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Music Therapy or Music Medicine?

Christian Gold^a, Jaakko Erkkilä^c, Lars Ole Bonde^d, Gro Trondalen^b,
Anna Maratos^e, Mike J. Crawford^f

^aUni Research and University of Bergen, Bergen, and ^bCentre for Music and Health, Norwegian Academy of Music, Oslo, Norway; ^cFinnish Centre of Excellence in Interdisciplinary Music Research, University of Jyväskylä, Jyväskylä, Finland; ^dAalborg University, Aalborg, Denmark; ^eMusic Therapy, CNWL Foundation Trust, and ^fCentre for Mental Health, Imperial College London, London, UK

In a recent study, Brandes et al. [1] report the results of a randomised trial of music listening as an adjunct treatment for depression. Their results are interesting – but are they really about music therapy (MT)?

MT is most commonly defined as an intervention where ‘the therapist helps the client to promote health, using music experiences and the relationships developing through them’ [2]. Also other definitions of MT agree that a therapeutic relationship is important for a music intervention to be considered MT. Other programmes that ‘use music for health-related goals, but in ways that do not qualify as music therapy’ [3] may be described as music medicine, or in the case of this study, simply as music listening. Other music listening studies have successfully avoided this confusion [4].

Of course, the fact that an academic field has developed a consensus does not necessarily imply that all authors and journals in the world are aware of it. Sometimes unknowing editors may send manuscripts from unknowing authors to unknowing reviewers. However, lack of knowledge does not seem to be the explanation in this case. We know that the authors have presented their study at several conferences where the distinction between MT and music (medicine) was discussed. Also the reference list of the paper allows the conclusion that the authors were probably aware of the distinction. They have cited a Cochrane review [5] of MT for de-

pression; that review provided a clear definition of MT and excluded studies where music listening alone was used as the intervention. Music listening may be used as a part of MT, but without a therapist and a therapeutic relationship, music listening in itself is not MT. The study by Brandes et al. [1] would have been excluded from that review; yet the authors use the review to claim that their study overcomes some of the methodological shortcomings of earlier MT studies. Their claim that their study is ‘the largest to date’ cannot be substantiated when comparing it to the studies that were *included* in that review – at a minimum, one would need to examine the table of *excluded* studies from the Cochrane review. In the next update of the Cochrane review, their study will be added to that list. More research is clearly needed on both types of intervention [3]. However, we sincerely hope that future researchers will distinguish between them with the necessary care and sensitivity.

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Dr. Christian Gold
GAMUT, Uni Health, Lars Hilles gate 3
NO-5015 Bergen (Norway)
Tel. +47 97 50 1757, Fax +47 55 58 9878
E-Mail christian.gold@grieg.uib.no