

## The Light at the End of the Tunnel

Chris Ellis

Family Physician, South Africa

Corresponding author, email: [cristobalellis@gmail.com](mailto:cristobalellis@gmail.com)

Some time ago a young well-dressed woman came into see me as a patient. She was a social worker but also worked as an artist. It turned out that she was in a severe depression so I prescribed an antidepressant for her and asked her to return after two weeks to check on her progress.



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When she returned she brought me a picture that she had painted and explained that she wanted me to be able to visualise how she was doing and how she saw herself. The painting was of two black swans swimming in a black lake yet out of the bottom left-hand corner there was some light that was beginning to appear and suffuse across the primordial black pool and the black swans.

The reason she had come to see me in the first place was that she had found one day that she had painted a featureless picture that was completely black. She now wanted to show me that after two weeks on the antidepressant there was some light at the end of the tunnel.



Most consultations in medical practice are assessed on their verbal content, some are given to us in writing and texts and just a few are expressed through visual mediums such as art.

This patient gave me the idea of making up a visual chart of a patient's depression.

There are now many standard assessment tools for the measurement of depression, stress and anxiety. Some of them involve visual effects or imagery but most of them involve a number of questions and then a score. The results are often graded and the progress of the depression, anxiety or stress condition can then be monitored by the score.

These questionnaires can involve up to 20 questions and take a considerable time to complete and not many general practitioners find the time to do this. Although the scores are satisfying for the doctor they may not relate so well to the patient's experience. In addition, patients and doctors from different cultures and language groups may find these instruments difficult to interpret.

With the aid of another patient, who was also suffering from depression but happened to be a graphic designer, I designed a very simple visual assessment sheet as a mutual communication tool. This A4 sheet is filed in the patient's chart and does not replace the formal history and notes.

The **Light at the End of the Tunnel Chart** comprises a man in a tunnel, which is dark at the beginning and light at the end. The stooped figure gradually becomes erect and starts to walk

**THE LIGHT AT THE END OF THE TUNNEL**

Date \_\_\_\_\_

Comments \_\_\_\_\_

Medication \_\_\_\_\_

forward. This is synchronised with a white circle, which gets larger and a sad face that becomes happier.

I ask the patients what the size of the light is at the end of the tunnel. Even uneducated rural patients can understand this metaphor if explained well through an empathetic interpreter. Sometimes at the beginning, in severe depression, there is no light and we block out the first small circle completely or reduce it to a pinhole. The circles can be completely blacked out or proportionately blacked out.

This is a shared exercise between the doctor and the patient. When filling it in we sit side by side. I feel this is important as we are on the journey together. I have found patients can identify with the chart and its graphic images and feel better understood as well. This is especially so with uneducated or semi-educated rural patients who find the images real and understandable. "The first spirit of Africa" said Sir Laurens Van der Post, "speaks not in words but in images". The movement of the figures also gives them an idea that the process is a positive journey and that there may not be an immediate result but that the theme is forward looking and progressive.

This is a joint construction of their narrative in visible form as the doctor and the patient use the document interactively.

The comments part are not inclusive but used as a verbatim qualitative text of how they felt. "I feel empty", "I cry all the time", and more positive comments at the end of the journey.

The entries do not have to correspond exactly in line with the figures, which may land up between the ones already there. These are often symbolic exercises when words are felt to be inadequate. It is tempting to put too much into a document of this type and try and record everything but the idea is simplicity and flexibility so shapes, figures and comments can be placed in the open spaces.

I sometimes use the back of the sheet to draw a family circle or therapeutic genogram if there is a dysfunctional family as well. After a few follow-ups the chart can look quite a mess, which often doesn't fit in with our trained analytic OCD minds, but hopefully by then the work has mostly been done.

As often as not I will not have anticipated where the patients position themselves in the tunnel. It is sometimes unexpectedly better than my assessment from the history or on occasions not as far along as I judged from the patient's history. While using the document it appears to "lighten" the interaction and the patients comments often reveal more information than I suspect I would have received from a more formal consultation.