

Doctor's Doodles Analysis. A Fascinating Conceptual Approach to the Psychological Interpretation of Consultation.

Jose Luis Turabian

Specialist in Family and Community Medicine.

Independent Researcher.

Formerly of the Health Center Santa Maria de Benquerencia. Regional Health Service of Castilla la Mancha (SESCAM), Toledo, Spain.



Correspondence:

Jose Luis Turabian

Specialist in Family and Community Medicine.

Independent Researcher.

Formerly of the Health Center Santa Maria de Benquerencia. Regional Health Service of Castilla la Mancha (SESCAM), Toledo, Spain.

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Abstract

Doodles that a general practitioner makes while concentrating on listening to a patient in person or over the phone are an unconscious tool for improving concentration and information retention during the consultation. These doodles are an unconscious metaphor for the doctor's mood regarding the consultation and 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. Thus, applying the "inverse of the Rorschach test" to the analysis of doodles is a fascinating conceptual approach. Instead of interpreting someone else's inkblot, the subject creates their own "blot," and the analyst or the doctor studies the structuring process: doodles spirals signify "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), 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 and learn to better manage consultations, using those same strokes as a mental map. Finally, these ideas can also be applied to the digital environment (touchscreens, styluses, and the mouse) in the electronic health record. In short, doctor's doodles analysis is proposed as a qualitative tool for reflecting on the medical consultation process, the doctor-patient relationship, and decision-making, especially in general practice.

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INTRODUCTION

A doodle is a disordered, irregular, or illegible stroke, drawing, or writing made with a pencil or other instrument. Doodles are automatic or unconscious drawings made while concentrating on something else (such as listening, talking on the phone, attending a meeting, or a lecture). They do not indicate distraction or lack of interest. On the contrary, they are a way to solidify ideas and assimilate content; they are the way to fix ideas and imprint content in the mind. Assimilating information and drawing are two compatible activities. And the second enhances the first. Doodling helps a person improve the connections between their thoughts and helps improve their intellectual skills. Doodling is a form of deep thinking in disguise and a simple and accessible tool for problem-solving in general. Making spontaneous doodles really helps you think (1-3).

On the one hand, it is said that those who have this "habit" tend to be more intelligent than average (4). Drawing while listening or being "distracted" from something actually creates a connection between what you are hearing and the learning process your brain uses to "better retain" the information received. People who doodle while learning (such as in a class or meeting) have 30% higher retention rates than those who simply focus on paying attention to the information being presented. This happens because the mind has a precise point of concentration; while the hands make "unconscious" drawings, they prevent the brain from being distracted by other thoughts when paying attention to a particular event (5).

Especially in university or professional life, making this practice a regular occurrence allows not only greater concentration but also the possibility of understanding general ideas more easily, drawing one's own conclusions, and even generating original ideas by encouraging creativity and abstract thinking. Furthermore, these unconscious doodles reveal a lot about a person, as they can reflect mood, personality, or serve to reduce anxiety (6, 7).

In the doctor-patient consultation, the doodles made by the doctor can be understood as a metaphor and a mind map

for the doctor's psychological perception of that consultation (8-10). Metaphors enable us to understand something that is unknown in terms of its familiarity. For this reason, they are frequently used in all sciences that adopt common words to name complex realities. Metaphors are analogical devices used to illuminate reality. Metaphors can simplify expert knowledge, not by ignoring or reducing its inherent complexity, but by providing a point of entry for its comprehension. They are a means of generating ideas, promoting creativity, and constructing concepts and theories. Thinking based on metaphors and comparisons is a way of transforming a concept into something so suggestive, interesting, and surprising that it reaches people more easily (11-14).

In this context, this article explores the analysis and reflection on doodles drawn by physicians during patient consultations as a possible method for understanding the consultation and the emotions it generates. The aim is to reflect on this and improve how physicians, especially in general practice, address the challenges of the consultation.

METHODOLOGY

This article is a personal viewpoint; it aims to reflect on and propose el uso de los doodles que el médico dibuja como a possible method for understanding consultation and emotions, based on a selected narrative review and the author's experience.

DISCUSSION

Doodles a doctor makes while attending to each patient are rarely random; they function as an unconscious reflection of their mental state, stress level, and active listening skills at that precise moment of the consultation (15). Depending on the patient and the situation, these strokes can indicate the level of connection and empathy. Graphology suggests that the type of stroke varies according to how the doctor processes the patient's information, such as curved and rounded strokes that indicate a more receptive, flexible, and empathetic attitude toward the patient's account, or angles and points that may reflect tension, frustration, or a purely analytical mindset seeking to "cut through" the

emotional noise to arrive at a diagnosis (16).

Doodles are an unconscious reflection, although often motivated by an incidental, emotional idea or triggered by the mood and attitude in which the doctor is immersed. From there, there are fairly well-established codes of interpretation. Although they are not definitive diagnoses, the types of strokes can reflect the doctor's emotional state or personality at that moment. In other words, the type of doodle can allow for a psychological interpretation during a consultation. Some symbols are very indicative: 1) A predominance of straight lines and angles indicates energy and strength, resolve, obstinacy; a practical, analytical mindset, or even a situation of tension and stress in which the doctor seeks to manage everything under the control of reason. 2) Crosses with equal arms represent a search for balance. 3) Squares or boxes indicate a search for structure, order, and control over the patient's data. 4) Circles and spirals are associated with more sensitive or egocentric personalities, who seek internal balance or who are dwelling on a complex problem: the doctor is "going around in circles" with a confusing or complex symptom before taking action. 5) Triangles represent rigidity, ambition, and a desire for success. 6) Geometric figures are a sign of rationality and a desire to evaluate all possibilities before acting or making a decision. 7) Arrows represent a search for solutions, an action-oriented mindset, or the need for a change of course in the diagnosis. 9) Stars represent harmony, spirituality, and a sense of control over the consultation. And 10) Cobweb indicates that the person feels trapped or suffocated (7).

As a manifestation of the subconscious, these doodles provide clues about the person's mood at the time they are made. In a way, these seemingly meaningless lines also represent a primitive form of discourse. That said, it would be presumptuous and even unfair to judge a person, a doctor-patient relationship, or a medical consultation solely based on their doodles. However, it is possible to glean some interesting information from these unconscious drawings. While their exact meaning may be unknown, this does not mean they don't provide any information. Unconscious doodles serve the same function as moving a leg, scratching one's head, or playing with a pen: automatic

gestures that are activated in certain circumstances and signal something. Although they are not definitive diagnoses, the types of doodles can reflect the doctor's emotional state or personality at that moment.

Similarly, doodles can indicate Cognitive Load Management. Doodling is a "relaxed alertness" strategy. With patients who are rambling or have complex medical histories, the physician can doodle to avoid "daydreaming": The physical act of moving the pen prevents the mind from wandering, allowing for up to 30% more data retention. The kinesthetic movement of the drawing serves as an anchor to fix the ideas the patient is relating (15, 17). The medical consultation can be a highly emotional environment. Doodles function as a regulatory technique, or emotional release valve, allowing the professional to release micro-tensions or anxiety without interrupting active listening to the patient (18).

Likewise, doodles can indicate the physician's pressure and emotional state. For example, the intensity of the strokes on the paper reveals the professional's energy or stress level during that appointment. Heavy pressure may indicate accumulated fatigue, an internal emergency, or an assertive personality at that moment; repeated strokes that emphasize the same drawing several times are often a sign of obsession with a detail of the case or difficulty moving to the next phase of diagnosis (16).

Doodles are a type of mind map. Both doodles and mind maps are visual thinking tools. They share a common neurological basis: processing information through spatial and graphic channels, which improves memory and comprehension (19). Both techniques activate the brain's visual cortex. This prevents mental fatigue during the learning of complex concepts. Using simple drawings alongside keywords doubles the ability to recall information long-term. Neither tool follows a rigid top-down sequence; they allow you to jump freely between connected ideas. Doodling keeps the mind active during passive tasks; mind maps organize that activity into a logical structure. Both techniques improve creative thinking by breaking through mental blocks and facilitate the emergence of free connections and innovative solutions to difficult problems (20). The most effective mind maps explicitly incorporate doodles. A mind map uses hierarchical words, but adding a quick drawing (a lightning

bolt for "energy," a lightbulb for "idea") transforms the diagram into a format called sketchnoting or visual jotting. Doodles act as quick visual anchors within the mind map (21).

Finally, doodles work in reverse to the Rorschach test. The individual releases their internal tension by automatically creating an ambiguous shape on paper. The main relationship between doodles and the Rorschach test is their use as tools for psychological projection to access the unconscious. Both allow for the analysis of personality traits, hidden emotions, and mental states based on ambiguous visual stimuli or spontaneous creations. Both are based on projective psychology. The subject creates or interprets free forms without the filter of conscious control. Both lack rigid rules; this facilitates the mind's free projection of its conflicts, anxieties, and desires. Furthermore, doodle analysis shares techniques with the Rorschach test; stroke pressure, spatial placement, and predominant shapes are all evaluated. In doodles, the subject creates the drawing actively and spontaneously, and its interpretation is primarily graphological and qualitative, whereas in the Rorschach test, the subject reacts passively to pre-existing inkblots, and standardized scoring systems are used for its evaluation.

Applying the inverse of the Rorschach test to doodle analysis is a fascinating conceptual approach. Instead of interpreting someone else's inkblot, the subject creates their own, and the analyst studies the structuring process. To understand this inverse process, we must transform the principles of the standard Rorschach system, such as Exner's Comprehensive System, which is a quantitative and operational interpretation (22). Exner transformed a classic projective technique into a more rigorous psychometric tool. Through ten inkblot plates, it assesses personality, thought processes, emotional control, interpersonal relationships, and cognitive mediation (23).

Self-application of a "reverse Rorschach test" to the doodles that a doctor draws during a consultation is a creative and innovative technique of self-reflection and metacognition. The creator (the doctor) analyzes their semi-conscious strokes to project and discover their own

mental, emotional, and relational state during the medical act. To technically classify doodles from the perspective of projective psychology, we must turn to the pioneers and modern specialists of institutional and graphological drawing analysis (24, 25).

In the context of the medical consultation, doodles are technically classified into four main projective dimensions:

1. Structural Dimension: Rigid/Structured Strokes (Geometrization): Squares, cubes, rectangles, or checkerboard patterns. Technical meaning: Defense mechanism of isolation and rationalization. Faced with a complex patient or a mass of diffuse symptoms, the physician attempts to "compartmentalize" the information. It reveals the need for technical control over emotional involvement; Circular/Concentric Strokes (Centripeation): Closed spirals, overlapping circles, or targets. Technical meaning: Fixation or mental rumination. The physician is experiencing a cognitive loop (trapped countertransference). They are not processing the patient's information linearly; they are stuck on a diagnostic hypothesis or in a relational conflict with the patient; Chaotic/Fragmented Strokes (Dissociation): Meaningless crossed lines, violent erasures, or broken shapes. Technical meaning: Defensive saturation and disorganization. The physician's ego is overwhelmed by stimuli (interrupted phone calls, delayed appointments, hostile patient). The drawing reflects a temporary breakdown in the capacity for clinical synthesis.

2. Dynamic or Tension Dimension. It analyzes the energy printed on the paper, which translates the immediate psychophysiological state of the professional. Stroke hypertonia (Excessive pressure / Relief). Strokes that mark the back of the paper or tear it: motor discharge of aggression or contained anxiety; it translates active frustration, resistance towards the patient's demands or an unconscious attempt to impose authority in a clinical situation that is perceived as threatening; Hypotonia of the line (Deficient pressure / Conductive thread), faint, floating lines that barely touch the sheet: Decreased clinical libido or psychological asthenia; projects compassion fatigue, inhibition or defensive disconnection (burnout). The doctor physically signs prescriptions, but

his mind has withdrawn from the relational space.

3. Symbolic and Direction Dimension. Examine where the energy flows and what archetypes are unconsciously projected. Vanishing vectors (Arrows, rays, parallel lines towards the edges): Projection of impulsiveness or the desire to escape; in medicine, it coincides with the urgency bias: indicates an unconscious need to speed up the consultation time, refer the patient quickly or escape from the emotional conflict that this poses. Anthropomorphic or Organic Symbolology (Eyes, mouths, stylized faces): Sharp focus on intersubjectivity.

4. Topographic/Spatial Dimension. The paper acts as the field of the query. Where the scribble is located determines the conflict. Peripheral Zoning (Margins): Doodles exclusively in the corners or edges away from the clinical text: Critical distancing and intellectualization; The doctor manages to keep his emotional life dissociated from his technical work; Acts with methodological coldness. Central/Invasive Zoning: The drawing blends with the patient's data or destroys the official handwriting: Failure in the barrier of the professional Self.; The countertransference is so strong (whether from excessive empathy or crude rejection) that it directly interferes with objective clinical judgment and attention.

The transition from paper to the digital environment (touchscreens, styluses, and mice) profoundly alters the physician's psychomotor skills. In the Electronic Health Record, digital scribbles introduce new technical variables due to the mediation of technology. Traditional projective classification adapts to digital media through the following changes: 1) Stroke Pressure and its Technological Substitution; 2) Control Dimension: Undo; 3) Spatial Dimension: Windows (Interfaces); and 4) Resistance and Friction:

In short, doctor's doodle analysis is a fascinating conceptual approach that can allow for a psychological interpretation of the consultation. Doodle analysis is proposed as a qualitative tool for reflecting on the medical consultation process, the doctor-patient relationship, and decision-making, especially in general practice.

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