

Audio-Therapy and Rethinking Educational Guidelines for Doctor to Patient Communication

**based upon Holistic Approach, Multimodal
Semiotic Inspiration and Bioethics Principles**

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What is audio-therapy like?

- ▶ Audio-therapy may have variable definitions and fields of application.
- ▶ However it admits something in common amongst many of them. This commonality includes a directed acoustic image /Eidos/ working as a media-based message, which causes certain changes both in somatic and spiritual state of the human recipient of it.
- ▶ The very nature of music however vague in any shorthand definition and however brightly explained *in extenso* by geniuses, has not yet been caught so tight in the net of human rational conceptions that the majority of humankind could deal with it as they usually deal with ease with their own native language in their everyday life.

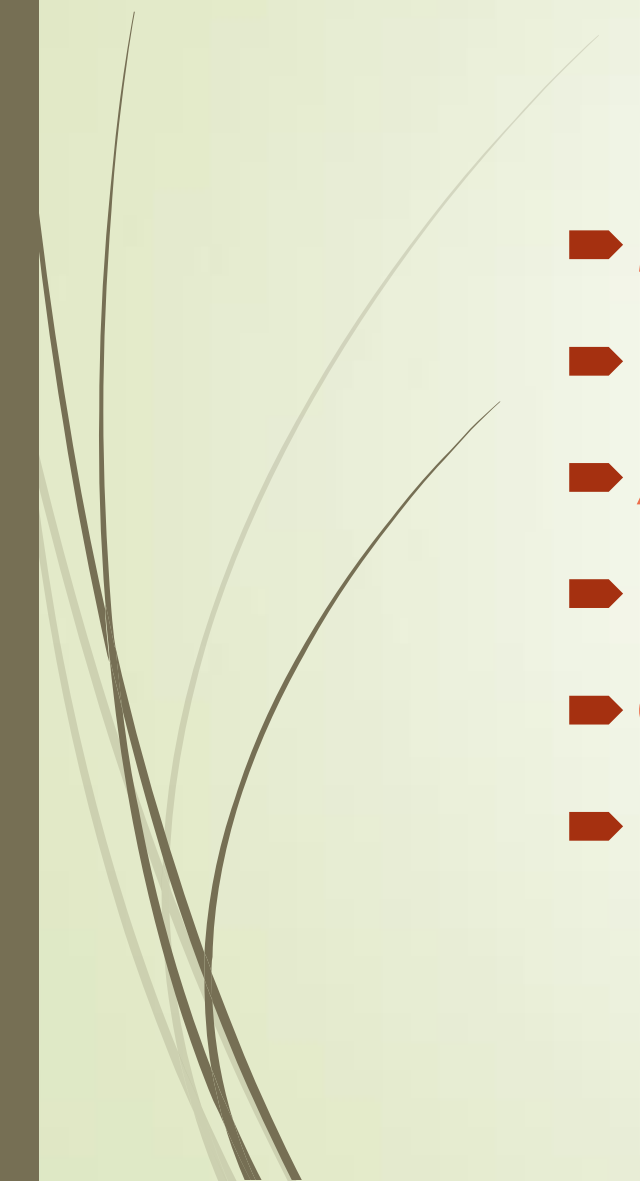


What is audio-therapy like?

- ▶ Legendary Pythagoras applied his acumen to playing **monochord** to his disciples to inspire awakening and designed a reason-based and mathematically construed technique of regulating his disciples set /die Einstellung/.
- ▶ However wide a tradition is of using music to excite human spirit – to worship, to celebrate, to rejoice or solemnly deplore, it can be attributed to regulative power of meaningful acoustic energy.
- ▶ The healing and uniting power of music is beyond doubt. But still there is a most mournful tragic line drawn between Ὀρφεύς and Εὐρυδίκη. And this line is of extreme importance for our understanding the mission of audio-therapist of XXI century. **And it is ethically challenging in context of new humanitarian thinking and legal bioethics.**



What can audio-therapy be like?

- 
- Musical message/ Music Therapy;
 - Noble sounds of Mother Nature message;
 - Auto-suggestive training programs message;
 - Direct convincing and suggestive text message;
 - Oblique / suggestive text message;
 - Biblio-therapeutic educational programs.




ARS LONGA SED VITA BREVIS EST

- MUSIC IS MAGNIFICENT, DIVINE AND EVERLASTING WHILE HUMAN'S LIFE IS CHALLENGED IN MANY WAYS
 - AND THE LIFE QUALITY MATTERS IN MODERN UNDERSTANDING OF HEALTHCARING INSTITUTIONS AND ACTIVITIES
- 




MUSIC IS POWER

- AND MUSIC IS AN ECOLOGICAL SYSTEM;
 - AND NOT ONLY FROM 'SOME EXTERNAL ENVIRONMENT' POINT OF VIEW
 - IT IS INSIDE THE LISTENER
 - AND AS THE SOUNDS REPLENISH THE SURROUNDING
 - IT ALSO ACTS WITHIN LISTENER'S MICRO-COSMOS
 - MAYBE TO AN EXTENT THAT A LISTENER ALSO ACTS AS COMPOSER
 - AND LISTENING TO MUSIC IS A CO-CREATIVE ACTIVITY
 - AND THEN ISN'T 'PASSIVE LISTENING' JUST A PUN OR PLAY OF WORDS?
- 




Music is a dialogue

- ▶ IF A HUMAN PLAYS A TUNE,
 - ▶ WE CAN ASK
 - ▶ WHAT'S THE GAMEPLAY?
 - ▶ AND WHAT IS ALL THAT TEAM EFFORT ABOUT?
 - ▶ AND LIKE TEXTS OF CULTURE /OR NATURE/ MUSIC HAS A MESSAGE
 - ▶ AND LIKE A GAME OR TEXT IT HAS /OR PERFORMS/ A CERTAIN EDUCATIONAL MESSAGE.
- 



MUSIC IS A DYNAMIC AND HOLISTIC PHENOMENON

- AND THE NATURE OF IT IS INVESTIGATED AND CLEARED OUT BUT IN PART.
 - SO OT IT STAYS BOTH WITHIN AND BEYOND HUMAN UNDERSTANDING.
- 




AUDIO-THERAPY HAS STRONG IMPLICATIONS FOR THINKING MEDICAL EDUCATION

- WE HAVE A MULTI-FOCUS PROJECT
- SO WE NEED A NOTION OF AUDIO-THERAPY WITHIN A CHANGING HEALTHCARING CONCEPTION
- WE NEED IT AS A PART OF HOLISTIC IDEA OF HEALTHCARE AND MEDICATION IN A HIGHLY CIVILIZED MODERN SOCIETY
- SO WE PAY TRIBUTE TO HOLISTIC, COMPLEX AND INTEGRATE UNDESTANDING OF HUMAN'S HEALTH
- AND MAYBE – TO A DEGREE – TO A 'NONFORMAL' APPROACH TO TREATING THE PATIENT



EDUCATIONAL ASPECT OF AUDIO-THERAPY

- WE VIEW THE EDUCATIONAL CONTEXT OF AUDIO-TREATMENT OF PATIENTS
- BECAUSE
- A HERMENEUTIC CIRCLE EXISTS BETWEEN
- STAGES OF PERCEPTION ,
- INTERPRETATION
- AND EVALUATION OF MUSIC
- BASED ON EXPERIENCE AND EDUCATION



What is deep inside the audio-therapy for people suffering terminal disease?

- We may not have a full and closed list of all the new ideas coming to new medical thinking at **misericordia age**.
- But let us name just two of them, written between the lines of audio-therapeutic treatment.
- The first one is **consolation**.
- The second one is **respect for patient's personality and personal dignity** which is becoming part of modern legal bioethics.

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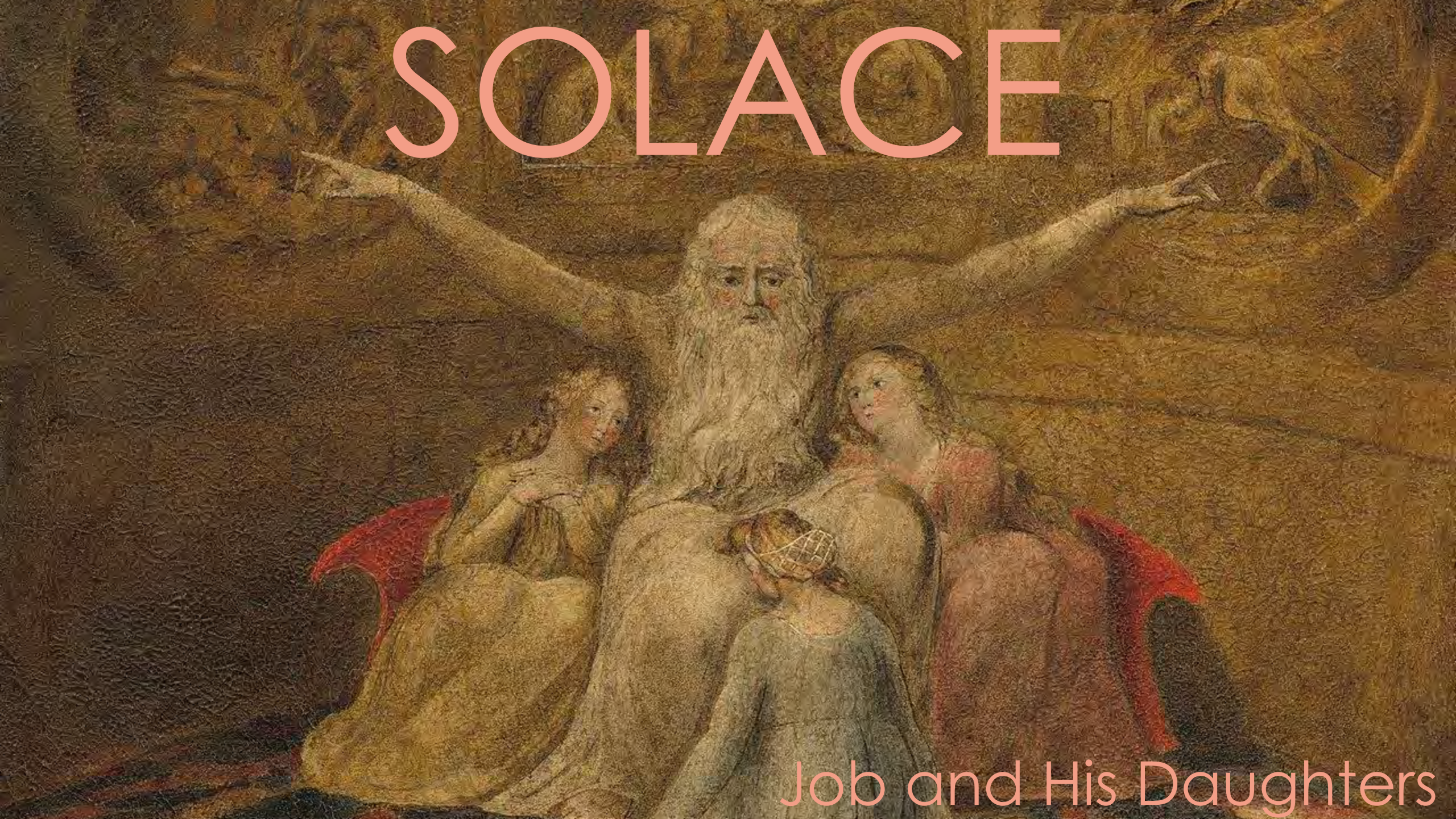
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Anicius Manlius Severinus Boëthius (/boʊˈiːθiəs/ or /-ʃəs/; c. 477–524 AD) composed his famous writing 'Consolation of Philosophy'.

A remarkable detail in this Cambridge Manuscript picture is that Boëthius is portrayed as holding and playing **monochord** (also known as **sonometer**)
Greek μονόχορδον,
Latin *monochordum*

SOLACE



Job and His Daughters

Does audio therapy help renal dialysis patients? – Yes, it does.

Natalia Krasilnikova and her other Colleagues (Aleksei Smirnov, Nina Vanchakova, Elizabetha Watskel) have patented the technology of helping renal dialysis patients by means of audio-therapeutic support, based on patient-centered playlists design and application.



['sʌbstreɪt]

What is the key or predominant communicative function of an audio-therapeutic **playlist**?

- Is it just phatic ?
- Is it just conative? That is directed at the addressee ?
/Die Appel-Funktion, Karl Ludwig Bühler/
- Is it just evocative / trans-temporaneous ?
- Is it just pro-vocative and causing Katharsis ?
- Is it referential ?
- Is it just distracting the patient ?
- Or is it attracting, engaging and moreover – involving the listener in another position in the world?



What is the semiotic status of audio-therapeutic **playlist**?

- Is it just music for art's sake?
- Is it just music for heart's sake?
- Is it just music or something different?
- What is its Composition Principle?
- Is it a Text? Is it a signal?
- How does it work to alleviate pain ?



What are the pre-conditions of sustainable audio-therapy?


These are based on personal readiness / preparedness

7	Intimate susceptibility
6	Educational / cultural
5	Linguistic
4	Communicative
3	Acoustic
2	Psychological
1	Physiological



What is so obsolete and so wrong about so called 'traditional' medical treatment practice?

Shortly
it is treating symptoms
– and not the illness,
and then treating a
disease – not a person.



What's the trouble with doctor's professionalism?

- Feeling loneliness and abandonment kill the patient
- Doctor's ignorance kills the patient
- Doctor's medical error ...
- Doctor's indifference ...
- Doctor's vocational burnout and personal ineffectiveness ...



What is so wrong and obsolete about 'traditional' medical treatment practice?

What exactly are the common problems of modern patients?

- (i) attitudes of staff towards patients;
- (ii) privacy and respect;
- (iii) communication.



<https://medium.com/@lisapescud/back-to-basics-treat-the-person-not-the-disease-1e15f8c8aa18>



How can effectiveness of audio-therapy be guaranteed or sustained?





The humanity part of medicine


What matters today most in patient-centered medical treatment?

- ▶ a patient's lived experience of illness and pain (suffering from chronic illnesses included);
- ▶ patient's comfort and consolation;
- ▶ patient's ability and readiness to fight alienation /Entfremdung/, abandonment and loneliness;
- ▶ patients dignity as opposed to dehumanization of medical treatment.
- ▶ some psychosocial aspects matter no less than the biomedical aspects of disease.

A bit starry-eyed though?



PALLIATIVE MEDICATION

- MEDICATION = COMMUNICATION + MEDICAL TREATMENT
 - OR MEDICAL TREATMENT AND INTERPERSONAL COMMUNICATION BETWEEN THE DOCTOR OR MEDICAL STAFF PERSONELL
- 

Museum of hemodialysis history in Saint-Petersburg



Museum of hemodialysis history in Saint-Petersburg



Life specifics of stage 5 CKD hemodialysis patients



Life specifics of stage 5 CKD hemodialysis patients






Life specifics of stage 5 CKD patients who are on hemodialysis

- ▶ Vital threat if the prescribed care is neglected
- ▶ Lifestyle change
- ▶ Long term treatment required
- ▶ Mobility limitation
- ▶ Possible change of family life, professional and financial status
- ▶ Dependence on the prescribed treatment & medical support as well as the family
- ▶ Strict dietary requirement including water drinking schedule
- ▶ Dependence on medical care



Possible patient reactions to a haemodialysis session

- Fear
 - Anxiety
 - Uncomfortable experiences such as itching, pain, blood pressure rise/fall, cramps, etc.
 - Boredom
- 

Research design: Audio therapy as psychological and pedagogical support of the hemodialysis patients

- Implication of the audio therapy at the hemodialysis department of the First St Petersburg State Medical University named after Academic I.P. Pavlov





Research design:

Audio therapy as psychological and pedagogical support of the hemodialysis patients

- ▶ 61 hemodialysis patients treated from CKD (stage 5) participated in the research



Research methods

- Beck's Depression Inventory
- The Stait-Train Anxiety Inventory by Charles D. Spielberger
- Self-Control Standards Methodology
- Методика УСК (уровень субъективного контроля)
- Ways of Coping Questionnaire
designed by Lazarus
- Self-Assessment Questionnaire
- Interview Method



Interview results. Patients' typical behavioral patterns during hemodialysis sessions

- ▶ Short time nap during the hemodialysis session (100 % of the respondents)
- ▶ Cell phone talks with relatives or other patients (37%);
- ▶ Reading books(26%) or newspapers & magazines (8%);
- ▶ Listening to music, mostly, radio to take their mind of the treatment (13%);
- ▶ Watching video on various electronic devices (4%);
- ▶ Working (3%).



1st stage results measured

- Moderate anxiety rate
- Moderate depression rate
- Adaptive coping strategy
- Locus control rates close to normal
- Moderate level of mood disorder (64%)
- Rates close to normal (36%)



1st stage research results analysis

As result of the psychological tests the patients have been divided into subgroups within the experimental and control groups

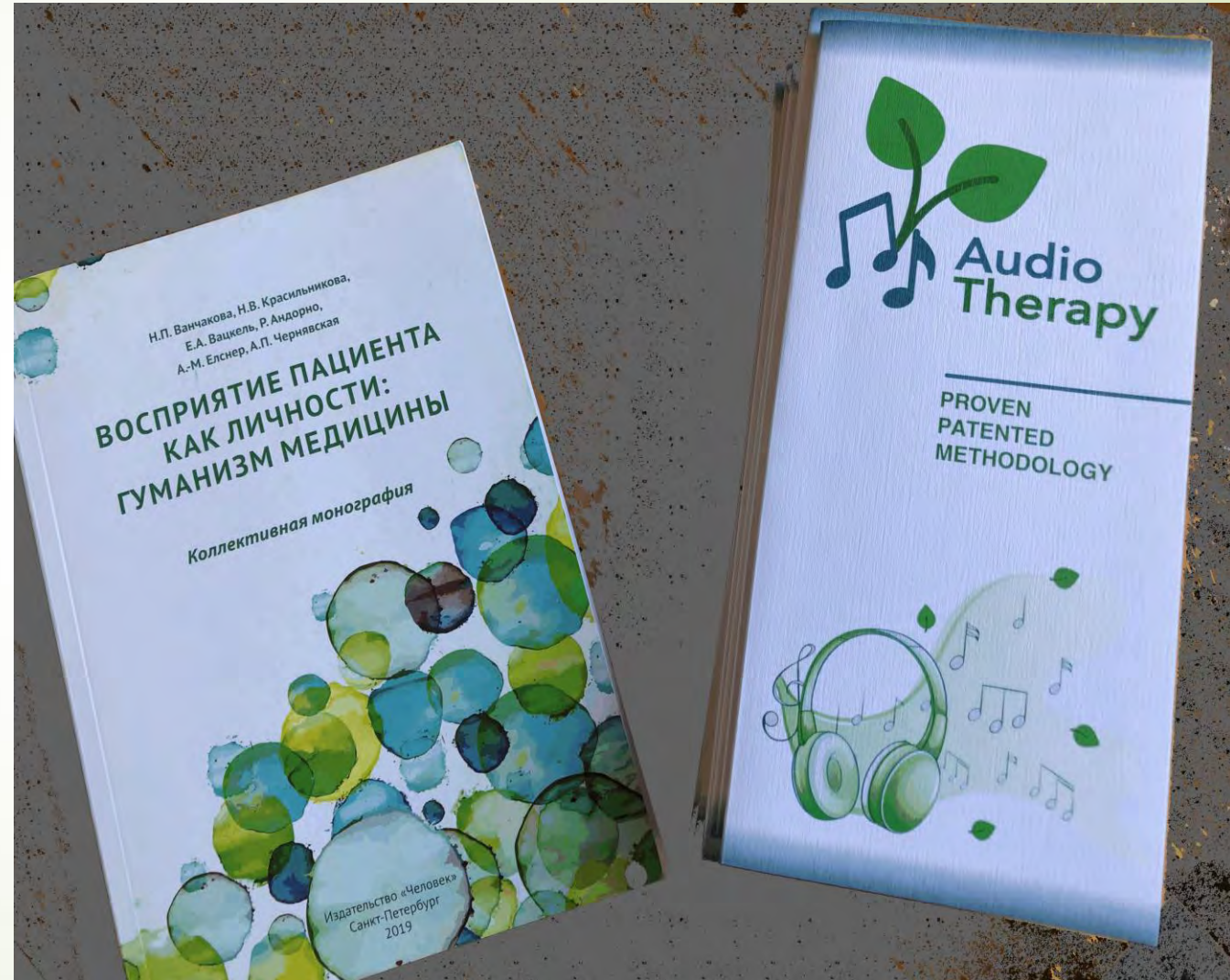
- **1 subgroup:** patients with no depression symptoms, low or moderate anxiety, demonstrating constructive coping strategy close to normal
- **2 subgroup:** patients with low, moderate, pronounced or sever depression combined with moderate or sever state or trait anxiety and external control locus



2st stage research results analysis

- Changes among 2 control subgroup occurred (according to 2 stage results 6 patients could be taken to 1 group)
- The results of audiototherapy claimed by patients include: imagination provoking (53%), memories arousal (33%), relaxation (80%), time structuring throughout hemodialysis session (93%)
- Adaptational potential of hemodialysis patients could be actualized in particular by means of psychological and pedagogic interaction by audiototherapy

Proven
patented
methodology
of Audio
Therapy



OUR PRESENT INTERNATIONAL RESEARCH GROUP



Nina Pavlovna Vanchakova



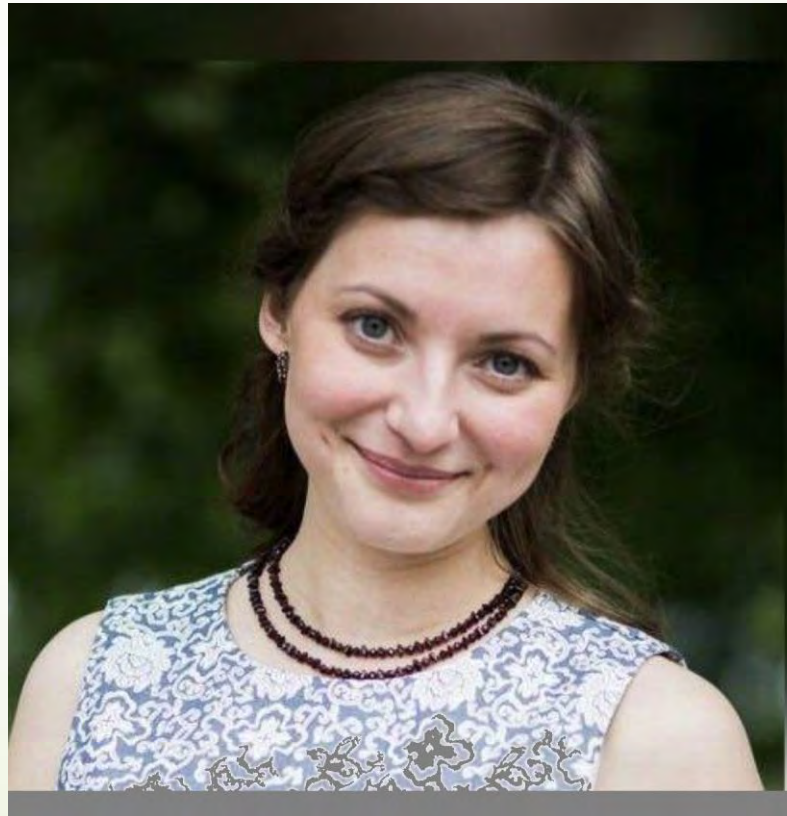
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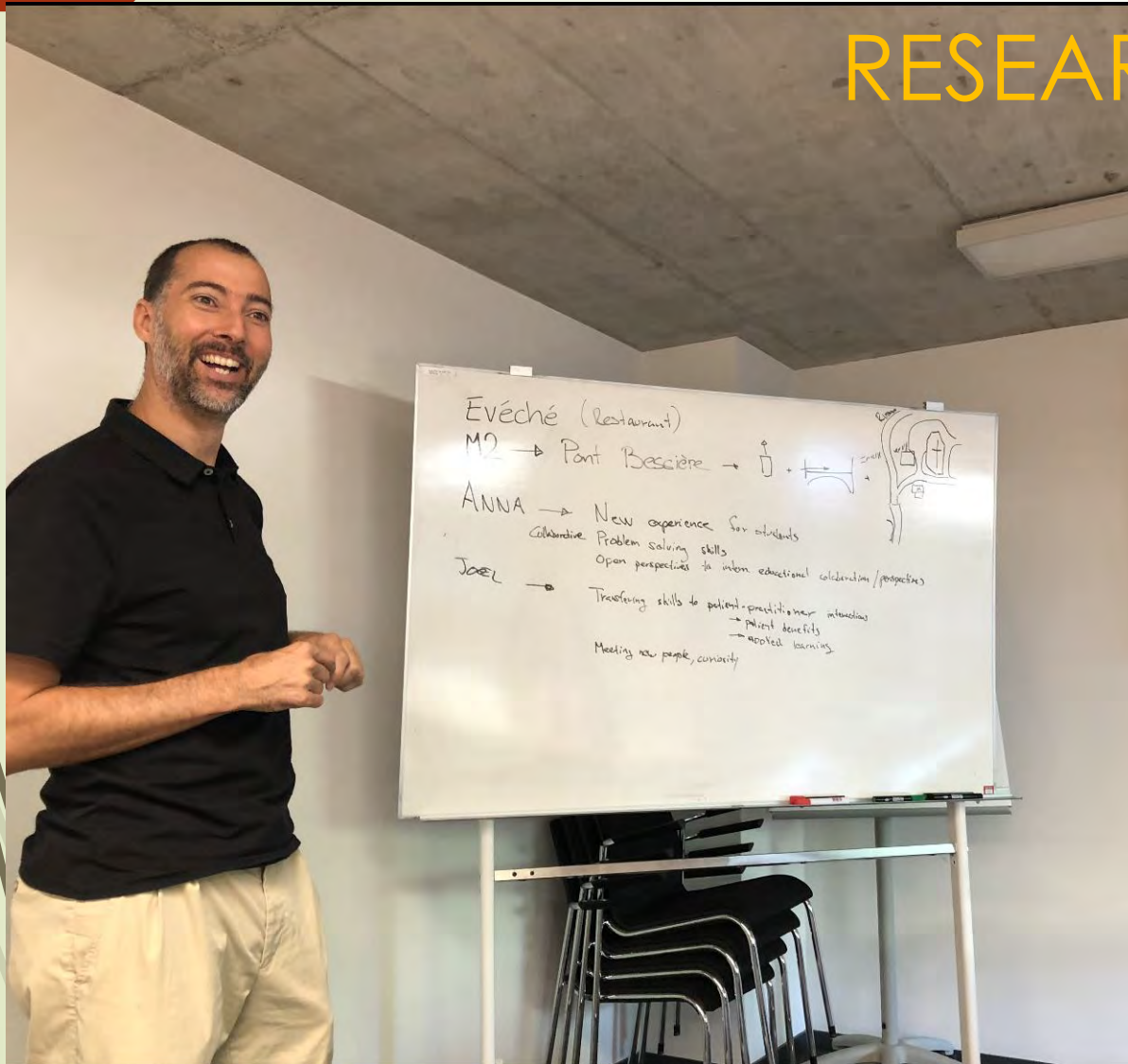
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The humanity part of medicine

What matters today most in patient-centered medical treatment sustaining?

- ▶ 'empathetic witnessing';
- ▶ giving comfort and consolation;
- ▶ helping patient to fight alienation /Entfremdung/, abandonment and loneliness;
- ▶ providing conditions for preserving patients dignity.
- ▶ a doctor / or medical assistant endeavoring to establish code of confidence with the patient in order to reach patient's feedback and compliance with medical treatment. This implies eye-contact, physical touch and other non-verbal messages exchange.

A bit starry-eyed though?



The humanity part of medicine

Lingua-didactics as a boarding area of linguistics and pedagogy explores linguistic **personality** – that is a human as subject of communicative deed in communication [G.I. Boguin].

Vocational lingua-didactis designs a professional communicator model as a highly cultured qualified personality, acting and interacting with other people within frame of vocational context.




The Educational Tasks of the Team

- to develop audio-therapeutic supportive means and technologies for patients;
 - to develop humanitarian / bio-ethical and bio-philic approach in medical treatment vocational communication;
- and then
- – to provide integration of medical educational standards /based on designing interactive blended learning courses/.




Can positive effect of Playlists audio-therapy be enhanced and sustained?

- What techniques and competences should a doctor possess to deliver the healing message of music tracks? How should one be taught for that purpose ?
 - What steps should be taken to teach the patient to accept the audio-therapeutic message ?
 - What are the key stages of teaching the patients coping strategies ?
 - What special measures should be taken to teach the patient coping with disease at preventive, curative and rehabilitative period of life?
- 



There are open questions somehow

- ▶ What are the boundaries of applicability of the method?
 - ▶ How can audiototherapy assistance be transferred into a “cultural norm” in patients and medical staff?
- 



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There are open questions somehow

- ▶ What are the boundaries of applicability of the method ?
- ▶ Can these playlists be as effective with other painful medical procedures and other illnesses ?
- ▶ Are these playlists as universal in global application as in cases with Russian and Swiss patients, mostly belonging to Russian Culture and Christian Church community ?
- ▶ Can positive effect of Playlists audio-therapy be enhanced by special escorting measures ?
- ▶ What set of competences a doctor (as well as other medical staff) must possess to provide adequate and effective audio-therapeutic support for the patient ?



To be over

*THANK
YOU ALL
FOR YOUR TIME
AND
ATTENTION!*





To be over

*We thank
The organizers of
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