



ISPSO 34th Annual Meeting, Copenhagen 3rd - 9th July 2017: Dreams always take place: Spaces, Places, Rooms, and Furniture, inside and around us

PARALLEL PAPERS I FRIDAY 7th JULY 1145-1300 **ROOM I - 7.0.01**

Rachel Ellison

Raw Stream. Comfort & Containment: Exploring the architectural and emotional 'spaces' of a Neonatal Intensive Care Unit (NICU), from a psychoanalytic perspective.

> 'Lights low, dark, hot, damp. Lines, drips and vitamin feeds. Oxygen masks and mattress alarms. Incubator. A small intimate space designed to recreate the womb. To gestate, bespoke and manage risk. A small, enclosed physical space. Comfort and containment....'

This paper starts with a poem, based on the experience of 3 months spent on a neonatal intensive care unit, at a leading London teaching hospital. It explores some of the physical, emotional, metaphorical, psychological, architectural and systemic spaces involved, e.g. the incubator, the expressing room for nursing mothers, the medicines fridge, the hospital as part co-dependency, independence. Containment, fear of a wider National Health Service and its role in realising the potential contribution of the individuals it helps, to wider society.

The Neonatal Intensive Care Unit is a place of hope, shock, surival and loss. It's an emergent space. A transformational space. A transitional space. A space which aims to create sufficient medical and psychological support for thriving, such that the high dependency unit becomes both a living space and a *leaving space*.

This paper takes a mainly parental perspective. However, it also considers the stresses on staff supporting parents and babies on the unit. It asks how the nature of the neonatal intensive care space may influence conscious and subconcious thinking and behaviours? Psychoanalytic themes include: High dependency, of loss, separation anxiety, death anxiety. Attachment, masochism.

A baby is supposed to be the beginning of life. Could the imperative to save life in the neonatal intensive care unit, mirror concern for the survival of a national health service? Might the high costs of medical advancement risk causing the organisation and/or its staff to expire?

Rachel Ellison

MBE, Executive Leadership Coach