

# ***DukeWrites* Enrichment Suite**

## **Essay structure, part one (2D)**

***With Margaret Swezey, Assistant Director of Writing Studio***

Paragraph 12: Questions regarding pain measurement may also be an issue when assessing the efficacy of music therapy. Patients have varying levels of pain tolerance and their answers on questionnaires and test results on VAS tests may not be accurate or consistent.

Ritchey reviews the state of postoperative pain management and the possible methods of improving treatments. He finds that patients who suffer from chronic pain or have become dependent on opioids reported high pain scores, but then inconsistently reported overall satisfaction with pain treatment.

It is also hard to conduct research without some confounding ethics-oriented variables. For instance, patients cannot be denied pain medication in the hopes of more accurately measuring the effects of music therapy. Despite this fact, studies with very large sample sizes and the many similar results produced in different studies suggest that this issue is negligible.

So the main idea in this paragraph is the issue of pain measurement, because it's really hard to measure levels of pain objectively since it depends on patients reporting how much pain they feel, which is quite subjective.

The last sentence notes that large sample sizes and similar results across very different studies indicate that it seems like the issue of pain measurement isn't a significant problem, however.

In most cases, music therapy was effective in reducing pain and the overall discomfort of patients. Music therapy, at times, may not have as powerful an effect on pain as analgesics do. However, it poses no adverse side effects, does not cause dangerous health problems, and requires little more than a set of headphones and an MP3 player.

Since more research still needs to be conducted, it is safer to use music therapy as a supplement to postoperative pain medications. Music therapy can help reduce the amount of medications that patients require, and as a result, can reduce the potential risk that prescriptions can cause.

The research presented in this commentary suggests pain treatment that uses various methods to reduce the amount of analgesics and opioids used is the safest way to decrease pain and lower the risk of adverse side effects.

Why not make music therapy part of these opioid-reducing treatments, when it is a soothing, safe, and low-risk alternative for suffering patients?

This paragraph summarizes the main conclusions of the commentary, noting the benefits of using music therapy to supplement postoperative pain management.

Ok, now we've identified the main point of every paragraph. Let's look at the list of main points in the whole paper in order. This list shows the overall structure of the paper, with the main point of each paragraph listed next to the number of the paragraph.

So, one thing that you may notice is that within the overall structure there are several different sections. So, the first two paragraphs introduce the topic. The first one says why it's important and the second one says what the paper will do.

The next two paragraphs, three and four, discuss the problems that pain medications can cause. The next several paragraphs, that's 5, 6, and 7, treat the evidence from research articles about the efficacy of music therapy, from starting with the strongest and most supportive study to the weakest and least supportive study.

The next two paragraphs, 8 and 9, explain the difference between clinical and statistical significance and results ~ and address the counterargument, which has to do with the difference between clinical and statistical significance. And so it makes sense for those two paragraphs to go next to each other.

Last, paragraphs 10, 11, 12, and 13 discuss the further implications. The paper's conclusions about the usefulness of music therapy, the kind of music that might be best, and the issue of how to measure pain.

Chelsea's paper includes subheadings that divide the paper into sections. The subheading titles appear here in bold. So the first section actually there's no subheading here, but the first subheading title is Pain Medications. Then there's Postoperative Music Therapy, Clinical versus Statistical Significance, and Implications.

These subheadings reflect the main sections we saw on the previous slide when we were examining the reverse outline that showed the overview of the whole paper.

This method of using subheadings is common in some fields, such as medicine, and some sciences and social sciences, but it's not in all fields. It's unusual in the humanities, for example.

You should check with your professor to learn if subheadings are appropriate for a paper that you're writing. You can also look in the readings that you're doing for class. If the readings include subheadings then it's most likely appropriate for you to do that in

your paper. Whereas, on the other hand, if the readings don't include subheadings, it's probably not appropriate to include them in your paper.

Whether a paper has subheadings or not, it should follow a logical structure. And depending on its length, it may have several paragraphs on related topics grouped together, like Chelsea's paper does here.