

Using Drawings in the Consultation

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Curriculum Vitae

Bev studied at Wits where she obtained a MBBCh in 1986 and a Diploma in Anaesthetics in 1989. She then registered at Medunsa where she did her M Prax Med (1992). After some years in Ciskei and in private practice, Bev joined the Unit of Family Medicine/Primary Care at UCT in 1990 as lecturer, (supervising the 6th year students) and has been a part time lecturer in Family Medicine at Medunsa since 1991 as well, (helping with the M Prax Med groups). She has presented her research findings at various congresses and her current medical interests are medical education and managing patients with anxiety and depression. Bev enjoys walking in the forests and the mountains in the Cape, loves reading and travelling, and making funny rhymes when writing letters or patient reports. She serves on the regional committee of the Academy of General Practice of the Western Cape.

Summary:

A box of wax crayons has become an extra way of communicating in the consultation in this practice. A few patient reports illustrate how it happened and what could be expected. It may be used as an alternative to or an extension of verbal communication during the consultation, but needs a safe supportive environment as a lot of emotion can be unleashed this way. It can help the doctor to say something to his patient, and it can help the patient to understand and work-out his own problem, often switching from an intellectual to a feeling mode. This is a way of broadening the range of communication possibilities in the doctor-patient consultation and so meeting patients in their own world. S Afr Fam Pract 1994;15:58-63

KEYWORDS:

Physicians; Family; Physician-Patient Relations; Communication; Pictures.

Introduction

The most useful addition to my therapeutic armamentarium recently has been a box of wax crayons. I would like to share some of my experiences of having patients express themselves with drawings in the consultation. I guess it started with genograms (family trees). I do a quick one for most of my patients instead of writing out their family history. At times I extend this to include other aspects of their lives

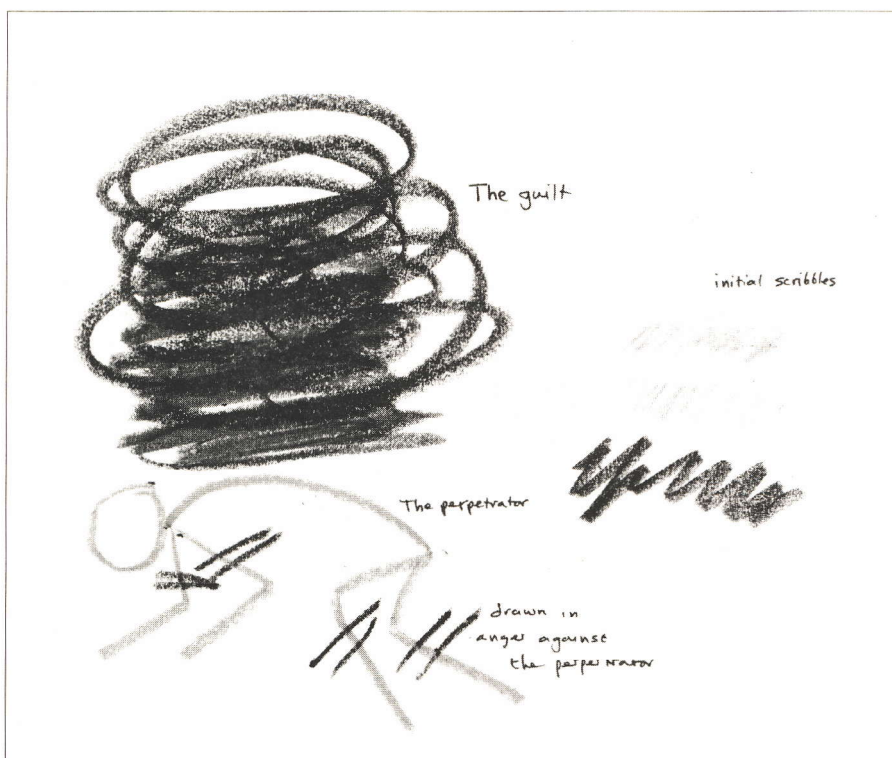
such as school, work, church and hobbies. I began using different colours to differentiate stressful aspects and aspects which acted to relieve stress. From this followed an interest in encouraging patients to use the crayons to help me to understand what was happening in their lives.

The following stories are from my consultations in a community health centre.

The woman who gave back her guilt

Johanna was a very shy twenty-two year old char who "lived in" during the week and returned to her parents' house on her weekends off. Initially she complained of pain on passing stool but diagnosis was difficult as she recoiled when rectal examination was attempted. She later attributed her anguish to having been raped five years previously. When I saw her a week later, she felt the need to speak about the rape. After she had given me a detailed account of what had happened she said "jy weet dokter hy't my nie net letterlik seer gemaak nie, maar ook figuurlik". She was at a loss for words to describe further what she meant and it was at this stage that I handed her a piece of blank paper and offered her a box of crayons and asked her to show me with colour how the hurt felt. She started with a timid orange, then took up a dark blue and then asked for a black crayon. Her scribbles with the black crayon were more forceful and her tears flowed as she became in touch with the hurt. She blamed herself. She felt she should not have been out after dark. When

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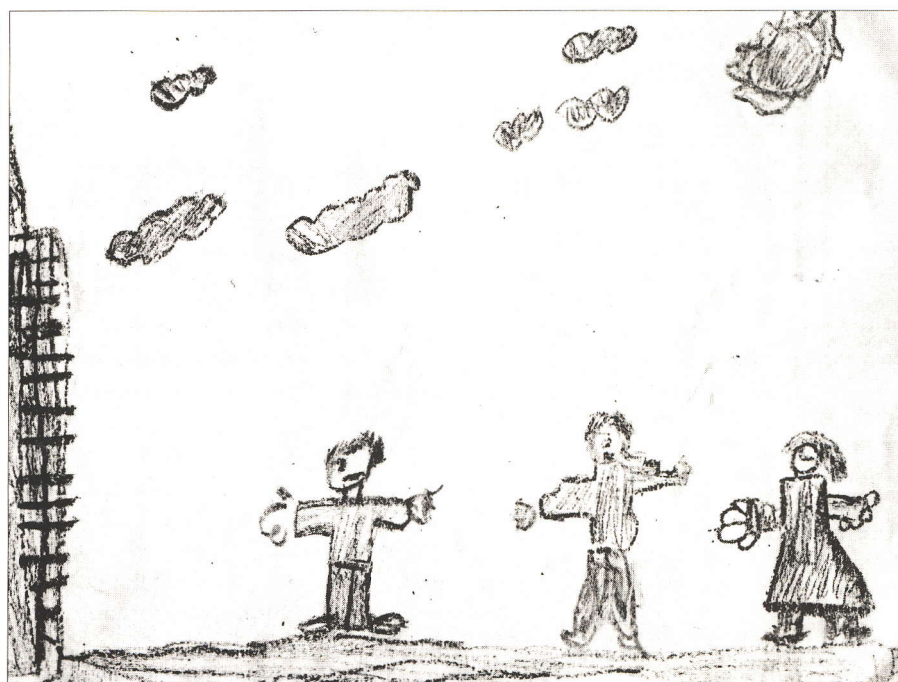


The boy who felt pulled in two directions

Ricky had been refusing to go to school in the mornings, despite being a good scholar and generally enjoying school. When given paper and crayons, he drew himself with one arm outstretched to his friend and school and one arm outstretched in the opposite direction to his mother. Discussion confirmed Ricky's desire both to go to school and to stay at home with his mother lest something happen to her.

Although Ricky denied any previous experience that might have precipitated this fear, his mother, who had been sitting in on the discussion and seen the picture he had drawn, volunteered further information. "He's trying to protect me," she said. "There have been

asked to depict the guilt she drew a large patch of brown. I asked if it was fair that she carry the guilt after all "who committed the crime?" She allowed me to draw in the perpetrator of the crime. I drew him under the brown mass of guilt, bent double with the heavy weight. She spent some time loading the guilt higher and higher and darker and darker on his back. Sensing her anger at this man who had caused her so much pain, I told her that he was now there at her mercy and she could do what she wanted to him. She took a black crayon and chopped off both his arms and then both his legs with intent, and then suddenly her tear stained face broke out in a happy laugh of relief.



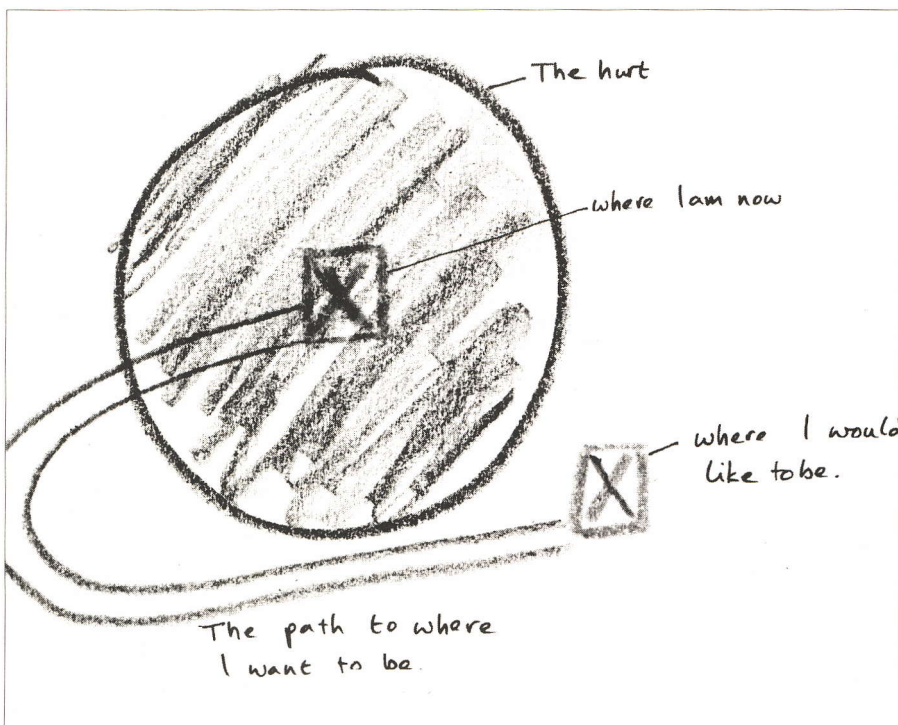
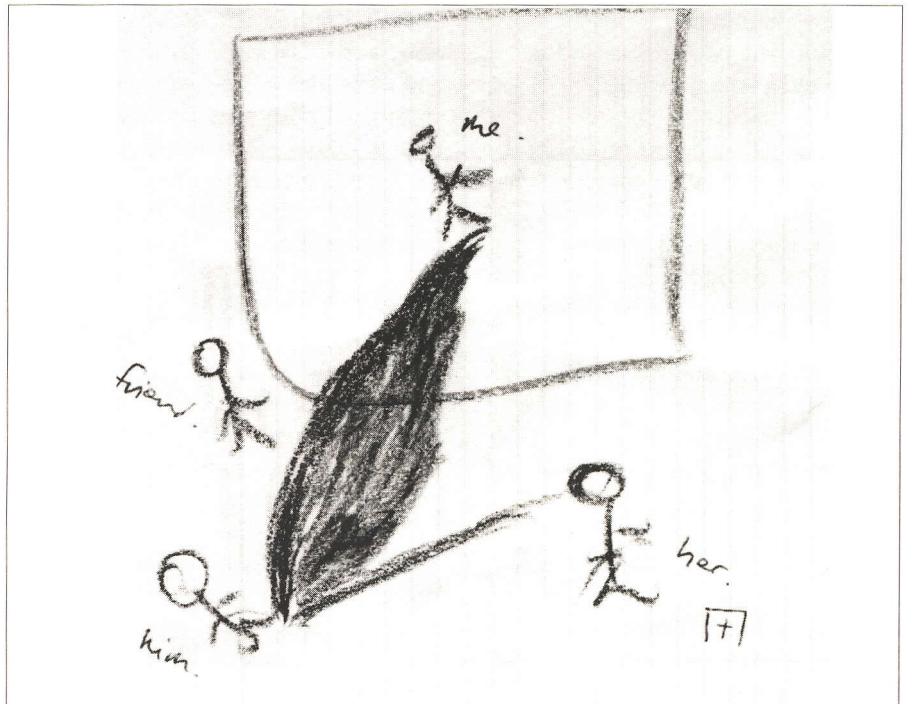
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times when I have just walked out of the house for a few days – when I can't take it anymore." She also told the story of having gone overseas for a few months and in an effort "not to upset Ricky" she and her husband had walked out of the house quietly while he was watching television, without telling him that they were going.

I'm not sure what this consultation set in motion, but Ricky returned to school.

The girl with the big black hurt

Jeanine was a worried looking 19 year old who presented with headaches and alluded to problems which interfered with her sleep. She did not want to discuss them. At her



second visit we agreed that she would not discuss her problems but would rather tell me how it felt to have these problems. She described her feelings with one word – "hurt". I suggested she use colours on paper to show me the hurt. I watched as she drew a large black circle in the centre of the page and coloured it in.

"That's a big, black hurt. Where are you in relation to that hurt?"

She indicated herself as an orange cross in the centre of the black ball.

"Where would you like to be?"

She drew a green cross outside the black ball.

"How are you going to get from where you are to where you want to be?"

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She drew a rather circuitous path connecting the two crosses and sat and looked at the drawing.

I left it at that and went on to check her ears which she had complained were painful. Suddenly she said, "Doctor, do you think that forgiveness would get me onto that path?"

At her next visit Jeanine was still not willing to discuss the details of the source of the hurt, but she felt comfortable communicating through drawing.

Together we labelled the figures in the drawing; me, him, her, a friend. It became evident that the man in the drawing was responsible for the hurt. I asked how she felt towards him. She felt anger. I asked her to draw it in the picture. I expected her to

"Show me with colour how the hurt feels"

focus the colour around the man. Instead she coloured a spindle shaped area between the two of them. I wondered aloud at how the anger seemed to be turned towards herself as well and how that might make one feel depressed.

I left it at that and went on to examine her blocked nose.

I saw Jeanine a couple of weeks later. Her nose had responded well to the medication. As a way of directing the consultation back to looking at the

"hurt", I redrew the drawing she had done at the last visit. By this time I had a fair idea of what lay behind her anguish. I said, "It's often difficult to talk – especially when it involves sex." "It's worse than sex," she responded. There was silence and then softly she said, "He raped me."

It did not take me long to resort to my box of crayons. I had her show me the feelings she had been left with following the rape. She drew a large red ball of anger, a small blue figure and a small black figure to show the pain and hurt of being raped by someone she had seen as a friend. Then with further encouragement she spoke about feeling dirty. She showed this by colouring red over blue to form a messy, ill-defined piece of scribbling.

We contemplated this unhappy picture together. I suggested we send it, or pretend to send it, to the man who had raped her. She added a note beneath the drawing "I hate you for what you did to me." I added a note too saying that I thought Jeanine had kept all these feelings long enough and I felt that they really ought to be with him. We put the paper into an envelope and addressed it with his name.

Jeanine seemed relieved to have all those feelings firmly sealed in an envelope. I will see her again next week.

The boy who wanted his dad to come back

Mrs Abrahams was concerned about her son's recent habit of stealing. Mr

Abrahams had recently left his wife and children and moved in with another woman. While the social worker interviewed Mrs Abrahams, I opted out and sat and drew with the seven year old boy, Mogamat. I was feeling tired and I was glad to be able to play with the crayons alongside Mogamat. We drew mainly in silence until near the end of the interview. Mogamat started by drawing boxes. At my suggestion that he draw his

Drawings give patients another language to work out their problems

family he started drawing his father. Big strong arms were dominant in the picture. He then drew his mother, his sister and himself. I suggested we make a comic out of the picture, drew in a talking balloon out of each of the character's mouths and asked what I should write. Mogamat had himself say, "Daddy, you must come home, we need you." He had his sister say something similar and his father say "OK". He was not sure what he wanted written in his mother's balloon so he asked her. She also wanted to put in a plea for dad to come back home.

Next Mogamat traced the outline of his hand on a new page. He filled in the nails and creases with anatomical accuracy. As I watched him colour it in I noted that a hand held up like that could mean stop or could be waving goodbye. He said it meant stop and after added that it was waving goodbye. This led us to

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discuss how sad it felt when he had to wave goodbye to his dad.

Why use drawings in the consultation?

1. Drawings may be used as an alternative to, or extension of, verbal communication.

This is useful when patients have difficulty expressing themselves verbally. There are some feelings that are beyond verbal expression.

Drawings help patients to switch over from an intellectual to a feeling mode

Johanna was able to describe the events surrounding her rape verbally, but when she tried to describe the feelings with which it had left her, she was at a loss for words. Drawings give patients "another language with which to cognitively work out their problems".¹

Yesterday I saw a nine year old boy, referred by the school. The teachers were concerned about his aggressive behaviour. I asked him to draw a picture of himself feeling aggressive, then calm and then sad. The last picture, drawn in black, of a boy with tears streaming down his cheeks evoked in me a feeling of his sadness that no attempt at empathic listening could ever have achieved. It confirmed the unhappiness that I suspected lay behind the aggression.

The doctor may also need the help of drawings to communicate with the

patient. This is often used for explaining medical concepts but its use may be extended. Mrs Adams, a 56 year old woman supporting her invalid husband by working as a char, complained of pain in her knees. She kept repeating her complaints as though she felt she was not being heard. As she spoke about the lack of money, her invalid husband and alcoholic son, I saw a picture in my mind of a person carrying a heavy load while receiving little appreciation for her efforts. I drew it and gave it to her saying that I could see that her knees must be very sore having to carry such a load. I then asked how her husband fitted in. She allowed me to draw in her husband offering one hand only to help her. In this way I was able to demonstrate my understanding of her situation.

2. Pictures may be more expressive than words.

Drawing enables the patient to switch from an intellectual to a feeling mode. "Drawings open a door to the unconscious mind."¹ The act of drawing – feeling the friction between the paper and crayon and experiencing the form and colour – bring one into close contact with emotions. Johanna

A sense of humour is able to return through drawings

wept as she scribbled in her hurt and guilt. Mogamat became grave and thoughtful as he coloured in the hand that waved goodbye to his father.

Drawing may be offered as a means of catharsis. "Drawings allow a safe outlet for showing anger without fear of it becoming destructive."¹

3. Drawings may be used as metaphors.

One need not discuss the specifics of a problem but can talk around the metaphors generated by the drawing. This was done with Jeanine and her

The patient is actively participating and leading the way

big black ball of hurt. One is able to identify the problem, set goals and possible ways of reaching them such as Jeanine's path to recovery which she felt might be accessed through forgiveness.

4. Drawing may bring a sense of playfulness and creativity to problem solving.

The sense of humour, which seems to elude us just when we need it most, is able to return. I think back to the delight Johanna felt after pretending she was breaking the bones of her rapist and Mogamat's enjoyment of making his own comic strip.

Using drawings enables me, as caregiver, to be more creative and is especially useful when I am feeling "stuck". The drawing itself stimulates the next step. Warren² could be speaking of doctor or patient when he says "The arts have that extraordinary power to engage the emotions and so motivate

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individuals to strive beyond their limits because they are enjoying themselves.”

5. Using drawings can promote self-reliance and problem solving skills. The patient is actively participating and leading the way. There is an interaction between the drawing and the drawer that might be compared to the interaction between the patient and the care-giver. The drawing reflects back to the drawer without judgment what the drawer has expressed. This helps to identify and clarify the problem which enhances the patients' independence and gives them a technique to use for future problem solving.

Precautions

It has already been emphasised that drawing can unleash a lot of emotion. The doctor using the technique must be sensitive to this and provide a safe and supportive environment.

The use of drawings will not suit every doctor nor every patient. People, especially teenagers, may fear revealing more of themselves than they are willing to reveal. The doctor needs to be aware of the vulnerability of patients who reveal their unconscious. The patient may be reassured that they need not speak about the drawing if they do not want to. It is up to the patient to tell the doctor what the drawing is about rather than the doctor to tell the patient. At times the doctor may describe what is drawn and the emotion it evokes in him or her but unless one has received intensive and

specific further training, it is risky to analyse the patient's drawings.

Getting started

The first step is to have a box of crayons available. I specifically break my new crayons so that patients do not need to worry about breaking them if they press hard. I prefer the firmer paper found in scrap books as its roughness offers resistance to the crayon, but in a consultation I tend to use whatever paper is handy.

Being asked to make pictures in a consultation is a foreign concept to most patients. Some will refuse. Almost all will need a lot of encouragement initially. Avoid asking the patient to draw. The usual response is “I can't draw.” I usually

The doctor may also need the help of drawings to communicate with his patient

start by offering the box of crayons and asking “What colour would you make the grief? (anger/hurt etc)” or “Can you show me, how big is the pain?”

My attitude is that I really want to see the problem and the drawing is helping me to do that. What follows is stimulated by the drawing. It might be, “If that's how big the grief is, how big are you?” Children are usually more willing to do a whole drawing with little prompting. When they are finished I ask them to tell me about it.

Conclusion

I have provided no breakthrough solution for the many life tragedies and dilemmas that besiege our patients, but I believe that the broader the range of communication possible in the consultation, the more likely we are to meet our patients in their world. By seeking out new ideas, trying them out and adjusting them to our needs in family medicine, we will find what fits for us. In this exploration we can experience the potential creativity inherent in the context of our every day work.

References

1. Oster G D, Gould P. Using Drawings in Assessment and Therapy – A guide for Mental Health Professionals. Brunner/Mazel, Inc 1987.
2. Warren B. Using the Creative Arts in Therapy. Croom Helm 1984.

Note: The Art Therapy Association of South Africa (ATASA) can be contacted for information by phoning Ruth Pein at 021 439-3662.