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Counselling in graphics

Visual aids for distressed patients and their doctors

Distressed patients present to their general practitioners with a range of information which may overwhelm both patient and doctor. This article provides visual aids which give structure to counselling sessions, providing a grounding for both patient and doctor. Case studies are presented that demonstrate the use of these aids in counselling sessions.

Visual literacy has been defined as 'the ability to read, interpret and understand information presented in pictorial or graphic images'.¹ The use of graphics as a tool for counselling is therefore very appealing. Not only does the graphic approach overcome information overload, but an image can often have a much greater impact than a lengthy explanation.

The pot of emotions

Depressed or stressed patients may present to a general practitioner describing symptoms such as: 'I'm depressed', 'I'm feeling angry', or 'I'm upset'. Presentations with a range of physical symptoms are common, often intertwined with stories of difficulties in day-to-day lives or past events which are clearly problematic. Often several issues are raised, seldom in an orderly fashion. Patients are often overwhelmed by their problems, as are their doctors. It is helpful to tease out the various issues that contribute to this sense of being overwhelmed.

A useful tool in counselling is to consider the patient's emotional condition as a pot containing ingredients composed of the person's life both far and near, each contributing to the total state of distress, depression or anxiety (*Figure 1*).

Metaphorically, while the layers of emotion are still contained in the pot, the patient is in control and emotionally stable. General practitioners will generally be familiar with a patient's first three layers: early life experiences, intrinsic personality, and traumatic life events. These alone can often fill or nearly fill the pot. However, when more ingredients are added, such as extra stresses in layer four, and then layers five, six and seven, the contents can bubble over and the patient becomes overtly symptomatic (*Figure 2*) (*Case study 1*).

On analysis, it is apparent that Mrs T's pot of emotions

Case study 1 – Mrs T

Mrs T, aged 35 years, lives with her husband Ralph and their daughter Liza, aged 18 months. Mrs T's parents separated when she was 3 years of age as her father could not cope with her mother's depression. Her stepfather then abused her verbally. She left home early, dropped out of education and was raped as a teenager on her first date. She eventually got her life back on track, married, gave birth to Liza and is now studying part time, despite developing diabetes. She presents distraught and embarrassed following an episode of 'road rage'.

was already 80% full: she was genetically vulnerable to depression (level 1); her early life experiences were difficult (level 2); she was subjected to adolescent trauma (level 3); she has many problems in her current life (level 4), including diabetes and Liza's temper tantrums, and pressures of exams this 'month' (level 5) adding to her premenstrual state (level 7). Therefore, when her rear vision mirror is accidentally scratched in the car park by an elderly woman (level 6), her pot spills over. It is impossible for Mrs T to contain her emotions and she becomes abusive and agitated.

Shaping the consultation to demonstrate how each layer has contributed to Mrs T's current distress provides a structure for understanding what has happened, and may allow discussion of interventions. Simply listening to Mrs T may allow the spillover to cease; perhaps also suggesting more help with Liza until her exams are over may contain the contents of the pot. Medication or focused strategies such as interpersonal psychotherapy or cognitive behavioural therapy may lengthen or strengthen the pot. Many other creative variations can be found by both the patient and GP to lower the danger levels in the pot.

The sun analogy

The sun analogy (Figure 3) provides a problem solving strategy at the fourth level of the pot of emotions, offering a structure to help patients make positive choices and achieve more balance in their lives.

The sun symbolises the whole person, with each ray representing the following particular aspects that require nurturing:

- aesthetic
 - activities which stimulate the senses (eg. listening to music, watching a sunset)
- spiritual
 - the whole spectrum of spirituality (eg. Christianity, meditation)

- psychological (eg. personal behaviour patterns, motives, or values)
- family
 - time set aside to spend with a partner
- relationship
 - activities involving interaction with friends
- social
 - activities involving interaction with friends
- work
 - home duties, paid or voluntary work
- physical
 - organised sport, gym activities, or any activity contributing to physical fitness
- creative
 - pursuits stimulating personal creativity (eg. painting, cooking, gardening)
- intellectual (eg. study, reading, listening to an informative program, problem solving).

Many people present with an 'unbalanced' sun, and with encouragement to reflect using this framework, develop a more 'balanced' sun (Case study 2).

The sun analogy provides an explicit visual representation of the lack of balance in Janine's life. Janine's family and part time work are obviously consuming most of her life. Other rays are correspondingly being neglected. Janine clearly needs help developing strategies to restore some of the balance in her life. She is encouraged to find ways whereby she can offload some of her responsibilities (eg. carpooling for some of her children's activities, employing a housecleaner). Her marriage is addressed in Case study 4.

Janine is then asked to select each day

Case study 2 – Janine

Janine, 39 years of age, is a mother of three children, aged 14, 12 and 9 years. She presents describing vague symptoms of always feeling lethargic and lacking the 'get up and go' that she used to have, and requests blood tests to find out what is wrong with her. She tells you that she is forever transporting her children to their sporting and extracurricular activities. She works part time as a nurse, cooks all the meals, looks after the house, and does the books for her husband's business. Because her husband works more than 50 hours per week in his business, he is unable to offer her help with the children and domestic chores. Janine never has any time for herself and feels completely overwhelmed with her life.

activities which nurture at least three rays of the sun. These then become the priority for the day. For example, she may decide to walk with a friend at the beach (physical, social and aesthetic) and spend time reading her book (intellectual). The sun thereby becomes a tool by which Janine can regain some control and balance in her life.

Circle of security

Attachment theory was developed by John Bowlby as a way of understanding and explaining an infant's emotional development. In the first

2 years of life, infants store the results of their minute by minute interpersonal exchanges, which then generally remain as a template or 'learned' procedure of how to relate to other human beings and how to meet their basic emotional needs. In producing the 'circle of security' (Figure 4), Marvin et al² developed a deceptively simple representation of a complex theory: infants have intrinsic needs to explore their world, but also need to return to a 'secure base' when tired, hungry, anxious, hurt or simply needing closeness. These two basic needs are subdivided into nine areas (Figure 4). This map can be used with patients to provide a common

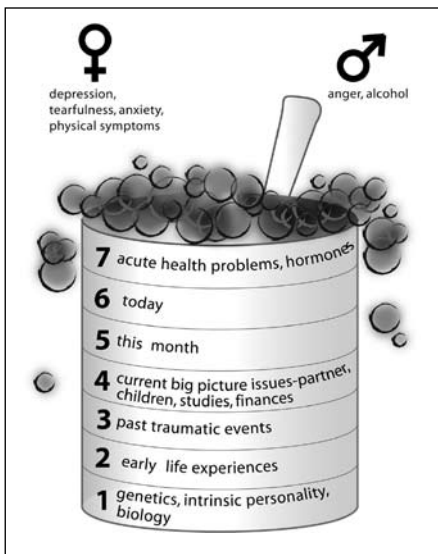


Figure 1. The pot of emotions

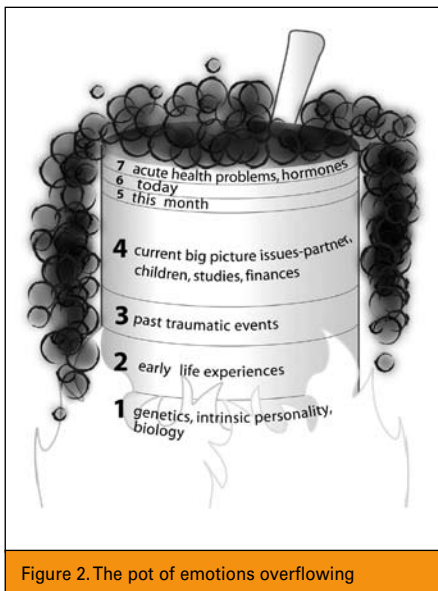


Figure 2. The pot of emotions overflowing

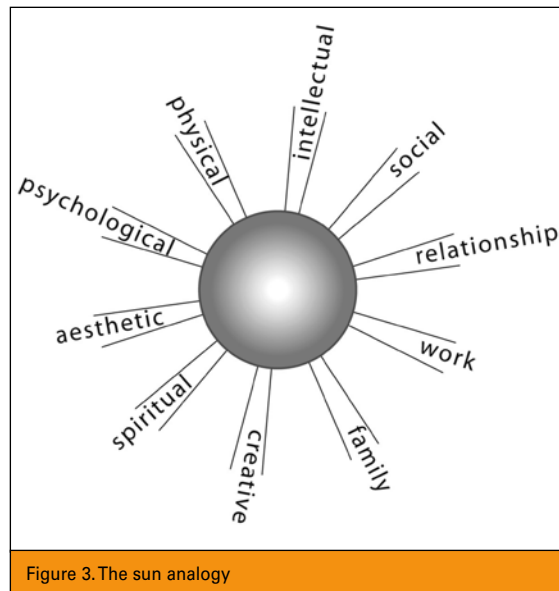


Figure 3. The sun analogy

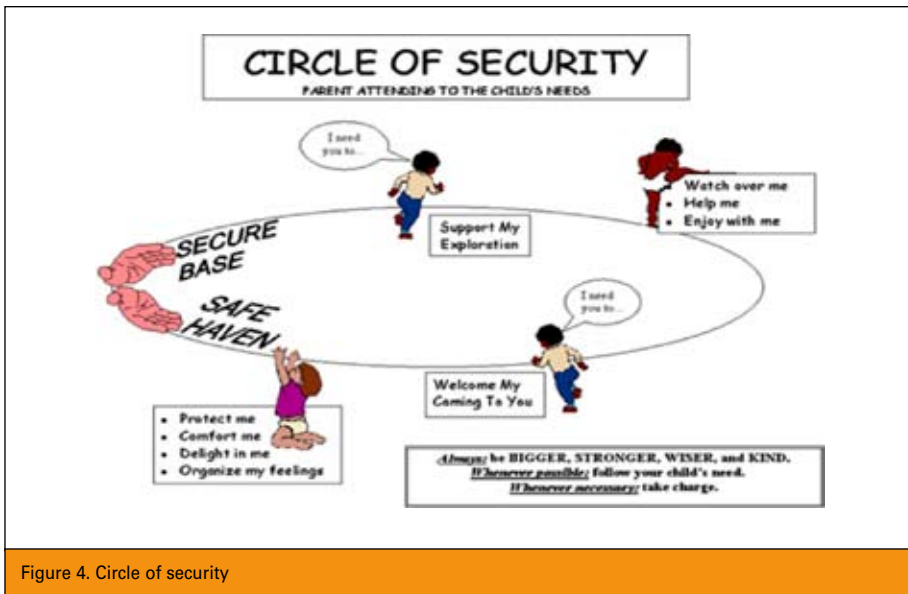


Figure 4. Circle of security

language to discuss the needs of infants and small children, and is a nonjudgmental way of understanding and ordering the parenting world (Case study 3). Patients may be skilled at comforting their infants and providing nurturing, but may find it difficult to allow their infants to explore their world out of fear for their safety. With greater familiarity, doctors

may be able to use the circle to understand relationships between adults.

Relationships in Venn diagrams

Venn diagrams can be useful in relationship counselling. Common relationship variants include:

- a balanced relationship (Figure 5), in which each partner is self sufficient, with choice rather than need motivating mutually enriching time together
- a codependent relationship (Figure 6) in which each partner assumes strictly defined roles, both in a practical and emotional sense. The relationship functions out of a sense of mutual need, rather than choice (Case study 4). Emotionally, one partner may be outgoing, the other reclusive; one passive, the other intermittently angry and aggressive. In codependent relationships, each partner can be encouraged to extend boundaries and take on roles usually assigned to the other partner
- a detached relationship (Figure 7) in which the couple has grown apart. If this relationship is to survive, the couple needs to be encouraged to find some mutual interest and learn to enjoy each other's company
- an inclusive relationship (Figure 8) in which one partner lives in the shadow of the other, and has lost the ability to

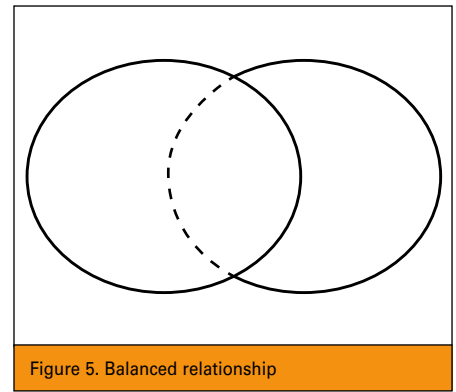


Figure 5. Balanced relationship

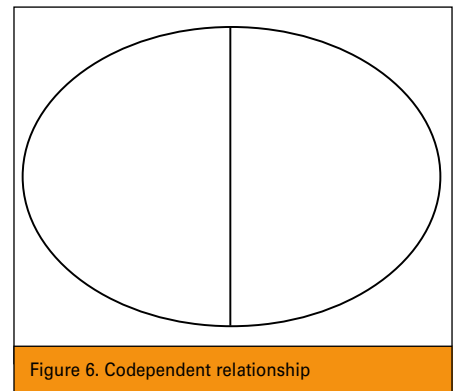


Figure 6. Codependent relationship

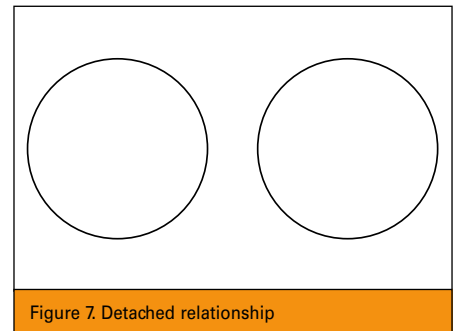


Figure 7. Detached relationship

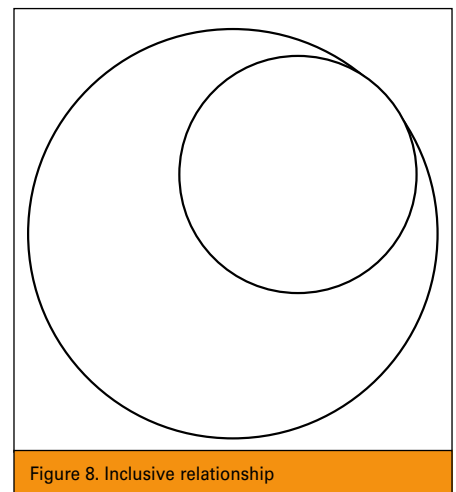


Figure 8. Inclusive relationship

Case study 3 – Mrs T and Liza

Mrs T finds great difficulty in providing the 'safe haven' or bottom half of the circle which Liza seeks. Mrs T's own depressed mother could not provide this, and when Liza seeks comfort, Mrs T freezes up and tries instead to offer Liza distractions with toys – an attempt to move Liza back into the 'explore' mode which feels safer to her. Mrs T finds it hard to recognise that she and Liza are misinterpreting cues. Liza wants comfort and nurturing but Mrs T sees her daughter as demanding and rejecting and therefore pushes her away, increasing the difficulties between them. A gentle exploration can provide an alternative explanation of the tantrums, along with attention to the other instructions of the circle of security (follow your child's need whenever possible, and take charge whenever necessary). And being 'bigger, wiser, stronger and kind' can be a valuable guideline for Mrs T.

Case study 4 – Janine and James

Janine and James are having relationship problems. Janine stopped working when she became pregnant and assumed the responsibility for bringing up their three children and managing the household and social calendar. James has worked hard as an electrician in his own business and has taken control of outdoor chores and the household finances. He allocates Janine a weekly household allowance which she supplements with her part time work. Janine describes herself as sociable, outgoing, and a 'peace keeper'. James tends to keep to himself, is moody and can become very angry.

Recently there has been considerable tension between James and Janine. While Janine feels locked into her busy schedule, she feels unfulfilled, restricted and unappreciated. James feels that Janine does not value his hard work, long hours and attention to the budget to support the family and save for their retirement. He envies Janine's 'freedom', resents the fact that she is not happy and becomes angry when she complains about her 'hard life'.

think and act out of choice. For example, one partner may be a high powered executive, the other partner foregoing his or her friends, social life and work to further enhance the ambitions of the other.

In terms of Venn diagrams, it is evident that Janine and James have a codependent relationship with clearly defined roles. They both feel unfulfilled and trapped in the relationship.

The Venn diagram can be used to show Janine and James how they can extend their boundaries and assume some of the responsibilities usually delegated to the other partner, thereby becoming less codependent.

Conclusion

Visual analogues can be efficient and effective in educating patients and providing a basis for ongoing therapy. Patients are often victims of information overload in the doctor's surgery, and a visual representation of a problem can often have a much greater impact than a lengthy explanation.

Conflict of interest: none declared.

References

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2. Marvin R, Cooper G, Hoffman K, Powell B. The circle of security project: attachment-based intervention with caregiver-preschool child dyads. *Attach Hum Dev* 2002;4:107–24.