

***DukeWrites* Enrichment Suite**

Essay structure, part two (2C)

With Margaret Swezey, Assistant Director of Writing Studio

Paragraph 8: Clinical and statistical significance describe and classify the results of an experiment. Clinical significance usually describes subjective results (general or overall change), while statistical significance reflects objective data (numbers, p-values, scores.)

Statistical significance is often determined by the p-values. If results have a p-value less than 0.05, the probability is negligible that the results were due to chance. Whereas if p-values are greater than 0.05, the results cannot be used to draw definitive conclusions.

Doctors and clinicians require more statistically significant results if they intend to implement music therapy as a replacement or supplement to pain medications. In many of the experiments discussed in this commentary, results are clinically compelling, but from an objective and statistical standpoint, the numbers lack importance.

The main point of this paragraph is the difference between clinical and statistical significance. And that helps us as readers understand why some of the studies are more relevant to the main point of the paper and why.

Paragraph 9: There are several other studies that argue that music therapy does not significantly reduce postoperative pain. However, this does not mean that their results prove music therapy's ineffectiveness in treating postoperative pain.

Like the studies previously mentioned, researchers tested and recorded objective and subjective results that usually consisted of VAS scores and the amount of analgesics administered to patients through PCA units.

The measured results may not be statistically significant due to the small size of the experimental groups, but they still show that pain decreased after surgery.

And I've cut a more detailed discussion because of space reasons.

Paragraph 9 presents what is sometimes called the counter-argument, an argument against the paper's main claim. While the paper says that music therapy is an effective alternative to pain medications, this paragraph investigates studies that seem to indicate that music therapy is in fact, does not reduce postoperative pain.

Bringing up this information seems at first to weaken the argument.

That's the first part of the counter-argument right here, where it brings up the other studies that seem not to support the paper's main claim. But after that, beginning with the word however, the rest of the paragraph explains the results are not statistically significant, which is a term discussed in the previous paragraph.

The results of these studies were not statistically significant because of the number of subjects in the studies were small. However, the findings were consistent with that of the other studies discussed because music therapy reduced pain in patients after surgery.

Discussing the counter-argument strengthens the paper's main claim because it shows the writer is thorough and careful and has considered all sides of the issue. She anticipates the reader's possible objection and addresses it in the paper, too. So over here in this, in the margin, I'm going to write counter-argument.

Ok, paragraph 10: Evidence and data from these studies suggest that music therapy effectively reduces pain. Though some of them claim that there is not enough statistical significance to make such a suggestion, they all recognize that music does lower pain scores.

Experiments such as Good and Ahn's, which produced no statistically significant data, stated that music therapy is at least an effective supplemental non-pharmacological method of reducing pain.

This paragraph analyzes the evidence just presented in the last several paragraphs. And says that it indicates that music therapy reduces pain or is at least effective as a supplementary method to reduce pain.

Paragraph 11: One might also wonder what musical genres would be appropriate for music therapy. Many experiments vary in the type of music used. Sen et al and Vaajoki et al allowed patients to listen to music of their own choosing.

Whereas Good and others gave patients a selection of slow modern jazz, piano orchestra, harp, and synthesizer. Most of the studies discussed vary in their music choices, which suggest further studies are needed to determine the most effective genres for music therapy.

So the main point of this paragraph is what kinds of music are most appropriate. Or just what kinds are best.