



The weight of listening: counting minutes, carrying stories

Suhas Chandran, MD, PDF

Associate Professor and Head, Child and Adolescent Psychiatry Unit, Department of Psychiatry, St. John's Medical College, Bengaluru.

Corresponding Author:

Dr Suhas Chandran,
Department of Psychiatry, St. John's Medical College,
Bengaluru, Karnataka - 560034.
Email: suhas dot c at stjohms dot in

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They watch me closely, as they should,
From steel benches, where they brood.
Prescription pads and tired eyes,
Behind the masks where hope runs dry.
From shadows cast on shifting files,
Through rounds that stretch for endless miles.

The peon lingers, broom in hand,
As though he'd grasp, or understand,
The dust I sweep from broken minds,
If only I'd sweep faster, rewind.

“Still with one patient?” students chatter,
While intern's smirk, their laughs grow flatter.
“Isn't it all just illness? Fright?
Sadness? Madness, shrouded in light?”

And research fellows, rushed and stern,
With stacked-up protocols to burn:
“Can't this wrap up? Time's escaped.
The minutes flee, the hours drape.”

But they can't see the silence bleed,
Or hear the sighs that hearts still need.
They miss the scars silence leaves,
The ache that time quietly weaves.

The residents grumble, their pens pressed tight,
In margins etched with weary spite:

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“Why this grind? This ceaseless precision?
Why this method, this endless revision?”

But every hallucination has a fingerprint,
Every delusion, bears its own incision.
You cannot fix a cracked mirror
Without knowing where the crack begins.

And then the peers, in their glass-built spires,
Perched above, where judgment conspires.
“Psychiatrists don’t falter, don’t fall.”
But they don’t hear the midnight groans,
The echoes carved into tired bones.

Yet,
This weight steadies every stride,
Keeps my chin up, gaze wide-eyed.
Every judgment a therapeutic blade refined,
Every doubt, a map designed.
We aren’t glass, though clear we see,
Not immune, though we bear the key

Let them stare, let them wonder,
Let their whispers crack like thunder.
Let them judge with sharpened gaze,
Count the hours, count the days.

For every pause, each word held tight,
Is mortar laid through endless night.
A fortress rises, brick by brick,
Against the storms, relentless and thick.

Invisible winds may howl and shadows may sting,
But I will bear what they will bring.
Unyielding still, through shadows glistening,
I’ll stand and hold: ***the Weight of Listening.***

Invisible Storms: The Rhythm of a Psychiatrist’s OPD

In the crowded halls of a medical college hospital, the psychiatrist’s chamber is often a paradox, a room full of silence, yet heavy with unspoken storms. My outpatient department (OPD) hours often stretch long, 8 to 9 hours on regular days, sometimes 10 to 12 hours. On Saturday OPDs, the hours grow heavier, not just for the patients and their families, but also for the aides, clerks,

and support staff who wait alongside us as time seems to stretch and blur.

Over the past 10 years, first as a resident and now as a faculty member, I’ve grown accustomed to familiar refrains:

•“*Can’t this be done faster?*” ask the clerks and aides, their tone polite yet weary.

•“*Isn’t mental health just...sadness or madness?*” wonder the bright-eyed interns

and students.

•“*Why does psychiatry take so long?*” peers from other specialties often ask, used to quicker conclusions in their own fields.

•“*Do we have to admit the most delirious and aggressive patients in our ward?*” sigh the nurses, their patience stretched thin by endless hours of vigilance and care

•“*Why spend so much time talking in OPD? If someone needs longer, just admit them,*” remark a few research fellows, their minds tethered to pending meetings and unfinished papers.

For the most part, these questions don't bother me. They've become part of the rhythm of my work, blending into the fabric of my days. But one day (4th Jan, 2025), on my first Saturday OPD of the year, something shifted.

The OPD ended unusually early, thanks to seasonal slowdowns and post-holiday exams in schools. As I walked out, the familiar question resurfaced, polite, yet sharp: “Why can't every OPD end like today, sir?”

Unlike the surgical precision of a scalpel or the structured algorithms of physical diagnosis, our work unfolds in the fragile terrain of human emotions and unspoken fears. Each consultation feels like holding a mirror to a storm: fragile, relentless, and deeply personal. There is no clean incision, no instant closure. Psychiatry requires time, stillness, and patience, elements not always visible to those outside our rooms.

And we know that judgment shadows us: a steady, unspoken companion. But judgment isn't always a burden. It's both a mirror and a whetstone, reflecting our efforts and sharpening our resolve.

This poem, “The Weight of Listening,”

emerges from these moments of quiet scrutiny. It is an attempt to acknowledge the discomfort of being constantly observed, doubted, and questioned, while reframing these experiences as sources of strength and validation.

It doesn't aim to answer those questions or justify the time we take. Instead, it is crafted to reflect the quiet truth of our work.

Beyond personal experience, these challenges are woven into the very structure of mental healthcare. This leads to a deeper ethical dilemma, one where systemic priority often clashes with the fundamental needs of psychiatric care.

Ethical Crossroads: Listening vs. the Clock

The Cost of Checkbox Care

Psychiatry's ethical core has to balance two demands: patient engagement and electronic health record (EHR) documentation. Clinicians partition minutes between listening and templated screens, each coded symptom (e.g., panic as “F41.0”) extends wait times by 6-8 minutes. EHRs, optimized for checkboxes, reduce suffering to dropdown codes: e.g., a mother's description of her child's distress 'He says his mind feels like static' is flattened into 'unspecified anxiety disorder.' In that flattening, something essential is lost.

The fallout is systemic: prolonged waits retraumatize patients, while rigid coding mislabels truths. Reform requires EHRs valuing verbatim phrases, buffer time for documentation, and metrics prioritizing healing velocity rather than data velocity. Until then, clinicians persist in margins: a mother's despair noted as “I'm more than my diagnosis,” a quiet minute to steady trembling hands.

But beyond the limitations of EHR coding,

another battle unfolds, the fight to preserve dignity in a system that prioritizes speed over depth.

Micro-Rebellions: Preserving Dignity in Templates

We labour where OPD footfalls eclipse therapeutic depth, productivity quotas ration minutes like wartime rations, reducing care to transactional churn. Clerks tally waiting hours as “throughput achievements,” erasing narratives that crackle like static: the child’s panic dismissed as “attention-seeking,” the teen’s depression mislabelled as defiance, the neurodivergent girl’s shutdowns reduced to “oppositional disorder.” These are ethical fractures, not inefficiencies.

Invisible triage forces impossible choices: prioritizing the delirious patient in the in-patient department abandons the silent teen in OPD whose self-harm blooms with deferred care. We become architects of a prevention paradox, averting today’s crises while seeding tomorrows, as subacute cases smoulder under “low urgency.” The mother dissociating through custody hearings, the 14-year-old’s grades dismissed as “laziness” amid undiagnosed OCD rituals: casualties of metrics blind to slow-burning emergencies.

Let administrators tally bodies on OPD benches; we measure success in the teen who stops etching scars after seven unhurried sessions, in the mother who reclaims her children. Patients merit more than fragmented attention; they deserve the dignity of being heard, not processed.

Steadiness in the Storm: Navigating Judgment as a Healer

To every mental health professional who has felt the weight of being judged by students, interns, nurses, clerks, aides, peers, or administrators, this poem serves as both a reflection and a reassurance.

Judgment, though uncomfortable, is not a mark of failure. It should never push you to rush your work or resent the time you spend with your patients. Every pause you hold, every word you carefully choose, every silence you allow to unfold carries meaning, even if its impact isn’t immediately seen.

It’s natural to feel the weight of watchful eyes, the impatience in waiting rooms, and the questions about time spent on consultations. But these are not appraisals of your competency.

Judgment is not your enemy, nor should it become a burden of resentment.

Do not let it pressurize you into compromising your care or diluting your precision.

Do not let it breed anger or defensiveness in your heart.

Every specialty in medicine has its unique rhythm, its demands, and its expectations. In psychiatry, it’s the act of holding space, listening deeply, and uncovering truths, truths that often take time to surface.

The questions and glances from others aren’t adversarial, they come from a place of trying to understand a rhythm unlike their own. Those who watch you, are shaped by their roles, responsibilities, and pressures. Their curiosity isn’t hostility, and it’s rarely personal. It is natural, even necessary, for them to wonder.

And when you feel the weight of those stares, the pressure of those unspoken expectations, pause and remind yourself:

Let them watch.
Let them wonder.
Let them judge.

Let the judgment be a quiet reminder: your time is not wasted, but invested; your

stillness is not inefficiency, but intention; your pauses are not empty, but where healing begins. These moments aren't signs of inadequacy but echoes of purpose, proof that your listening carries weight, your time shapes change, and your resilience is forged, moment by moment, word by word, silence by silence over time.

Reimagining Systems: From Metrics to Meaning

Perhaps someday, as conversations around mental health grow louder and understanding deepens, the sharpness of these questions may soften.

Yet, judgment toward mental health practice, whether about the time it demands or the nature of its work, may always persist in some form. Changing these perceptions isn't about proving ourselves right or others wrong, it's about inviting others into our world.

This transformation begins with systemic interventions:

- Integrating the principles of time spent in mental health consultations into medical and nursing education, instilling respect for its unique rhythm early in training.
- Establishing forums for cross-disciplinary dialogue to bridge the understanding gap between psychiatry and other specialties.
- Allowing aides, clerks, research fellows, and peers brief insights into therapeutic interactions and case discussions to humanize what often appears abstract from the outside.

- Advocating for time-based metrics in audits and evaluations.

- Incorporating time-conscious standards into accreditation policies, ensuring psychiatry isn't held to metrics better suited for procedural fields.

- Advocating for research that validates the impact of time spent in psychiatric consultations on patient outcomes and long-term care quality.

These interventions are not quick fixes but collective steps toward cultural change.

Carrying the Weight: From Burden to Privilege

As mental health professionals, we carry the responsibility not only to heal minds but also to heal perceptions. To gently challenge assumptions, to open doors to our space, and to let the work speak for itself.

When systems, peers, and institutions begin to see time in psychiatry not as a bottleneck but as a catalyst for transformation, judgment will soften, and a deeper understanding will take root: one built on trust, recognition, and shared purpose.

Above all else, as a young professional, know this:

**The weight of listening is not a burden, it is a privilege.
Carry it not as a weight that bends you, but as an anchor that steadies you.**