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**FROM THE INSIDE**

# Feelings of strangeness in intensive care units patients

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After several weeks in the intensive care unit (ICU) following a lung infection, Mr Pol wakes up from a coma and gradually becomes aware of his situation. The healthcare team rejoice in the successful outcome of his extubation: "*He's really come a long way! I'm so pleased, after everything that he's been through… he really fought!*" When the healthcare professionals go into his room, they greet him: *"Hello Mr Pol! It's nice to see you awake! How are you?"* While these professionals seem to know Mr Pol, he recognizes no one. If at first a mild temporary cognitive impairment makes it difficult to express his experience, Mr Pol progressively begins to express his discomfort to the psychologist of the unit: "*I don't understand. There are many people who pass by my door, they call me by my first name, say hello… but I don't know anyone.*"

They were all there for him, but he was absent. The healthcare team filled the gap with their own representations of the patient and from the information they had received from the family: "*He's a fighter, he's always motivated! Even his friends acknowledge it: everyone loves him, he's ready to help everyone.*" These representations allowed the professionals to get an impression of Mr Pol and thus to nurture a care relationship during the period that the patient was in a coma. What he observes from the professionals tells him that something has taken place without him. However, when Mr Pol resumes his rightful place in terms of the relationship, this space, hitherto occupied by the representations of the healthcare professionals, must be given back to him. If not, there is a risk that the patient may become confused because he may fail to recognize himself in the way that others perceive him: "*They say that I did the hardest part, that I can't give up now… but I didn't do anything, I was sleeping. They don't understand that it's much harder now. And I don't know if I'll make it… even breathing is difficult.*"

When the patient finds that he is in the ICU, he has a somewhat strange and frightening experience. Mr Pol has no references to help him to understand his environment. What seems so familiar and so intimate also seems strange to him, as an experience that psychoanalysis refers to as "the uncanny" [1], which translates into a feeling of fright and threat, and gives way to anguish. Anguish creeps in when it becomes apparent that everything is escaping him. This experience has been studied following the perceptual distortions, disorientation, and impaired comprehension linked in particular to delirium. However, the strangeness within the care relationship deserves special attention.

Indeed, intensive care leaves the patient with a kind of shadow and with unknowns that push him to rely on the presence of the Other. The patient needs the healthcare professional, the psychologist of the unit, to help him to translate what he feels and what he perceives in his environment. The relational issue here is important and requires professionals to adopt a "reflective function"[2], i.e., an ability to adjust in the relationship by recognizing and supporting the patient's emotions. Thus, the more the professionals are able to adequately perceive the patient's feelings—expressed through different channels such as words, expressions or gestures—and interpret them in a non-threatening way, the more the patient will feel safe and will be able to take ownership of their experiences and to make sense of them. MacDonald [3], a doctor who was admitted to the ICU, expresses this perfectly: *"She (nurse) stops and puts a hand on my head, stroking the long hair covering my face out of the way, she*

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*smiles. And then my small ICU world is suddenly a whole lot better."*

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**Declarations**

**Conflicts of interest**
None.

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