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Linguistics interface: applying the Natural Semantic Metalanguage (NSM) to Narrative Medicine.

Bert Peeters, MA, PhD[1]
Anna Wierzbicka, DSc, PhD, Dr(HC), FAHA, FASSA [2]
Cliff Goddard, BA, PhD[3]
Maria Giulia Marini, BA, MS[4]
Paola Chesi, BA, MS[5]
Antonietta Cappuccio, BPharm, MS[6]
David Tomasi, PhD, MA, MCS, AAT, GT[7]

Abstract / Proposal
Background: The complexity of diagnostic presentations of an inpatient psychiatry population requires an integrative approach to health and well-being. In this sense, the primary need of this research aims at developing clinical strategies and healthier coping skills for anger, anxiety, and depression, promoting self-esteem, healthier sleep, and anxiety reduction, as well as enhancing mood and emotional-behavioral regulation via exercise and nutrition education.

Objectives: The following research focuses the narratives collected anonymously, e.g. without personal identifiers patient, during the therapy groups 'Narrative Medicine' offered on the Inpatient Psychiatry units Shepardson 3 and 6 at the University of Vermont Medical Center. These narratives focus on self-analysis patient's personal experience. More specifically, Narrative Medicine is an approach to medical scholarship that seeks to broaden the quality of care, going beyond what conventional evidence-based medicine, with single metric scales and numbers of population samples rather than individuals, can offer. The aim is to provide individual patients with enhanced care, drawing on perspectives and experience from the medical humanities.

Keywords: Narrative medicine, psychiatry, psychology, psychotherapy, linguistics, cognitive neuroscience

Methods

The research is conducted for Quality Improvement Purposes via Qualitative Study Design, and is comprised of the "Storyline in Minimal English" (attached) as previously approved by UVMMC Inpatient Psychiatry Group Therapists management and Quality Council Meeting and administered verbally (through printed handouts) on both units by the UVMMC Group Therapist. Patients can choose to participate in the 'Narrative Medicine' group and not allow their responses to be used for research. If patients change their mind after the narrative has been completed and they wish to withdraw from the study, the information that had been collected will be used as part of the research study because the information was recorded with no identifiers, and with no link to patients' name.

Protocol

No personal, clinical and medical information regarding the single patient will be collected and presented as part of this research. All the information will be collected without any identifiers and used only for qualitative study purposes, and it will not be connected or linkable to clinical/medical records of single patients and/or groups / categories /diagnosis. A request Alteration of Authorization - HIPAA has been submitted to the University of Vermont Research Protections Office / Committee on Human Research, together with Common Protocol Cover Form, Human Subjects Research Protocol and Request for UVM Net ID for Required Training. The research is quantitative in nature and entirely anonymous, and involves no more than minimal risk to the subjects (breach of confidentiality/protected health information).

Description

The aim of this research is to provide patients with a narrative, called "'Storyline in Minimal English," which uses a simplified version of English developed through Semantic Primes and Universal Grammar, to help patients with language barrier and/or psychiatric conditions better understand concepts and themes and be able to discuss aspects related to their admission/hospital stay and ask related questions to the healthcare team. Furthermore, specific questions and sentence starters in the Storyline help bridge cultural differences while maintaining accuracy of responses. Examples: "Before the illness I was… / Then something happened to me / After that, some things were not like before / Now, I feel / When I wrote my story, I felt…"

Inclusion and exclusion criteria

Every patient on both Units Shepardson 3 and Shepardson 6 is eligible to take part in the study, unless declared medically and/or clinically unfit by the clinical and medical staff on both Units Shepardson 3 and Shepardson 6 (Group Therapists - GTs, Nurses - RNs, Physicians - MDs). The study is open to the entire Inpatient Psychiatry patient population on the Unit, regardless of their age, race, creed, color, sex, national origin, religion, sexual orientation, gender identity, marital status, and socioeconomic status.

At the beginning of each Narrative Medicine Group, the Group Therapist (GT) reads the informed consent information and procedure to the patients. Every patient is free to decline to take part in the Narrative Medicine group and attached survey. 15 minutes before the beginning of each group, the GT asks the patient to decide whether he/she wants to take part in the group.

All the details of the research regarding inclusion and exclusion criteria, consent, structure, administration, purpose, withdrawal procedures, references, objectives, risks and benefits, data safety and monitoring, design and statistical consideration have been discussed with the Inpatient Psychiatry Interim Nurse Manager, Sponsor, Staff and the Quality Council.

Future Studies

In addition to verifying the reliability of the results and outcomes evidenced via surveys and questionnaires administered to the patient population in larger groups over a longer course of treatment, more studies will be needed to better identify specific needs and outcomes.

Acknowledgments

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