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Lytic Lesions in Thalassemia Majo A General Practitioner's Consultations Doodles. 1. A Case of "Dense Spirals and Cobwebs"

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Abstract:
Doodles are drawings or sketches made while the general practitioner (GP) is focused on something else: listening to the patient face-to-face or on the phone. They are an unconscious tool to improve concentration and information retention during the consultation. In these doodles, the doctor quickly and spontaneously "portrays" what they see; they reflect the doctor's mood regarding the consultation they are attending. As the GP listens to the patient's problems, they capture the essence of the issue in the margins of their notebook. Doodles are a type of mind map. Furthermore, doodles and the Rorschach test are related: both are based on projective psychology and are tools for accessing the unconscious. These doodles are presented here as very short stories, as if they were "drawings made in the margins" of a medical record. They form a collection of quick, human, and perhaps amusing observations captured between patients. The GP doodles spirals (he is "going around" with a confusing or complex symptom), arrows (total focus on treatment; urgency to make a decision), squares or boxes (seeking structure, order, and control over the patient's data), or flowers or stars (positive mood and a sense of control over the consultation), etc. The GP can move from a simple doodle to a useful diagnosis, using those same strokes as a mental map to identify the health problem. In this story, the GP creates "Dense spirals and cobwebs" while dealing with a case of high family complexity and somatization, reflecting his attempt to organize the chaos and manage the frustration in the face of an overprotective dynamic.
Keywords: Family relationship; Uncertainty; Complexity; Mind Maps; Rorschach Test; Metaphor; General practitioner

Introduction

Doodles are seemingly automatic or unconscious drawings made while the GP is focused on something else: listening to the patient face-to-face or on the phone. They are an unconscious tool for improving concentration and information retention during the consultation; they function as an unconscious reflection of the GP's mental state, stress level, and active listening skills. Doodling is a form of deep thinking in disguise and a simple and accessible tool for problem-solving in general (1, 2). In these doodles, the doctor quickly and spontaneously "portrays" what they see; they reflect the doctor's mood regarding the consultation they are attending. As the GP listens to the patient's problems, they capture the essence of the issue in the margins of their notebook.

Doodles are a type of mind map. Both are visual thinking tools. They share a common neurological basis: processing information through spatial and graphic channels, which improves memory and comprehension (3). Furthermore, doodles and the Rorschach test are related: both are based on projective psychology and are tools for accessing the unconscious. Doodles work in reverse to the Rorschach test. Doodle analysis shares techniques with the Rorschach, although in doodles, the interpretation is primarily graphological and qualitative. Applying the inverse of the Rorschach test to doodle analysis is a fascinating conceptual approach, especially when interpreting one's own inkblot. Here, the author asks, "What could this be?"

In this scenario, a clinical case is presented where the doctor draws doodles that show “Dense spirals and cobwebs”, while attending to a case of high family complexity and somatization, and which reflect his attempt to organize the chaos and manage the frustration in the face of an overprotective dynamic.

IN THE FOLLOWING GENERAL MEDICINE CLINICAL CASE, WHAT DOODLES MIGHT THE GP BE DRAWING WHILE SEEING THE PATIENT?

Anna, 19, has been experiencing metrorrhagia for years. She comes to the clinic today to report that she visited a gynecologist who, after a hormonal study, diagnosed a possible polycystic ovary syndrome (PCOS) and recommended an endocrinological evaluation due to elevated TSH. She is accompanied by her mother, who is the one doing most of the talking during the interview. They request a referral to the endocrinologist and a cholesterol test, as advised by the gynecologist, before he prescribes treatment. Mother and daughter are anxious and ask for information about the scope of the diagnoses. Anna has read about cholesterol and thyroid issues and asks for some details on the subject when her mother lets her speak. Her mother also takes the opportunity to show the normal results of a previous visit to an ENT specialist.

Anna has presented with tics in her arms and legs, and choreic/athetoid movements ("body contortions"), which occur only, or predominantly, when she is at home. She consulted on other occasions, years ago, for menstrual irregularities, and requested blood tests to rule out anemia, which came back normal. She finished her Early Childhood Education degree this year and is looking for work. She is having difficulty finding a job where she lives and will likely have to move to another city. Anna has had a boyfriend for a few months.

Anna's mother, Felicia, has also been seen at the same clinic for many years. She almost always accompanies her daughters to their appointments and is the one who does the talking during the visit, explaining their daughters' symptoms. When the doctor downplays a symptom, the mother insists or brings up another one. During the appointments, the daughters often ask their mother not to ask about any more problems. The family doctor has spoken with the daughters and their mother about the mother's overprotectiveness, and the daughters have agreed that their parents are excessively protective. Felicia presents with multiple health problems without an objectively identifiable organic cause: hepatic colic with a normal ultrasound, hearing loss/tinnitus and chronic ear pain with a normal ENT examination, erratic musculoskeletal pain, and symptoms of menopause. She frequently exhibits symptoms of anxiety.

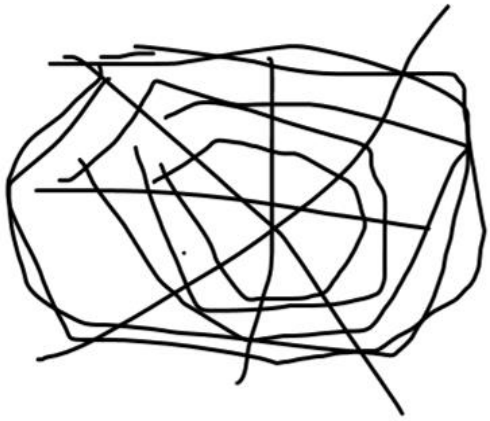
Anna's father, Anthony, also presents with symptoms of hypochondria. He experienced what he described as "extremely severe" symptoms of prostatism until the urologist decided on surgical intervention almost a year ago. He has also consulted a doctor for impotence, attributing it to age or "the prostate," and its progression is uncertain. However, he mentions this problem with a smile and doesn't seem to consider it important, not directly seeking medical help. Some disagreements in his relationship with his partner have been hinted at. He has recently retired.

Anna's twin sister, Eve, has also presented with eyelid tics and motor restlessness. Like her sister, these tics don't usually occur outside the home, for example, when she's in class—she's studying business and is expected to finish at the end of this semester—or with her friends, or when the two sisters are alone together...

In this scenario of high family complexity and somatization (4-11), the GP is probably making doodles that reflect her attempt to organize the chaos and manage the frustration in the face of an overprotective dynamic. These could be the doodles in her notebook:

1. Dense, dark spirals (FIGURE 1): These are typical when the professional feels "trapped" in a circular discourse. While Felicia (the mother) monopolizes the interview or introduces irrelevant topics (such as her visit to the ENT specialist), the doctor may draw spirals that close in on themselves, reflecting the frustration of not having enough space for Anna to speak.

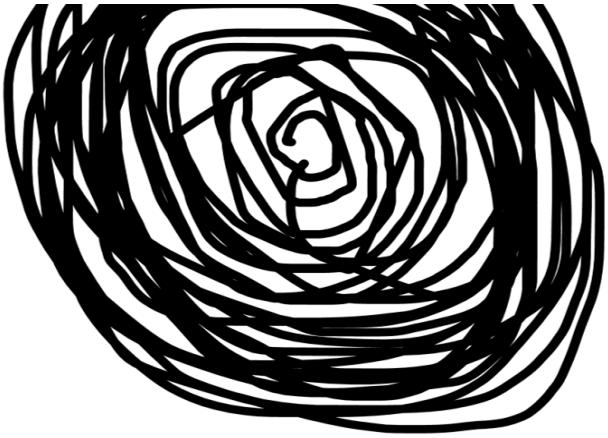
FIGURE 1. Cobwebs



2. Networks or "Cobwebs" (FIGURE 2): These represent the complexity of the family dynamics. Upon hearing that the father, mother, and twin sister share patterns of hypochondria and tics, the doctor unconsciously visualizes how all the members are interconnected in a pathological system.

The doodles indicate contained frustration. They appear when the doctor must maintain professional composure in the face of a mother who insists on symptoms. They reflect the effort to maintain a rational approach amidst family anxiety.

FIGURE 2. Dense Spiral



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