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Seeking the Essence of the Study Within the Study

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The editors of *Music and Medicine* strive to foster the acceptance, implementation, integration as well as the acknowledgment of music therapy and music medicine as a science-based, uniquely qualified domain of health care. This journal, as a verification of such intentions, seeks to challenge each and every submitting author to define what kind of acoustic stimulus, sound, or music might be a distinct parameter of influence that is being utilized in a study. We encourage authors and readers to consider what purpose a contributing intervention might serve. Furthermore, the securing of an appropriate design and statistical analysis of the variables at hand is most important.

In best research practices, principal investigators (PIs) who themselves do not have musical and/or psychological expertise should establish a multidisciplinary research group to include professional, artistic, and scientific colleagues, which can inform the study related to the music aspects of the research. Additionally, such a group might further assist in the culmination of how such aspects might influence the methodology.

A biostatistician's involvement, as member of a multidisciplinary research team, is critical to the analysis phase; but in best research practices, ideally this member has been a part of the planning phase of a study since its initiation. Authors seeking support in this matter may refer to a wealth of methodological literature for examples.^{1,2} Special training courses offered by educational institutions are another resource that can be particularly useful.

Although there seems to be a general feeling of skepticism that exists in scrutinizing the effects of findings and to what extent research results published do actually meet truth and validity, a large study summarized by Beth Mole³ recently evaluated more than 77 000 biomedical research articles in their statistical correctness, with perhaps surprising findings. Authors concluded that "only 14% of results are wrong, despite prominent opinions to the contrary." These 14% include false data published, which proved to be based on bias, sloppiness, or fraud. Scientific fraud and malpractice continue to be a hot topic in the research community, ranging from social science to medical science, on to physics, and so forth.^{4,5}

However, there is yet another aspect highlighted by David Rubenson, which infers a "communication crisis in research."⁶ He cites Mark Twain as saying that "I didn't have time to write a short letter, so I wrote a long one instead." This example of such simple wisdom is frequently neglected in communication

among scientists as well as between scientists and the public. While, for instance, oral presentations often seem to be "a dizzying whirlwind of incomprehensible slides" (editor's comment: who would object!), written publications have their own problems. When discussing scientific inaccuracy, it might indeed often be the sheer volume of publications and the obliqueness with which many articles are written, which create misunderstandings. At the same time, this may be the reason for a significant number of scientific retractions observable during the last few years.

The editors of *Music and Medicine* agree with Rubenson that "progress depends on our community focusing on its most significant accomplishments," while at the same time we strongly support exchange of creative and innovative concepts.

Music and Medicine is proud to strive for finding a balance in restricting to a limited number of articles per issue; including special issues every year, all well comprehensible; and thus widening its scope to a global scale and bridging the various disciplines that are contributing to the wealth of knowledge and experience on music in medicine and therapy.

What Is the Essence?

Essence is the notion that everyone who takes part in being a part of the research process or the publication process makes sure to take special care so as not to succumb to personal bias or ambition to the extent that data acquisition, analysis, and interpretation would lead to a spoiled or contaminated message to the community and to the public.

Working toward this end, careful and detailed, yet sometimes controversial discussions between editors, peer reviewers, and authors are the only way to secure truth and ethical quality. We value the growing dialogues and the expansion of our

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community that has fostered international discussion and new knowledge in so many unique areas of music and medicine.

In this issue, we open with an exciting new study that implements one of the most influential genres of music in India and measures its applied effects in 2 populations not often studied in music and medicine trials. Shashi Bhushan Singh, Soubhik Chakraborty, Keashav Mohan Jha, Satish Chandra, and Shanti Prakash researched the impact of Hindustani ragas on visual acuity, spatial orientation, and cognitive functions in patients with cerebrovascular accident and diffuse head injury. Readers will broaden their scope of music by considering the impact of chant and the tradition of such healing music.

Although clinical depression is among the most common diagnoses for people with mental illness, there are too few investigations that observe from a broad and open perspective how, when, and why music listening might have an effect on a depressed person's mood. In a first of its kind survey study, Kay Wilhelm, Inika Gillis, Emery Schubert, and Erin Louise Whittle delve deeply into the topic of music and depression. In their work "On a Blue Note: Depressed Peoples' Reasons for Listening to Music," we learn some interesting elements of how music serves this not-so-well-understood clinical population.

Robert Eley has undertaken a fresh postanalysis of an exciting and unique study, which implemented an instrument not often used in music therapeutic settings: the didgeridoo. In this writing, the examination of the didgeridoo's potential effects is of interest, particularly as the analysis views applications with an underserved population, the Australian Aborigines.

There has been a good amount of recent attention in the medical literature on the potential residual effects of cancer treatment on the brain. However, there is not much information on how music might impact the neurological function of children in their growth from a developmental context. In the next article, Nathaniel Hiscock, Clare O'Callaghan, Megan Goodwin, and Greg Wheeler explore the neurocognitive effects of childhood cancer treatment.

Another interesting, 2-part article in this issue, contributed by Tian Gao, is the study and development of a new and innovative music psychotherapy approach for posttraumatic stress disorder (PTSD) named music entrainment and reprocessing (MER).

This 2-part series begins with theoretical and clinical foundations that are based on Gao's work with victims of both human-vindicated trauma and natural disaster. Looking carefully

through the study of patients with trauma, his MER method developed as a recent music therapeutic outgrowth of Shapiro's *eye movement desensitization and reprocessing* (EMDR) that was developed in the late 1980s.

Cheryl Dileo takes a unique perspective by presenting an overview, where she analyzes the content of the first 4 years of *Music and Medicine* and then proposes a model or a schema for how she envisions that we might identify practices based on her analysis. This article will provide a forum for thinking and a context for analysis and classification.

Music and Medicine as an integrative journal is committed to safe and innovative interventions that can reduce risk and lower costs of medical treatment. In the final article, William T. H. To, Tianna Bertolo, Victor Dinh, Draga Jichici, and Cindy M. Hamielec demonstrate the effects of music, namely Mozart piano sonatas, convincingly as a nonpharmacological adjunct to facilitate sedation vacation in critically ill patients. This carefully executed study will enthrall readers to consider the analgesic possibilities for music medicine as applied in the most medically challenging circumstances within hospital care.

We are grateful for the new members of our editorial board, and particularly our new team of international members, who are providing the abstracts for our readers across the globe in their native languages. We look forward to your continued interest and submissions.

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