FROM THE INSIDE

Suspended in time and space

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The highly technical environment of the intensive care unit (ICU) creates an important imbalance between the caregivers—who, like bees in a bee hive, never stop coming and going, taking action when necessary while keeping watch on the patients—and the patients, who are often immobile and passive in their beds. When conscious, ICU patients observe the activity going on around them and experience the contrast between the caregivers' hyperactivity and their waiting. The perception of time differs between caregivers and patients, as emotions may speed up or slow down this perception. Perception of time is fundamental to our experience and central to virtually all of our activities. Overestimation of time intervals can be a sign of emotional distress that draws attention away from meaningful thoughts and actions and directs it to the passage of time.

Mr. P is a Polish electrician receiving ICU care while conscious. Since his admission, the clock appears to have stopped.

During his discussion with the ICU psychologist, he insists on the contrast between his “real life”, where time passes so quickly, and his ICU life, where time passes so slowly. First he talks about his job—he works a lot. He explains how time passes quickly when he is working: “I get up at 6, I work, I look at my watch, it's time for lunch, I work again and then it is time to go home”. —You go home? “Yes, to my wife and two children. At home I work a lot too, everything except for plumbing”. He explains how his son asks him to repair his toys and other broken objects. He says he loves working with his hands. —Time passes quickly when you are at work, and you also work at home? “Time passes quickly at home too, and then I go to bed. But here time passes so slowly”.

After a reflexive silence, Mr. P explains how 5 min in the ICU seems like 20, that time is not occupied and how his thoughts go round and round in his head. He mimics this with his hands, and says, “It's not good”. His thoughts are trapped in a closed circuit, events lack meaning, his hands are not active, and he himself, as a Person, finds it hard to exist.

After this discussion, he looks at the dialysis machine: its time indicates 4 min left. Mr. P is surprised that for the first time since his admission to the ICU, time has passed without him noticing. He and the psychologist discuss how time can seem to stop sometimes, to slow down or to accelerate at other times. They laugh at how time seems to escape us sometimes, but how at this precise moment, they seem to have tamed it, to have brought it back into Mr. P's usual experience of time—time that passes fast. Mr. P is feeling more confident. He shows the psychologist his dialysis machine and says how he finds it incredible. He would like to understand how it works. He says how he loves machines and their mechanisms. Being in a time frame that is familiar has permitted Mr. P to connect with himself, with what he enjoys. He says that he is going to ask his wife to look up the dialysis machine on internet so he can understand how it works. In taming his environment, some of its elements gain meaning, and Mr P gains some control over them.

Suddenly a beep sounds—Mr. P's time frame is dissolved. His eyes express distress. He desperately looks into the psychologist's eyes for reassurance. The psychologist remains calm and expresses that the beep has interfered in their discussion. —What does that beep evoke? Mr. P calms down and after a silence he answers, “a bomb”. —You feel you are in danger? “Yes”, he says, but can't explain why. The psychologist proposes: “The ICU admits people who are in danger but tries to drive away that danger”. Mr. P tries to explain that his thoughts are different: with his arms and hands, he draws a circle while imitating the beep that was heard. The psychologist describes what she sees, proposes interpretations, the last

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being a sonar. Mr. P's face lights up and he nods. He says the word "submarine". —We are like in a submarine? Mr. P nods. He shows that there are no windows, no natural light, and no knowledge of night or day—no landmarks. He feels lost not only in time but also in space.

In the ICU, Mr. P has lost his temporal and spatial landmarks. He feels disconnected from himself and the world. The clock on the wall in front of his bed does not seem helpful. Research set in the oncology environment shows that patients with a life-threatening illness who show symptoms of psychological distress draw attention away from meaningful thoughts and actions and, thus, experience time as passing more slowly. An altered sense of time can be a sign of mental suffering, which should, when possible, be addressed by a psychologist. More importantly, helping Mr. P put words to his experience, express his discomfort and be an active Person rather than a passive patient permitted him to reconnect with himself, his past (his work, his children) and his future (the task of asking his wife to look up the machine on the internet). Active listening permitted him to regain some of his temporal and spatial landmarks.

We must be aware that active listening—which involves comprehending the other person's words and ideas, retaining them and responding to them, as well as observing the person's behavior and body language—is a vital component of care in the ICU setting. It may help ICU patients, as it favors meaning-making, permitting them to better cope with their experience both during and after their ICU stay. Active listening and effective communication should thus be encouraged, not only to benefit ICU patients, but also to benefit clinicians themselves who may suffer from stress and burden. This may help promote team well-being and prevent burnout.

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