Cancer Survivorship and the Experience of Intensive Care

Laura Barnett
Psychotherapist,
Croydon University Hospital, UK
Aims

• Draw attention to the general trauma of ‘the whole ITU event’.

• Focus on patients’ memories

• Highlight the value of routine ITU psychological aftercare for wellbeing in cancer survivorship.
More Specific Aims

With concrete examples illustrate

• the level of distress caused by ITU vivid dreams and hallucinations

• the relative ease with which it can be alleviated
Cancer Patients and ITU Admission

- Planned: elective surgery
- Unplanned: complications, co-morbidities or accidents
- Always situated within the context of the cancer journey
The ITU reality for ventilated cancer patients

• Their life lies in the balance
• They experience varying levels of consciousness
• One-to-one care, but in alien environment
• Unpleasant and ‘terrifying’ procedures
• For many: Vivid dreams, hallucinations, delirium (formerly ‘ITU syndrome’)
ITU Delirium

- An acute syndrome with a physiological cause, with sudden onset, fluctuating course, disturbance of consciousness, disorganized thinking, periods of inattention, often paranoid thinking and hallucinations. DSM-IV
ITU Delirium, formerly ‘ITU syndrome’ or ‘ITU psychosis’

- Affects up to 87% of patients.
- Very often goes unrecognised (hypoactive, hyperactive, mixed)
- Linked to longer hospital stay, higher mortality, lasting cognitive problems.  Ringdal et al. 2006
Four characteristic issues for cancer patients after ITU

• Survival
• ‘Lost Time’
• Memories of ITU
• Risk of ASD/PTSD
Survival

• Some patients are caught up in the thought: ‘I almost died.’

• Some focus on: ‘I’m still alive!’

• Survival from, and survival for.
‘Lost Time’

• I don’t know what happened

• Whose experience?

• Disorientation – often long lasting
Existential Psychotherapy with post-ITU patients

- A neglected client group: no literature on psychotherapy with that patient group (other than Barnett 2006, 2009)

- Distillation of a decade of post-ITU therapeutic interventions.
Martin Heidegger:

‘In understanding hallucinations, one must not start with the distinction between ‘real’ and ‘unreal’, but rather with an inquiry into the character of the relationship to the world in which the patient is involved at any given time.’
Examples

• Selection, permission to cite

• D. and Sphinx

• S. and ‘silly little creatures’

• T. and underwater
Facilitating sense-making

• Patients are usually so caught up in their experience and emotions that they cannot make sense of it.

• Socratic method and ‘psycho-education’.
Life and Death, and fighting for life themes

- Trying to escape; fighting death, doctors and nurses trying to kill me, pushing drugs, selling body parts...
- With dead loved ones: calling to come or go back
- Meaningful or ‘inspirational’ dreams
Danger of retraumatisation: 
J’s dream
Facilitating empowerment

- Highlighting fight/flight responses in fight for survival
- Exploring patients’ resources
- Creating a narrative of action.
Aims of therapeutic intervention

• Help allay distress by:
  • Helping to ‘normalise’
  • Helping to make sense
  • Helping to empower
  • Helping to integrate