	Points to his right eye. ⁸
“Kumusta?” ⁵	“Pero nakapagpagamot na ako ng prostate.” ⁹
“Anong problema sa ma tamo?” ¹¹	Smiles. ¹⁰
“Ilang taon na nga po kayo, Tay?” ¹³	“Ooperahan eh.” ¹²
“Kayo lang po ba nagpunta dito?” ¹⁵	“71.” ¹⁴
“Very good.” ¹⁸	“Oo.” ¹⁶
	Smiles. ¹⁷
	Smiles. ²⁰

"Very independent." ¹⁹	
"Saan na po kao pupunta pagkatapos nito?" ²¹	"Dyan lamang sa kaibigan ko." ²² Points outside the window. ²³ "Nagi-stamp collecting ako ngayon eh." ²⁴
Nods. ¹⁰ "Mabuti po yan." ¹⁰	"Boring kasi sa bahay eh." ¹⁰
"Gaano po kayo kadalas lumabas ng bahay?" ²⁵	"Three times a week." ²⁶ "Naglalakad-lakad din ako para maka-exercise." ²⁷
"Kayo po bumibili ng gamot ninyo?" ²⁸	"Ako nga." ²⁹
"Ano na nga ho ang gamot ninyo?" ³⁰	"Lactaryl. 2-3 times a week." ³¹
"Kumusta ang tulog?" ³²	"Mga 8 or 9 nasa bed na ako." ³³ "Tapos makikinig ng radio o manonood ng TV." ³⁴
"Ano pong pinapanood niyo?" ³⁵	"Ay, hindi ako mahilig sa drama." ³⁶ "Balita lang, balita." ³⁷
"Ano na po ba ang balita ngayon?" ³⁸	Pauses. ³⁹ "Marcos spent money ang headline <u>kanina eh.</u> " ⁴⁰
"Aba." Gets paper and writes prescription. ⁴¹	"Mahilig din ako magbasa ng periodiko kahit wala akong salamin." ⁴² "Nakikita ko pa naman pag malapit." ⁴³ "Pag malayo, hirap na ako." ⁴⁴
"Kumusta po ang pagkain?" ⁴⁵	"Ok." ⁴⁶
"Sino po bumibili ng gamot?" ⁴⁷	"Ako na." ⁴⁸ "Malapit lang naman eh." ⁴⁹ Smiles. ⁵⁰
Smiles. ⁵¹ "Ang galing niyo, Tay, ano." ⁵² "Napaka-independent niyo." ⁵³	Laughs. ⁵⁴ "Pati nga papeles sa City Hall ako nagfa-follow-up." ⁵⁵
"Wala naman ho kayong naririnig?" ⁵⁶	"Ah." ⁵⁷ "Minsan." ⁵⁸ "Yung mga hallucinations and imaginations?" ⁵⁹ "Pero alam ko namang nasa utak ko lang yun eh." ⁶⁰ "Kaya I just ignore." ⁶¹
"Gaano po kadalas iyan?" ⁶²	"Ay, yung kapitbahay pa din namin ang naririnig ko." ⁶³ "Nagmumura nga eh." ⁶⁴
Looks inquisitive. ⁶⁵	"Oo." ⁶⁶ "Malapit kasi ako sa taong iyon." ⁶⁷ "Parati akong nagpupunta sa bahay niya dati." ⁶⁸ "41 lang yun." ⁶⁹ Laughs. ⁷⁰ "Pero alam ko namang hallucinations lamang yun." ⁷¹
"Dito sa mga perceptual disturbances, takot ka bang makita ang mga ito?" ⁷²	"Hindi." ⁷³ "Imagination ko lang yun." ⁷⁴ "Hindi ako papatalo dun." ⁷⁵ "Ako pa." ⁷⁶
Smiles. ⁷⁷ Gets paper. ⁷⁸ Writes prescription. Look at the patient from time to time. ⁷⁹ "Ang injection mo ay next month na ulit. "Sa April na tayo magkikita ha. ⁸⁰ May tanong ka pa ba?" ⁸¹	"Wala." ⁸² Smiles. ⁸³
"O, sige po, mag-iingat kayo ha." ⁸⁴	"Salamat, Doktora." ⁸⁵

12. Ending Stage, Doctor 2

Therapist	Patient
"Alin dun?" ³	Sits. ¹ "Hinainto ko na ang gamot ko eh." ²
"Kelan pa?" ⁵ Writes on the patient's chart. ⁶	"Yung Remeron." ⁴ "Nung January lang." ⁷ "Ok na naman ang tulog ko eh." ⁸ "Isa na lang ang problema ko ngayon... sa lungs." ⁹ "May ubo nga ako eh." ¹⁰
Shows concern through facial expression. ¹¹ "Kelan ka huling nagpunta sa doctor?" ¹² "Magaling." ¹³ "O, ano na po ang ginagawa ninyo ngayon?" ¹⁶	"Ngayon." ¹³ "Kanina lang." ¹⁴ "Canun pa rin." ¹⁷ "Nanood ng TV." ¹⁸ "Pero tapos na yung kinwento ko sa inyo." ¹⁹ "Yung 'Lovers in Paris.'" ²⁰ "Tapos na yun eh." ²¹ "Mulanin na ang gusto ko ngayon." ²²
"Yun na ang bagong niyong paborito?" ²³	"Hindi ko paborito yun." ²⁴ Shakes head. ²⁵ "Ang paborito ko ay news." ²⁶
Smiles. ²⁷ "Liban po dun, ano pa ang ginagawa ninyo sa bayah?" ²⁸	"Nag-iinit ako ng tubig." ²⁹ "Isaka nagaalago ng anak ko." ³⁰ Points outside. ³¹ "Amo yun sa opisina niya eh." ³²
"Eh yung isa niyo pang anak, kumusta na?" ³³	"Ok lang." ³⁴ "Dinaan niya ako ako dito ngayon eh." ³⁵ "Papunta siya sa Makati." ³⁶ "Ok na siya, hiwalay na sila ng Kano." ³⁷ Smiles. ³⁸
Listens attentively. ³⁹ Establishes eye contact. ⁴⁰	"Umalis na siya sa bayah nila." ⁴¹ "Pero happy pa din siya financially." ⁴² "Kaya nga magaan na ang pakiramadam ko ngayon eh." ⁴³ "Kasi masaya na ang anak ko." ⁴⁴
"At least nakaalis na siya dun." ⁴⁵	"Oo, pero wala pa rin trabaho." ⁴⁶
"Pero ok ang health niya?" ⁴⁷	"Oo." ⁴⁸ "Yung nasa Germany yung hindi." ⁴⁹ "Parati siyang may dialysis." ⁵⁰
"Kelan ang uwi niya?" ⁵¹	"Sa December." ⁵² Frowns. ⁵³
"Ang tagal naman." ⁵⁴ "Hindi niyo siya nami-miss?" ⁵⁵	"Ay, may picture naman ako." ⁵⁶ Shows picture. ⁵⁷ "Eto pa nga ang anak niya o." ⁵⁸ "Malaki na... 5 th grade na... size 7 ang paa." ⁵⁹ "Ang gwapo no!" ⁶⁰
Smiles. ⁶¹ Nods. ⁶² Holds and looks at the pictures. ⁶³	"Parati nga akong kinakausap nyan sa telephone eh." ⁶⁴ "Nanghihingi ng... ano ba yun... Karne Norte." ⁶⁵ "Paborito niya yun eh." ⁶⁶ "Isaka mangga." ⁶⁷ "Umaabot naman dun sa Germany kasi 24 hours lang ang biyaheng." ⁶⁸ Makes had gestures. ⁶⁹ "Pagkatapos n isang araw, andun na din, kaya hindi nabubulok." ⁷⁰
"Nakakausap niyo naman po yung anak ninyo?" ⁷¹	"Oo." ⁷²

	<p>“Umiyak nga isang beses eh.”⁷³ “Naturwa siya sa pinadala ko.”⁷⁴ “Tsaka nagsumbong tungkol dun sa bana niyang German.”⁷⁵ “Ayaw niya na daw magpaggamit.”⁷⁶ “Pero liban dun, ok naman siya.”⁷⁷ “Imported nga ito eh.”⁷⁸ Points to clip on hair.⁷⁹ “Bigay niya.”⁸⁰</p>
“Ayaw niyo pong pumunta dun?” ⁸¹	<p>“Mahirap kasi sa ibang bansa eh.”⁸² “Malamig dun.”⁸³ Makes hand gestures that signify coolness.⁸⁴ “Tsaka takot ako sa croplano.”⁸⁵</p>
“Mukha nga ho kayong lamigin.” ⁸⁶	<p>“Ay naku, yan ang ikamamatay ko.”⁸⁷ Laughs.⁸⁸</p>
Laughs. ⁸⁹ “So, mukhang ok na ok na po kayo ah.” ⁹⁰ “Walang problema sa akin na hindi na kayo umiinom ng gamot.” ⁹¹ “Pero kung sakaling magkaroon ng problema, tawag lang po kayo ha... eto po ang mga numero ko.” ⁹² Hands a paper. ⁹³	<p>Smiles.⁹⁴ Gets the paper.⁹⁵</p>
“Mabuti po at sobrang nag-improve na kayo.” ⁹⁶ “Pero gusto ko pa rin po kayong Makita sa April, pwedi kayo?” ⁹⁷	<p>Nods.⁹⁸ Smiles again.⁹⁹</p>
“Sige, sa unang Lunes ng umaga sa April.” ¹⁰⁰	<p>“Sige ho, Doc.”¹⁰¹ “Thank you.”¹⁰² Smiles.¹⁰³</p>
“Thank you din.” ¹⁰⁴ Smiles. ¹⁰⁵	

13. Ending Stage, Doctor 3

Therapist	Patient
“Kumusta po?” ¹	Sits down. ² “Yung BP ko 130/100 eh.” ³
“Bakit po kaya?” ⁴ “Naparami po ba ang kain natin?” ⁵	“Noong Pasko at tsaka New Year.” ⁶
“Kaya pala eh.” ⁷ “Pero mataas talaga yun ‘over one hundred, yung diastolic.’ ⁸ “Ang pinakamataas ay ninety lang dapat.” ⁹	“Hindi pa din makatulog eh.” ¹⁰
“Nakapagpacheck ba kayo sa Lab?” ¹¹ Faces the patient and establishes eye contact. ¹²	“Di ako nakapunta eh.” ¹³
“Nakapagpakuha kayo ng dugo?” ¹⁴	“Wala.” ¹⁵ “Naiwan ko yun note nyo eh.” ¹⁶
Writes on paper. ¹⁷ “Nakapag-ECG ulit?” ¹⁸	“Di na.” ¹⁹
“Ano na nga ulit yung gamot mo?” ²⁰ Frowns. ²²	“Thorazin, 200mg po.” ²¹ “Nasa house kasi yung request.” ²⁴
“Bakit hindi ginagawa ang mga pinapagawang Lab?” ²³ “Sa labas mo ba ipagagawa?” ²⁵	“Dito.” ²⁶ “Pakigawa na lang po ulit ako.” ²⁷
“O sige.” ²¹	Beams. ²²
“Anu-anong ginagawa sa bahay?” ²⁸ “Nakakatulog?” ²⁹ “Nakakakain?” ³⁰	“Opo.” ³¹ Tsaka nag-aalaga ako sa anak ko.” ³²

“Tuwing kelan ang check-up sa baranggay?” ³³	“Everyday.” ³⁴
“Palakain ba ng taba?” ³⁵	“Oo.” ³⁶
“Nakakapag-exercise?” ³⁸	“Paborito ko yun eh.” ³⁷
Writes on paper. ⁴⁰	“Lakad-lakad lang.” ³⁹
“Nahihilo pa ba?” ⁴¹	“Yun lang.” ⁴²
“Iwasan na po kasi ang pagkain ng taba.” ⁴⁴	“Pag hapon.” ⁴³
“Eh papano pala kapag mababa ang BP, umiinom ka pa ba ng gamot?” ⁴⁵	“Opo, sabi sa baranggay eh.” ⁴⁶
“Huwag na kaya?” ⁴⁸	“Maintenance daw.” ⁴⁷
“Huwag na.” ⁵¹	Gives an inquisitive look. ⁴⁹
“Kaya nga mino-monitor ang BP para alam kung kalian lang iinom ng gamot.” ⁵²	“Huwag na.” ⁵⁰
“Kumusta ang tulog?” ⁵⁴	Remains silent. ⁵³
“Ilang oras?” ⁵⁶	“Gabi na ako makatulog... mga 12.” ⁵⁵
“Kapag apat na oras lang, bababa po ang BP.” ⁶⁰	“Five hours.” ⁵⁷
“Opo.” ⁶²	“Six hours.” ⁵⁸
“Nagsa-side effect ba yung gamot mo?” ⁶³	“Minsan four hours, pwede na.” ⁵⁹
“So gusto mong ituloy?” ⁶⁵	“Kaya pala nakakahilo.” ⁶¹
Writes on patient’s prescription. ⁶⁸	“Wala.” ⁶⁴
“Ilang taon na ho kayo ult?” ⁶⁹	“Tuloy.” ⁶⁶
Finishes the prescription. ⁷¹	“Para makatulog ako.” ⁶⁷
Establishes eye contact. ⁷²	“57 na sa April.” ⁷⁰
“Magkita tayo ult as May.” ⁷³	“Sa June po?” ⁷⁴
“Last week ng May.” ⁷⁵	“Ok.” ⁷⁶
“May araw po na gusto?” ⁷⁷	“Tuesday o Thursday, kahit ano po, basta hapon.” ⁷⁸
“May 17, Tuesday po.” ⁹²	“O sige, pwede.” ⁹³
“Kumusta naman po sa bahay?” ⁷⁹	“Maige.” ⁸⁰
“Hindi naman kayo nag-aaway?” ⁷⁷	“Walang problema.” ⁸¹
“Mabuti.” ⁸²	“Hindi naman.” ⁷⁸
“Huwag niyo pong kakalimutan ang ganot ninyo ha.” ⁸³	Nods. ⁸⁸
“Inumin lang kapag mataas ang BP.” ⁸⁴	“Sige po, thank you.” ⁸⁹
“Tapos, ipagawa niyo na po yun mga Lab.” ⁸⁵ “Irereport niyo po sa akin yun.” ⁸⁶	
“Tawag lang po kayo agad kung may problema.” ⁸⁷	
“Narito po sa reseta ninyo yung mga numero kung saan niyo ako pwede manahan.” ⁹⁰	“Sige ho, thank you.” ⁹²
Hands the prescription to the patient. ⁹¹	
“Thank you.” ⁹³	

14. Ending Stage, Doctor 4

Therapist	Patient
“Kumusta?” ¹	Sits down. ² “Ayos lang po.” ³
“Ano na ang gamot mo?” ⁴	“Thorazin po.” ⁵
“Pangpa-ano nga yun?” ⁶	No reply. ⁷ No facial expression. ⁸
“Diba napaliwanag ko na yun sa iyo, Narciso?” ⁹	“Gusto kong mag-apply sana, kaso hindi ako natatanggap.” ¹³
“Para maiwasan ang masamang plano.” ¹⁰	“Nagpapatingin daw po kasi ako sa inyo?” ¹⁴
“Nagkakaroon ka kasi ng hallucinations and delusions.” ¹¹	

“Para matanggal ang masamang plano.” ¹²	
“Paano nila nalaman?” ¹⁵	“Sa galaw ko daw.” ¹⁶
“Liban dun, ano pa?” ¹⁸	“Tsaka nangginginig ako eh.” ¹⁷
“Ang problema mo kasi ay sa perception of reality.” ²¹	“Napapansin talaga nila.” ¹⁹
“Kasi, may neurotransmitter o kemikal sa utak mo na mataas masyado.” ²²	“Hindi ako pwede mag-apply.” ²⁰
“Kaya ang utak mo ay may elevated level of dopamine.” ²³	“Pwede ako magtrabaho.” ²⁷
“Ang Toracin ay pampababa nito, para wala kung naririnig o nakikita.” ²⁴	
“Kapag tinigil mo ang pag-inom, babalik ito.” ²⁵	
“Kaya huwag mo itigil para makapagtrabaho ka na.” ²⁶	
“Pwede siguro.” ²⁸	“Pero ayaw akong payagan ng magulang ko.” ²⁹
“Ano ang basehan mo?” ³¹	“Pero palagay ko, pwede na.” ³⁰
“Ano ang sinasabi nila?” ³⁴	“Wala na akong naririnig, ok naman ang galaw ko.” ³²
“Sira nga ba?” ³⁷	“Pero ayaw pa din nila.” ³³
“Ano?” ⁴¹	“Sira dava ulo ko.” ³⁵
“Anong activities mo ngayon?” ⁴³	“Crosses arms.” ³⁶
“Ginagabi ka?” ⁴⁶	“Hindi ako nasaaktan dun sa injection.” ³⁸
“What time?” ⁴⁸	“Hindi ko naga naramdam.” ³⁹
“Anong oras ka natutolog?” ⁵⁰	“Abnormal ba yan?” ⁴⁰
“Ano ang pinagkakaabalahan mo ngayon?” ⁵²	“Hindi ko din mapaliwanag eh.” ⁴²
“Wala namang pressure?” ⁵⁴	“Nagpupunta pa din ako sa simbahan namin—Iglesia ni Cristo.” ⁴⁴
“Kung kailangan mo, pwede naman eh.” ⁵⁷	“Parati akong nasa meetings.” ⁴⁵
“Bibigyan kita.” ⁵⁸	“Opo.” ⁴⁷
“Pero dapat yung trabaho mo yung hindi masyadong nakakapagod sa isip.” ⁵⁹	“Mga 10 o 9.” ⁴⁹
“Pero open ako na bigyan ka ng clearance.” ⁶⁰	“12:30.” ⁵¹
“Kailan ba tayo ulit magkikita?” ⁶²	“Boaring nga eh.” ⁵³
“Hindi ka uuwi ng Albay?” ⁶⁴	“Walang pang-arat.” ⁵⁵
“O sige.” ⁶⁷	“Kailangan ko lang ng clearance from doctor pag nag-apply ako.” ⁵⁶
“Kita tayo ulit sa April 8.” ⁶⁸	Nods. ⁶¹
“Handa na ang clearance mo nun.” ⁶⁹	

15. Ending Stage, Doctor 5

Therapist	Patient
“Hi, Vivian.” ¹	“Ok naman tulog ko, kaso lang kapag araw, drowsy na ako after medications.” ³
“Kumusta?” ²	“Hindi pa ako nags-start eh.” ⁵
“Kumusta ang trabaho?” ⁴	“Oo, nung January 24 nga, may nadeliver ako eh.” ⁷
“Pero diba may delivery ka?” ⁶	“Pag inantok ako, nagko-coffee na lang ako para magising.” ⁹
“Hindi ka naman inantok?” ⁸	“Bumaba na yung side effects.” ¹¹
“Kumusta yun last medications...Akeneton, Mellerin?” ¹⁰	“Opo.” ¹³
“Medyo tumaba ka nga?” ¹²	“Naglalaway pa rin po ako eh.” ¹⁴

"Naku, hindi ka na sexy kapag tinuloy-tuloy mo yan." ¹⁵ Laughs. ¹⁶	Laughs. ¹⁷
"Ay, may problema pala tayo... by June kasi, yung Mellerin ay mawawala na sa market due to US policies—pinagbabawal na kasi." ¹⁸ "Have you tried Laractyl?" ¹⁹	"Di pa po..." ²⁰
"Kailan ba ang trabaho mo?" ²¹	"Ewan pa nga eh, yung gamot kasi." ²² "Pag nagwork na ako, diba is-stop na ang Mellerin?" ²³ "Pero ano ang ipapalit?" ²⁴
"Kailan ba ang trabaho mo?" ²⁵	"After three months." ²⁶
"May dalawa tayong choices: una, pwedeng mas mahal na gamot, or pwede ring injections... monthly lang yun." ²⁷	"Ok yung injections." ²⁸
"Oo nga, para mas mababa ang side effects." ²⁹ "Sige, mag-injection ka ngayon." ³⁰ "Tapos, March na ang next ha." ³¹	"Sige." ³² Smiles. ³³
"And let's reassess after six months so we can see the mood stabilizing effect." ³⁴	"Ok naman ako eh." ³⁵ "Lahat nga ng chores sa bahay, ako yung gumagawa; kulang na lang talaga ang stable job." ³⁶
"Nag-try ka na ba ng ibang work?" ³⁷ Writes prescription. ³⁸	"Naghahanap sa dyaryo" ³⁹ "Doc, possible ba na afer sometime, wala nang medication ang kailangan?" ⁴⁰
"Titignan natin." ⁴¹	"Ah." ⁴² "Observe muna." ⁴³
"Bili ka na muna ng ii-inject sa'yo dyan sa baba, tapos, balik ka agad mamaya for injection." ⁴⁴	"Opo." ⁴⁵ "Babalik po ako para sa injection." ⁴⁶
"Sige." ⁴⁷	"Sige, Doc." ⁴⁸ "Thank you po." ⁴⁹

Appendix G
OBSERVED SKILLS CLASSIFICATION
Fifteen Therapeutic Relationships

1. Beginning Stage, Doctor 1

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	3, 7	
	Showing courtesy	155	
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks		8
	Using casual conversation	4, 10	6
Information-giving	Providing information	101, 124	12, 24, 34, , 43, 45, 48, 50, 60, 65, 76, 88, 89, 90, 104
	Providing opinions	99	
	Providing suggestions		
	Providing instruction	115, 125	
	Providing counsel	108, 109, 110, 111, 117, 118, 119	
	Discussing med info		
Information-seeking	Explaining obj conditions	105, 106, 108, 109, 110, 111	32, 81, 82
	Asking questions on info		
	Asking medical history	37, 42, 49, 51, 70, 72, 77, 85, 91, 103	
Positive talk	Asking re: compliance		
	Rapport-building	3, 7, 155	
	Motivating		
	Agreeing and approving		148
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	35, 151, 152	
	Giving assurance	13	17, 19
	Offering support	138, 152	
	Encouraging	121	
	Showing empathy	15	
Negative talk	Calming the other	95, 97	22
	Showing attention		
	Reflecting	30, 31, 34	
	Confronting antagonism		
Partnership building	Showing tension	86, 136	
	Asking other's opinion	131, 147	140, 141
	Showing understanding		
	Giving suggestions		
	Reinforcing	16, 68, 94, 142	36, 44
	Self-disclosing		14, 26, 27, 28, 29, 38, 39, 45, 52, 53, 55, 56, 102, 107, 126, 127, 129, 132, 134, 135, 137, 139

2. Beginning Stage, Doctor 2

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1	
	Showing courtesy		
	Introducing self		
	Discussing non-medical statements	37	4, 5, 36, 38, 39, 40, 41, 42
	Giving personal and social remarks		11
	Using casual conversation		3
Information-giving	Providing information	31	17, 19, 24, 30, 33
	Providing opinions		
	Providing suggestions		
	Providing instruction	28, 29, 49, 51, 54	
	Providing counsel		
	Discussing medical information or nature of illnesses		
Information-seeking	Explaining objective conditions		
	Asking questions on information/instructions	35	
	Asking medical history	16, 18, 20, 32	
Positive talk	Asking about compliance	23, 25	
	Rapport-building	1	
	Motivating		
	Agreeing and approving		
	Laughing		
	Using humor	45	
	Releasing tension		
	Showing solidarity		
	Giving assurance		
	Offering support		
	Encouraging		
	Showing empathy		
	Calmng the other		
Negative talk	Showing simple attention	10	
	Reflecting	13	14, 27, 50, 56
Partnership building	Confronting antagonism		
	Showing tension or boredom		
Partnership building	Asking the other's opinion		
	Showing understanding	47, 48	
	Giving suggestions		
	Reinforcing		
	Self-disclosing		

3. Beginning Stage, Doctor 3

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	184	
	Showing courtesy	186, 187	188
	Introducing self		
	Discussing non-medical statements	83	81, 82, 84
	Giving personal and social remarks	48, 49, 128, 114	11, 36, 129, 134, 146, 149, 155
Information-giving	Using casual conversation		66, 67, 159
	Providing information	20, 21, 23, 164, 166	5, 36, 25, 32, 33, 10, 40, 47, 64, 69, 79, 102, 112, 121, 167, 182, 7, 52, 55, 57, 125, 127, 138, 140, 144, 157, 175
	Providing opinions	18	10, 44, 73, 74, 77, 87, 92, 93
	Providing suggestions	24, 109, 116, 132, 133, 181	179, 180
	Providing instruction	1, 15, 103, 104, 116, 147, 156, 160, 161, 172, 178	
	Providing counsel		
	Discussing medical information or nature of illnesses		3, 38
Information-seeking	Explaining objective conditions	94, 95, 96, 97, 98, 99, 118, 148	
	Asking questions on information/instructions	34, 68, 78, 101, 111	19, 22, 50, 163, 165, 169, 185
	Asking medical history	9, 12, 37, 41, 43, 45, 51, 56, 120, 122, 124, 126, 135, 137, 139, 142, 143, 145, 174	
Positive talk	Asking about compliance	4, 6	
	Rapport-building	10, 28	
	Motivating		171
	Agreeing and approving	150	
	Laughing	158, 170	173, 183
	Using humor		
	Releasing tension		
	Showing solidarity		
	Giving assurance	176	-
	Offering support	53, 54, 71	
	Encouraging		
	Showing empathy	152, 153, 154	
Negative talk	Calmng the other		
	Showing simple attention	115	
Partnership building	Reflecting		
	Confronting antagonism	8	
	Showing tension or boredom	17, 26, 28, 30, 31, 105	29, 60, 61
	Asking the other's opinion	13, 62, 89, 106, 107, 108, 162	
	Showing understanding	31, 39, 59, 63, 65, 72, 75, 86, 90, 91, 130	
	Giving suggestions		
	Reinforcing		
	Self-disclosing		

4. Beginning Stage, Doctor 4

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	4	
	Showing courtesy	1	2
	Introducing self		
	Discussing non-medical statements	60, 61	62
	Giving personal and social remarks	97	
	Using casual conversation	17, 21, 26, 28, 30	18, 22, 27, 31, 32, 43, 53, 54
Information-giving	Providing information	88	29, 53, 70, 74
	Providing opinions		36, 42, 49, 50, 76
	Providing suggestions	75	
	Providing instruction	78, 81, 82, 83, 95, 98	89
	Providing counsel		
	Discussing medical information or nature of illnesses	77	6, 8, 10, 12, 14, 24
Information-seeking	Explaining objective conditions	92	45, 46
	Asking questions on information/instructions	44, 48	37, 39, 65, 9
	Asking medical history	5, 7, 9, 11, 13, 23, 52, 63, 66, 68, 69, 73	
Positive talk	Asking about compliance	34, 55	79, 80
	Rapport-building	4, 15	33, 51
	Motivating	59	
	Agreeing and approving	86, 90	20, 56, 80, 96
	Laughing		
	Using humor		50, 51
	Releasing tension		
	Showing solidarity	1, 15, 95, 97	67, 79, 80, 91
	Giving assurance	59, 90	56
	Offering support		
	Encouraging	58, 87	
	Showing empathy		
	Calmng the other		49, 50, 51
Negative talk	Showing simple attention	1, 97	
	Reflecting	19, 57, 86	84, 85
Partnership building	Confronting antagonism		
	Showing tension or boredom		
	Asking the other's opinion	41, 75	
	Showing understanding		
	Giving suggestions		
	Reinforcing	48	20
	Self-disclosing		

5. Beginning Stage, Doctor 5

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1	
	Showing courtesy	2, 3, 4	
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks		
	Using casual conversation		29
Information-giving	Providing information	34, 35, 42, 43	8, 11, 39
	Providing opinions		37, 44
	Providing suggestions	40	
	Providing instruction	48, 49, 52, 56	
	Providing counsel		
	Discussing medical information or nature of illnesses	14, 15, 16, 17, 18, 20, 21, 22, 30, 31,	6
Information-seeking	Explaining objective conditions	20, 21, 42, 43	
	Asking questions on information/instructions	28	12, 19, 25, 26, 27, 33, 36
	Asking medical history	7, 9, 10	
Positive talk	Asking about compliance		
	Rapport-building	4	54
	Motivating		
	Agreeing and approving		41, 50, 53, 57
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity		
	Giving assurance	35	
	Offering support	49	
	Encouraging	34	
	Showing empathy	38	
Negative talk	Calmning the other		
	Showing simple attention		
Partnership building	Reflecting		23, 24, 32, 33, 46,
	Confronting antagonism		
	Showing tension or boredom		
Partnership building	Asking the other's opinion	40	47
	Showing understanding		
	Giving suggestions		
	Reinforcing		
	Self-disclosing		

6. Middle Stage, Doctor 1

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	4, 36	85
	Showing courtesy		
	Introducing self		
	Discussing non-medical statements	13, 15	14, 16
	Giving personal and social remarks		
	Using casual conversation	62	
Information-giving	Providing information	36, 78, 79	
	Providing opinions		
	Providing suggestions	37	
	Providing instruction	60, 87, 98	
	Providing counsel		
	Discussing medical information or nature of illnesses	39, 40, 41	6, 19, 22, 23, 27, 34, 35, 38, 50, 52, 57, 73, 76
	Explaining objective conditions	90, 92, 94, 100	
Information-seeking	Asking questions on information/instructions	5, 10, 25, 44, 71, 72	89, 97
	Asking medical history	17, 21, 26, 32, 49, 51, 56	
	Asking about compliance		
Positive talk	Rapport-building	3, 30, 99, 104,	48, 84
	Motivating	47	
	Agreeing and approving	59, 77, 91	
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	11	
	Giving assurance	54, 71, 98	
	Offering support	83	
	Encouraging	62	
	Showing empathy		
	Calmng the other		
	Showing simple attention	7, 101	102, 103
Negative talk	Reflecting	24, 68, 74, 75,	33, 42, 43, 95, 96
	Confronting antagonism		
Partnership building	Showing tension or boredom		
	Asking the other's opinion	28, 29, 69, 91	
	Showing understanding	91	
	Giving suggestions	64, 65	
	Reinforcing		12
	Self-disclosing		20, 45, 53, 61, 66

7. Middle Stage, Doctor 2

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	2	53
	Showing courtesy	1	
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks	28	31, 43, 49, 51, 58, 59
	Using casual conversation		
Information-giving	Providing information		4, 5, 8, 9, 12, 13, 15, 16, 18, 20, 29, 45
	Providing opinions		33, 34, 35, 39
	Providing suggestions	60	
	Providing instruction	1, 47, 48, 55, 57	
	Providing counsel		
	Discussing medical information or nature of illnesses	26	
Information-seeking	Explaining objective conditions		
	Asking questions on information/instructions		27
	Asking medical history	6, 10, 14, 17, 19, 44	
Positive talk	Asking about compliance	32	
	Rapport-building	2	
	Motivating	42	
	Agreeing and approving		
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity		
	Giving assurance		
	Offering support	54	
	Encouraging		
	Showing empathy		
Negative talk	Calmng the other		
	Showing simple attention	37, 38	
Partnership building	Reflecting	46	61
	Confronting antagonism		25
	Showing tension or boredom		
Partnership building	Asking the other's opinion	24, 36	
	Showing understanding		
	Giving suggestions		
	Reinforcing		
	Self-disclosing		21, 22, 23, 40, 41

8. Middle Stage, Doctor 3

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting		
	Showing courtesy	1, 75	72, 76
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks	28	27, 37
	Using casual conversation		
Information-giving	Providing information	49	22, 30, 32, 36, 41, 47, 57, 59
	Providing opinions		8, 10, 16
	Providing suggestions	60, 16, 62, 63, 70, 71	
	Providing instruction	1, 3, 14, 64, 74	
	Providing counsel		
	Discussing medical information or nature of illnesses		6
Information-seeking	Explaining objective conditions	17, 18, 19, 39, 66	26
	Asking questions on information/instructions	5, 40	15
	Asking medical history	7, 9, 21, 25, 29, 31, 35, 45, 46, 53, 54, 56, 58	
Positive talk	Asking about compliance	11, 12	
	Rapport-building	5	34, 42, 76
	Motivating	33	
	Agreeing and approving	43	20, 68
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	19, 66	72
	Giving assurance	33, 43	
	Offering support		
	Encouraging		
	Showing empathy		
Negative talk	Calmng the other	66	
	Showing simple attention		34
	Reflecting	38	13
	Confronting antagonism		50, 51, 65
Partnership building	Showing tension or boredom		
	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing	44	
	Self-disclosing		

9. Middle Stage, Doctor 4

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting		
	Showing courtesy	2, 81, 82	
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks		
	Using casual conversation	3, 45, 49	6, 9, 24, 29
Information-giving	Providing information		12, 20, 22, 38, 40, 42, 44, 47, 48, 50, 53, 57, 60, 80
	Providing opinions		62, 64, 66
	Providing suggestions	25, 58, 61	55
	Providing instruction	13, 26, 27, 69, 70, 71, 74	
	Providing counsel		
	Discussing medical information or nature of illnesses		
Information-seeking	Explaining objective conditions	33, 34, 35, 65	
	Asking questions on information/instructions	15, 17, 21, 43	32
	Asking medical history	8, 39, 41, 52, 54, 56, 79,	
Positive talk	Asking about compliance	37, 59	
	Rapport-building		
	Motivating	63	
	Agreeing and approving		72, 76, 78
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	65, 70, 77, 81, 82	
	Giving assurance	63	
	Offering support		
	Encouraging	63	
	Showing empathy		
	Calmng the other		
	Showing simple attention	28	
Negative talk	Reflecting		
	Confronting antagonism	13, 18, 19, 23, 67	14
Partnership building	Showing tension or boredom	10, 23, 30, 31	68
	Asking the other's opinion	28, 61, 74	32
	Showing understanding		
	Giving suggestions	26, 27	
	Reinforcing	11	36, 75, 76
	Self-disclosing		

10. Middle Stage, Doctor 5

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1, 2, 35	46
	Showing courtesy	2, 3, 4	44, 46
	Introducing self		
	Discussing non-medical statements	5, 11	6, 7, 8, 10
	Giving personal and social remarks		10, 12, 30
	Using casual conversation	36, 39	19, 20, 33, 34, 38
Information-giving	Providing information	25, 27	15
	Providing opinions		24, 30
	Providing suggestions		
	Providing instruction	31, 42	
	Providing counsel		
	Discussing medical information or nature of illnesses		
Information-seeking	Explaining objective conditions		
	Asking questions on information/instructions		26
	Asking medical history	14	
	Asking about compliance		
Positive talk	Rapport-building	17	9, 37, 41, 45
	Motivating	11, 22	
	Agreeing and approving		
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity		
	Giving assurance	25	
	Offering support		
	Encouraging	18, 21, 23, 28	
	Showing empathy		
	Calmng the other		
	Showing simple attention		
	Reflecting	13, 16, 18, 39	26, 29
Negative talk	Confronting antagonism		
	Showing tension or boredom		
Partnership building	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing		
	Self-disclosing		

11. Ending Stage, Doctor 1

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	5, 84	
	Showing courtesy	84	
	Introducing self		
	Discussing non-medical statements	21	10, 22, 24, 69
	Giving personal and social remarks	13, 15, 35, 52, 53	34, 36, 37, 40, 42, 43, 44, 55
	Using casual conversation		
Information-giving	Providing information		7, 9, 12, 14, 16, 26, 27, 29, 33, 46, 48, 49, 57, 58, 60, 61, 63, 64
	Providing opinions		60, 71, 82, 73, 74, 75, 76
	Providing suggestions		
	Providing instruction	80	
	Providing counsel		
	Discussing medical information or nature of illnesses		31
Information-seeking	Explaining objective conditions		
	Asking questions on information/instructions	11, 25, 47	59
	Asking medical history	28, 30, 32, 45, 56, 62, 72	57, 58, 59, 60, 61, 62, 63, 64, 73, 74, 75, 76
Positive talk	Asking about compliance		
	Rapport-building	3, 4, 5, 51, 77, 79, 84	6, 10, 17, 20, 50, 54, 70, 83, 85
	Motivating		
	Agreeing and approving	10	
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	81	
	Giving assurance	18, 19	
	Offering support		
	Encouraging		
	Showing empathy		
	Calmng the other		
Negative talk	Showing simple attention		
	Reflecting		
Partnership building	Confronting antagonism		
	Showing tension or boredom		
Partnership building	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing	10	66, 67, 68
	Self-disclosing		

12. Ending Stage, Doctor 2

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting		
	Showing courtesy		
	Introducing self		
	Discussing non-medical statements	23, 47	17, 18, 19, 20, 21, 22, 24, 26
	Giving personal and social remarks	54, 86	46, 56, 58, 59, 60, 78, 80, 87
	Using casual conversation		29, 30, 32, 34, 35, 36, 37
Information-giving	Providing information		2, 4, 7, 8, 9, 10, 13, 14, 52
	Providing opinions	90	82, 83, 85
	Providing suggestions		
	Providing instruction	91, 92, 100	
	Providing counsel		
	Discussing medical information or nature of illnesses		
Information-seeking	Explaining objective conditions		
	Asking questions on information/instructions	16, 28	
	Asking medical history	12	
Positive talk	Asking about compliance	3, 5	
	Rapport-building	104	101, 102, 103
	Motivating	13	
	Agreeing and approving	91	48, 72, 101
	Laughing		
	Using humor		87, 88
	Releasing tension		
	Showing solidarity	33	
	Giving assurance	96	
	Offering support	92	
	Encouraging		
	Showing empathy		
	Calmng the other		
	Showing simple attention	51	
	Reflecting	45	
Negative talk	Confronting antagonism		
	Showing tension or boredom		
Partnership building	Asking the other's opinion	81, 97	
	Showing understanding		
	Giving suggestions		
	Reinforcing	71	
	Self-disclosing		41, 42, 43, 44, 49, 50, 64, 65, 66, 67, 68, 70, 73, 74, 75, 76, 77, 88

13. Ending Stage, Doctor 3

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting		
	Showing courtesy	1, 93	88, 89, 92
	Introducing self		
	Discussing non-medical statements	77	78
	Giving personal and social remarks		61, 81
Information-giving	Using casual conversation	79	16, 32, 36, 37, 42, 57, 58, 59, 64, 70, 78
	Providing information	8, 9, 60	3, 6, 10, 13, 14, 15, 16, 21, 19, 26, 31, 34, 39, 42, 43, 46, 47, 55, 57, 58, 59, 70
	Providing opinions		37, 66, 74, 80
	Providing suggestions	48, 90	78
	Providing instruction	44, 51, 73, 75, 92, 83, 84, 85	27
	Providing counsel		
	Discussing medical information or nature of illnesses	11	3, 6, 10, 13, 14, 21, 24,
Information-seeking	Explaining objective conditions	52	67
	Asking questions on information/instructions	4, 5, 20, 69, 77	50
	Asking medical history	18, 28, 29, 30, 33, 38, 41, 45, 54, 56, 63	
Positive talk	Asking about compliance	23, 25	
	Rapport-building	90	89
	Motivating		
	Agreeing and approving	62	76, 93
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	77, 86, 90	
	Giving assurance		
	Offering support	87	
	Encouraging		
	Showing empathy		
Negative talk	Calmng the other		
	Showing simple attention		92
Partnership building	Reflecting	7	
	Confronting antagonism		
	Showing tension or boredom		
	Asking the other's opinion	48, 65, 77	50
	Showing understanding		88
	Giving suggestions		
	Reinforcing	82	61
	Self-disclosing		36, 37

14. Ending Stage, Doctor 4

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1	
	Showing courtesy	1	70
	Introducing self		
	Discussing non-medical statements	64	
	Giving personal and social remarks		
	Using casual conversation		3
Information-giving	Providing information	10, 11, 12, 59	5, 16, 17, 49, 51, 65
	Providing opinions		30, 53
	Providing suggestions		42, 63
	Providing instruction	68	
	Providing counsel		
	Discussing medical information or nature of illnesses	21, 22, 23, 24, 25, 26	32, 33, 38, 39
	Explaining objective conditions		13, 16, 17, 47
Information-seeking	Asking questions on information/instructions	6, 15, 34, 43, 48, 62	14, 19, 20, 27, 40
	Asking medical history	4, 18, 50	
	Asking about compliance		
Positive talk	Rapport-building	1, 54	70
	Motivating		
	Agreeing and approving		61
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	34, 37, 52, 54	
	Giving assurance	57, 69	
	Offering support	15, 28, 54, 58, 60	
	Encouraging	28, 69	
	Showing empathy		
	Calming the other		
Negative talk	Showing simple attention	41, 46	
	Reflecting		
Partnership building	Confronting antagonism		
	Showing tension or boredom		7
	Asking the other's opinion	31	14, 20, 27,
	Showing understanding	15, 67	
	Giving suggestions		
	Reinforcing	9	
	Self-disclosing		29, 35, 44, 45, 55, 56, 66

15. Ending Stage, Doctor 5

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1, 2	
	Showing courtesy	1, 47	48, 49
	Introducing self		
	Discussing non-medical statements	4, 6, 21	5, 7
	Giving personal and social remarks	12, 15	22, 36
	Using casual conversation	4, 6, 37	6, 7, 39
Information-giving	Providing information	18, 19, 27, 29, 34	9, 13, 14, 20, 26
	Providing opinions		28
	Providing suggestions		35
	Providing instruction	30, 31, 44	
	Providing counsel		
	Discussing medical information or nature of illnesses		3, 11
Information-seeking	Explaining objective conditions	18, 19	
	Asking questions on information/instructions	25	23, 24, 40
	Asking medical history	8, 10, 12, 19	
	Asking about compliance		
Positive talk	Rapport-building	16	17, 33
	Motivating		
	Agreeing and approving		45
	Laughing		
	Using humor	15	
	Releasing tension		
	Showing solidarity	18, 27, 41	
	Giving assurance	34	
	Offering support	41	
	Encouraging		
	Showing empathy		
	Calmng the other		
	Showing simple attention		
Negative talk	Reflecting		13, 14, 32, 42, 43, 46
	Confronting antagonism		
Partnership building	Showing tension or boredom		
	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing	29	
	Self-disclosing		

Appendix H
FREQUENCY IN THE USE OF SKILLS
Fifteen Therapeutic Relationships

1. Beginning Stage, Doctor 1

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	2	
	Showing courtesy	1	
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks		1
	Using casual conversation	2	1
Information-giving	Providing information	2	14
	Providing opinions	1	
	Providing suggestions		
	Providing instruction	2	
	Providing counsel	7	
	Discussing medical information or nature of illnesses		
Information-seeking	Explaining objective conditions	6	3
	Asking questions on information/instructions		
	Asking medical history	10	
	Asking about compliance		
Positive talk	Rapport-building	3	
	Motivating		
	Agreeing and approving		1
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	3	
	Giving assurance	1	2
	Offering support	2	
	Encouraging	1	
	Showing empathy	1	
	Calmng the other	2	1
Negative talk	Showing simple attention		
	Reflecting	3	
Partnership building	Confronting antagonism		
	Showing tension or boredom	2	
Partnership building	Asking the other's opinion	2	2
	Showing understanding		
	Giving suggestions		
	Reinforcing	4	2
	Self-disclosing		22

2. Beginning Stage, Doctor 2

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1	
	Showing courtesy		
	Introducing self		
	Discussing non-medical statements	1	8
	Giving personal and social remarks		1
	Using casual conversation		1
Information-giving	Providing information	1	5
	Providing opinions		
	Providing suggestions		
	Providing instruction	5	
	Providing counsel		
	Discussing medical information or nature of illnesses		
Information-seeking	Explaining objective conditions		
	Asking questions on information/instructions	1	
	Asking medical history	4	
	Asking about compliance	2	
Positive talk	Rapport-building	1	
	Motivating		
	Agreeing and approving		
	Laughing		
	Using humor	1	
	Releasing tension		
	Showing solidarity		
	Giving assurance		
	Offering support		
	Encouraging		
	Showing empathy		
	Calm ing the other		
Negative talk	Showing simple attention	1	
	Reflecting	1	4
Partnership building	Confronting antagonism		
	Showing tension or boredom		
	Asking the other's opinion		
	Showing understanding	2	
	Giving suggestions		
	Reinforcing		
	Self-disclosing		

3. Beginning Stage, Doctor 3

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1	
	Showing courtesy	2	1
	Introducing self		
	Discussing non-medical statements	1	3
	Giving personal and social remarks	4	7
	Using casual conversation		3
Information-giving	Providing information	5	27
	Providing opinions	1	8
	Providing suggestions	6	2
	Providing instruction	11	
	Providing counsel		
	Discussing medical information or nature of illnesses		2
Information-seeking	Explaining objective conditions	8	
	Asking questions on information/instructions	5	7
	Asking medical history	19	
Positive talk	Asking about compliance	2	
	Rapport-building	2	
	Motivating		1
	Agreeing and approving	1	
	Laughing		2
	Using humor	2	
	Releasing tension		
	Showing solidarity		
	Giving assurance		
	Offering support	1	
	Encouraging	3	
	Showing empathy		
	Calmng the other	3	
Negative talk	Showing simple attention		
	Reflecting	1	
Partnership building	Confronting antagonism		
	Showing tension or boredom	1	3
Partnership building	Asking the other's opinion	6	
	Showing understanding	7	
	Giving suggestions	11	
	Reinforcing		
	Self-disclosing		

4. Beginning Stage, Doctor 4

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1	
	Showing courtesy	1	1
	Introducing self		
	Discussing non-medical statements	2	1
	Giving personal and social remarks	1	
	Using casual conversation	5	8
Information-giving	Providing information	1	5
	Providing opinions		5
	Providing suggestions	1	
	Providing instruction	6	1
	Providing counsel		
	Discussing medical information or nature of illnesses	2	6
Information-seeking	Explaining objective conditions	2	2
	Asking questions on information/instructions	2	4
	Asking medical history	12	
Positive talk	Asking about compliance	2	2
	Rapport-building	2	2
	Motivating	1	
	Agreeing and approving	2	3
	Laughing		
	Using humor		2
	Releasing tension		
	Showing solidarity	4	4
	Giving assurance	2	1
	Offering support		
	Encouraging	2	
	Showing empathy		
	Calmng the other		3
Negative talk	Showing simple attention	2	
	Reflecting	3	2
Partnership building	Confronting antagonism		
	Showing tension or boredom		
	Asking the other's opinion	2	
	Showing understanding		
	Giving suggestions		
Reinforcing	Reinforcing	1	1
	Self-disclosing		

5. Beginning Stage, Doctor 5

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1	
	Showing courtesy	3	
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks		
	Using casual conversation		1
Information-giving	Providing information	4	3
	Providing opinions		2
	Providing suggestions	1	
	Providing instruction	4	
	Providing counsel		
	Discussing medical information or nature of illnesses	10	1
Information-seeking	Explaining objective conditions	4	
	Asking questions on information/instructions	1	7
	Asking medical history	3	
	Asking about compliance		
Positive talk	Rapport-building	1	1
	Motivating		
	Agreeing and approving		4
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity		
	Giving assurance	1	
	Offering support	1	
	Encouraging	1	
	Showing empathy	1	
	Calmng the other		
	Showing simple attention		
Negative talk	Reflecting		5
	Confronting antagonism		
Partnership building	Showing tension or boredom		
	Asking the other's opinion	1	1
	Showing understanding		
	Giving suggestions		
	Reinforcing		
	Self-disclosing		

6. Middle Stage, Doctor 1

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	2	1
	Showing courtesy		
	Introducing self		
	Discussing non-medical statements	2	2
	Giving personal and social remarks		
	Using casual conversation	1	
Information-giving	Providing information	3	
	Providing opinions		
	Providing suggestions	1	
	Providing instruction	3	
	Providing counsel		
	Discussing medical information or nature of illnesses	3	13
	Explaining objective conditions	4	
Information-seeking	Asking questions on information/instructions	6	2
	Asking medical history	7	
	Asking about compliance		
Positive talk	Rapport-building	4	2
	Motivating	1	
	Agreeing and approving	3	
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	1	
	Giving assurance	3	
	Offering support	1	
	Encouraging	1	
	Showing empathy		
	Calmng the other		
	Showing simple attention	2	2
Negative talk	Reflecting	4	5
	Confronting antagonism		
Partnership building	Showing tension or boredom		
	Asking the other's opinion	4	
	Showing understanding	1	
	Giving suggestions	2	
	Reinforcing		1
	Self-disclosing		5

7. Middle Stage, Doctor 2

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1	1
	Showing courtesy	1	
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks	1	6
	Using casual conversation		
Information-giving	Providing information		12
	Providing opinions		4
	Providing suggestions	1	
	Providing instruction	5	
	Providing counsel		
	Discussing medical information or nature of illnesses	1	
	Explaining objective conditions		
Information-seeking	Asking questions on information/instructions		1
	Asking medical history	6	
	Asking about compliance	1	
Positive talk	Rapport-building	1	
	Motivating	1	
	Agreeing and approving		
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity		
	Giving assurance		
	Offering support	1	
	Encouraging		
	Showing empathy		
	Calmng the other		
	Showing simple attention	2	
	Reflecting	1	1
Negative talk	Confronting antagonism		1
	Showing tension or boredom		
Partnership building	Asking the other's opinion	2	
	Showing understanding		
	Giving suggestions		
	Reinforcing		
	Self-disclosing		5

8. Middle Stage, Doctor 3

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting		
	Showing courtesy	2	2
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks	1	2
	Using casual conversation		
Information-giving	Providing information	1	8
	Providing opinions		3
	Providing suggestions	6	
	Providing instruction	5	
	Providing counsel		
	Discussing medical information or nature of illnesses		6
Information-seeking	Explaining objective conditions	5	1
	Asking questions on information/instructions	2	1
	Asking medical history	13	
	Asking about compliance	2	
Positive talk	Rapport-building	1	3
	Motivating	1	
	Agreeing and approving	1	2
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	2	1
	Giving assurance	2	
	Offering support		
	Encouraging		
	Showing empathy		
	Calmng the other	1	
	Showing simple attention		1
Negative talk	Reflecting	1	1
	Confronting antagonism		3
Partnership building	Showing tension or boredom		
	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing	1	
	Self-disclosing		

9. Middle Stage, Doctor 4

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting		
	Showing courtesy	3	
	Introducing self		
	Discussing non-medical statements		
	Giving personal and social remarks		
	Using casual conversation	3	4
Information-giving	Providing information		14
	Providing opinions		3
	Providing suggestions	3	1
	Providing instruction	7	
	Providing counsel		
	Discussing medical information or nature of illnesses		
Information-seeking	Explaining objective conditions	4	
	Asking questions on information/instructions	4	1
	Asking medical history	7	
Positive talk	Asking about compliance	2	
	Rapport-building		
	Motivating	1	
	Agreeing and approving		3
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	5	
	Giving assurance	1	
	Offering support		
	Encouraging	1	
	Showing empathy		
	Calmng the other		
Negative talk	Showing simple attention	1	
	Reflecting		
Partnership building	Confronting antagonism	5	1
	Showing tension or boredom	4	1
Partnership building	Asking the other's opinion	3	1
	Showing understanding		
	Giving suggestions	2	
	Reinforcing	1	3
Partnership building	Self-disclosing		

10. Middle Stage, Doctor 5

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	3	1
	Showing courtesy	3	2
	Introducing self		
	Discussing non-medical statements	2	4
	Giving personal and social remarks		3
	Using casual conversation	2	5
Information-giving	Providing information	2	1
	Providing opinions		2
	Providing suggestions		
	Providing instruction	2	
	Providing counsel		
	Discussing medical information or nature of illnesses		
Information-seeking	Explaining objective conditions		
	Asking questions on information/instructions		1
	Asking medical history	1	
Positive talk	Asking about compliance		
	Rapport-building	1	4
	Motivating	2	
	Agreeing and approving		
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity		
	Giving assurance	1	
	Offering support		
	Encouraging	4	
	Showing empathy		
	Calmng the other		
Negative talk	Showing simple attention		
	Reflecting	4	2
Partnership building	Confronting antagonism		
	Showing tension or boredom		
Partnership building	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing		
	Self-disclosing		

11. Ending Stage, Doctor 1

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	2	
	Showing courtesy	1	
	Introducing self		
	Discussing non-medical statements	1	4
	Giving personal and social remarks	5	8
	Using casual conversation		
Information-giving	Providing information		18
	Providing opinions		7
	Providing suggestions		
	Providing instruction	1	
	Providing counsel		
	Discussing medical information or nature of illnesses		31
	Explaining objective conditions		
Information-seeking	Asking questions on information/instructions	3	1
	Asking medical history	7	
	Asking about compliance		
Positive talk	Rapport-building	7	9
	Motivating		
	Agreeing and approving	1	
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	1	
	Giving assurance	2	
	Offering support		
	Encouraging		
	Showing empathy		
	Calmng the other		
	Showing simple attention		
Negative talk	Reflecting		
	Confronting antagonism		
Partnership building	Showing tension or boredom		
	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing	1	3
	Self-disclosing		

12. Ending Stage, Doctor 2

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting		
	Showing courtesy		
	Introducing self		
	Discussing non-medical statements	2	8
	Giving personal and social remarks	2	8
	Using casual conversation		7
Information-giving	Providing information		9
	Providing opinions	1	3
	Providing suggestions		
	Providing instruction	3	
	Providing counsel		
	Discussing medical information or nature of illnesses		
Information-seeking	Explaining objective conditions		
	Asking questions on information/instructions	2	
	Asking medical history	1	
	Asking about compliance	2	
Positive talk	Rapport-building	1	3
	Motivating	1	
	Agreeing and approving	1	3
	Laughing		
	Using humor		2
	Releasing tension		
	Showing solidarity	1	
	Giving assurance	1	
	Offering support	1	
	Encouraging		
	Showing empathy		
	Calmng the other		
Negative talk	Showing simple attention	1	
	Reflecting	1	
Partnership building	Confronting antagonism		
	Showing tension or boredom		
Partnership building	Asking the other's opinion	2	
	Showing understanding		
	Giving suggestions		
	Reinforcing	1	
	Self-disclosing		18

13. Ending Stage, Doctor 3

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting		
	Showing courtesy	2	3
	Introducing self		
	Discussing non-medical statements	1	1
	Giving personal and social remarks		2
	Using casual conversation	1	11
Information-giving	Providing information	3	22
	Providing opinions		4
	Providing suggestions	2	1
	Providing instruction	8	1
	Providing counsel		
	Discussing medical information or nature of illnesses	1	7
	Explaining objective conditions	1	1
Information-seeking	Asking questions on information/instructions	5	1
	Asking medical history	11	
	Asking about compliance	2	
Positive talk	Rapport-building	1	1
	Motivating		
	Agreeing and approving	1	2
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	3	
	Giving assurance		
	Offering support	1	
	Encouraging		
	Showing empathy		
	Calmng the other		
Negative talk	Showing simple attention		1
	Reflecting	1	
Partnership building	Confronting antagonism		
	Showing tension or boredom		
Partnership building	Asking the other's opinion	3	1
	Showing understanding		1
	Giving suggestions		
	Reinforcing	1	1
	Self-disclosing		2

14. Ending Stage, Doctor 4

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	1	
	Showing courtesy	1	1
	Introducing self		
	Discussing non-medical statements	1	
	Giving personal and social remarks		
	Using casual conversation		1
Information-giving	Providing information	4	6
	Providing opinions		2
	Providing suggestions		2
	Providing instruction	1	
	Providing counsel		
	Discussing medical information or nature of illnesses	6	4
	Explaining objective conditions		4
Information-seeking	Asking questions on information/instructions	6	5
	Asking medical history	3	
	Asking about compliance		
Positive talk	Rapport-building	2	1
	Motivating		1
	Agreeing and approving		
	Laughing		
	Using humor		
	Releasing tension		
	Showing solidarity	4	
	Giving assurance	2	
	Offering support	5	
	Encouraging	2	
	Showing empathy		
	Calmng the other		
Negative talk	Showing simple attention	2	
	Reflecting		
Partnership building	Confronting antagonism		
	Showing tension or boredom		1
Partnership building	Asking the other's opinion	1	3
	Showing understanding	2	
	Giving suggestions		
	Reinforcing	1	
	Self-disclosing		7

15. Ending Stage, Doctor 5

Interpersonal Communication	Specific Skills	Therapist	Patient
Social conversation	Greeting	2	
	Showing courtesy	2	2
	Introducing self		
	Discussing non-medical statements	3	2
	Giving personal and social remarks	2	2
	Using casual conversation	3	3
Information-giving	Providing information	5	5
	Providing opinions		1
	Providing suggestions		1
	Providing instruction	3	
	Providing counsel		
	Discussing medical information or nature of illnesses		2
	Explaining objective conditions	2	
Information-seeking	Asking questions on information/instructions	1	3
	Asking medical history	4	
	Asking about compliance		
Positive talk	Rapport-building	1	2
	Motivating		
	Agreeing and approving		1
	Laughing		
	Using humor	1	
	Releasing tension		
	Showing solidarity	3	
	Giving assurance	1	
	Offering support	1	
	Encouraging		
Negative talk	Showing empathy		
	Calmng the other		
	Showing simple attention		
	Reflecting		6
	Confronting antagonism		
	Showing tension or boredom		
Partnership building	Asking the other's opinion		
	Showing understanding		
	Giving suggestions		
	Reinforcing	1	
	Self-disclosing		