

THE POSITIVE INFLUENCE OF CHU MUSIC ON CURRENT VALUE FROM THE EMOTIONAL DISORDER PERSPECTIVE

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SUMMARY

Introduction: Affective disorder is a group of mental disorders with significant and continuous rise or decline of emotion as the main clinical characteristics, often accompanied by corresponding changes in thinking and behavior. There are great differences in the performance of affective disorders. The lighter may be the response to some negative life events, and the heavier may become a serious recurrent or even chronic disability disorder. Chu music art is an important part of Chu culture. Under the background of accelerating the social system engineering of cultural development and prosperity, how to inherit the Chu music culture that has lasted for 2000 years, make Chu music precipitate in history, develop in reality and move towards a prosperous future is an important research topic. The ethical connotation of "Tao follows nature", "eight tones win harmony", "human harmony" and "perfection" contained in Chu music art is full of aesthetic color, which plays an important role in guiding individuals to good, understanding and accepting themselves, understanding reality and facing adversity. In view of this, this study explores the construction of the Chu music culture intervention model for the treatment of patients with affective disorders, in order to carry forward the contemporary value of Chu music culture and expand its positive influence in the intervention and treatment of mental diseases.

Subjects and methods: In order to investigate the positive influence of Chu music culture on the treatment of patients with affective disorder, 80 patients with affective disorder admitted to our hospital from January 1, 2019 to June 30, 2020 were selected as the research object. They were randomly divided into control group and observation group, with 40 cases in each group. Both groups were treated with routine antipsychotic drugs, the control group was given routine psychiatric care, and the observation group was given Chu music culture intervention therapy on the basis of routine psychiatric care. Self-rating Anxiety Scale (SAS), Mania Rating Scale (BMRS) and Self-rating Depression Scale (SDS) were used to compare the anxiety, mania and depression of the two groups before and after the intervention, and the medication compliance and quality of life of the two groups before and after the intervention. The Social function Defect Screening Scale (SDSS) was used to compare the social function defects of the two groups before and after the intervention.

Results: The results showed that the scores of SAS, BMRS and SDS in the two groups after intervention were lower than those before intervention ($P < 0.05$), and those in the observation group were lower than those in the control group ($P < 0.01$). After the intervention, the medication compliance of the observation group was better than that of the control group ($P < 0.05$). After the intervention, the scores of qualities of life in the two groups were higher than those before the intervention ($P < 0.05$), and those in the observation group were higher than those in the control group ($P < 0.05$). After the intervention, the SDSS score of the two groups was lower than that before the intervention ($P < 0.01$), and that of the observation group was lower than that of the control group ($P < 0.01$).

Conclusions: Chu music culture intervention therapy can significantly improve the anxiety, mania and depression of patients with affective disorder, improve the compliance and quality of life of patients, reduce the occurrence of impulsive behavior, and reduce social function defects. Therefore, it can be said that Chu music culture has a positive impact on the treatment of emotional disorders, which is undoubtedly an important embodiment of the contemporary value of Chu music culture.

Key words: Chu music culture - affective disorder - intervention therapy - life governance - social function defects - value impact

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INTRODUCTION

Affective disorder is a group of mental disorders with significant and continuous rise or decline of emotion as the main clinical characteristics, often accompanied by corresponding changes in thinking and behavior. There are great differences in the performance of affective disorders. The lighter may be the response to some negative life events, and the heavier may become a serious recurrent or even chronic disability disorder. In terms of symptoms and signs, the basic symptom of affective disorder is emotional change, which is usually manifested in two completely opposite clinical states: Depressive attack and manic attack. The state diagnosis of depressive

episode and manic episode is also the main basis for the classification and diagnosis of affective disorders. Therefore, it is of great significance to understand the characteristics of the extreme abnormal states of these two emotions and identify them (Nhab et al. 2020).

At the level of depression attack, core symptoms: the core symptoms of depression include depression, lack of interest and loss of fun. This is the main symptom of depression. The diagnosis of depression should include at least one of three symptoms. (1) Depression: the patient experiences depression and sadness. Depressed and gloomy. Patients often complain that they are in a bad mood and can't be happy. Patients with depression can usually distinguish between the pessimism and sadness they experience in

a depressed state and the sadness caused by bereavement. This is the “special nature of depression” often mentioned in the diagnosis of depression. It is one of the symptoms that distinguish between “endogenous” and “reactive” depression. On the basis of depression, patients will feel desperate, helpless and useless (Hui 2019). (2) Lack of interest: it refers to the patient’s lack of interest in various activities he previously liked, such as entertainment, sports activities, hobbies, etc. A typical person lacks interest in anything, good or bad, is isolated from the world and doesn’t want to see anyone (Latif et al. 2020). (3) Loss of happiness: refers to the patient’s inability to experience happiness from life or lack of happiness in daily life. The above three main signs are interrelated and can appear in patients at the same time, that is, causality. However, many patients emphasize only one or two of them. Some patients do not think they are in a bad mood, but they are not interested in the things around them. Some patients with depression sometimes participate in some activities when they are bored, mainly those they participate in alone, such as reading, watching movies, TV, engaging in sports activities, etc. Therefore, on the surface, the patient’s interest still exists, but further investigation can find that the patient has no fun in these activities. The main purpose of these activities is to kill time or hope to get rid of pessimism and disappointment. At the same time, depressive episodes also have typical psychological symptoms: they can be divided into psychological accompanying symptoms (anxiety, self-blame and psychotic symptoms, cognitive symptoms, suicidal thoughts and behaviors, self-knowledge, etc.) and psychomotor symptoms (psychomotor excitement and psychomotor excitement, etc.). It has typical physical symptoms: including sleep disorder, appetite disorder, sexual dysfunction, energy loss, nonspecific physical symptoms, such as pain, physical discomfort, autonomic nerve dysfunction and so on (Bojorquez et al. 2020).

At the level of manic episode, the core symptoms are: high emotion, runaway thinking and enhanced will and behavior. (1) The main symptom of irritability or irritability is mania. It usually shows relaxation, happiness, enthusiasm, optimism, complacency, openness and carefree. This emotional response is vivid, consistent with the inner experience and the surrounding environment, and has a certain appeal. Mild symptoms may not be considered abnormal, but people who know him can see the abnormality of this performance. Some patients also focus on irritable emotions and get angry because of trivial things. Especially when someone accused him of arrogance or unrealistic ideas, he heard no objection. In serious cases, he may have destructive or aggressive behavior. Patients tend to be happy in the early stage of the disease and become irritable in the later stage. Personal anxiety or depression can also occur. (2) Fast thinking: refers to the acceleration of thinking

association speed. The patient’s language is becoming more and more fluent. He feels that his language speed is far from keeping up with his thinking speed. Sometimes there may be phonetic association, that is, phonetic couplet or semantic couplet. May be inattentive and often change with the environment. (3) Will behavior enhancement: that is, coordinated mental movement excitement. Their internal experience and behavior, behavioral response and external environment are relatively unified. In contrast to mental retardation, patients are more active, busy, social and busy. Take the initiative to communicate with others, fall in love at first sight, like to joke or prank, meddle in matters, harbor resentment, and accomplish nothing. In conclusion, manic patients are usually accompanied by a decrease in sleep demand because they are increasing their activity and running tirelessly every day. Due to excessive physical exertion, diet can increase significantly. Some patients do not diet, overeat or overeat. Sometimes, they lose weight significantly because they can’t drink, eat and sleep normally, and even die of exhaustion. Especially elderly or frail patients. Manic patients often wear heavy make-up, especially brightly colored clothes. The patient has high sexual desire. Sometimes they are interested in sex. Sometimes, they will have too much intimacy, hugs and kisses with others on inappropriate occasions, regardless of other people’s feelings. Manic patients may maintain a certain self-awareness, while manic patients usually have incomplete self-awareness (Schwab et al. 2021).

With the progress of science and technology, people have a profound and scientific understanding of the etiology of affective disorder. Especially in the past 20 years, scientists all over the world have conducted a lot of research on the etiology of mood disorders around biological factors (including genetic factors, quality factors, physical factors, physiology, pathology, biochemistry and other aspects) and psychosocial factors, and accumulated a lot of valuable data. However, for the intervention treatment of patients with affective disorder, it is difficult to form a systematic, standardized and standardized scheme. Therefore, whether in theory or in practice, we should actively explore and expand the new direction and new ideas of clinical intervention treatment of affective disorder.

SUBJECTS AND METHODS

Study setting

Culture is the spirit and soul of a nation. It is the decisive factor of a country’s strength. It can profoundly affect the development process of a country and change the fate of a nation. The cultural form of Chu music is inclusive and reserved. Chu music refers to Chu music in the Warring States period, Qin and Han Dynasties. It also refers to the music of the middle reaches of the Yangtze River and the Han

River. It is also known as “Chu tune” or “Southern tone”. Chu music has the characteristics of nationality and integration, allowing the coexistence of Yi and Xia and enjoying both refined and popular tastes. Chu music has rich and complete forms of expression and artistic system. In the spring and Autumn period, the state of Chu set up music officials to be responsible for music affairs. At the same time, due to the lack of constraints and limitations of rites and music, Chu music also contains the “truth” of Chu people, which is not only the truth of temperament, but also the truth of aesthetics. It can be said that Chu music culture, as an important carrier of cultural inheritance, has an important impact on meeting the spiritual and cultural needs of the people. In short, Chu music art is an important part of Chu culture. Under the background of accelerating the social system engineering of cultural development and prosperity, how to inherit the Chu music culture that has lasted for 2000 years, make Chu music precipitate in history, develop in reality and move towards a prosperous future is an important research topic.

Modern physiologists have found that various rhythms of the human body, such as heartbeat, are affected by music and often synchronized with the rhythm of music. If you play slow music, your systolic blood pressure will also decrease. The reason is that music can affect brain waves, slow down physical activities and relax nerves. On the other hand, music therapy can alleviate the patient’s anxiety and other adverse emotions, significantly stimulate the cerebral cortex, stimulate the excitement of cerebral sympathetic nerve, improve the patient’s physical and mental coordination and improve the patient’s quality of life. Music therapy can also divert patients’ attention, keep them happy most of the time and eliminate their bad emotions. At present, it has been used in the treatment of nervous system diseases with remarkable curative effect. Chu music is a wonderful flower cultivated by the pre-Qin Chu people with Jiangnan Plain as their hinterland. With the changes of history and the development of war, it integrates the characteristics of different regions and nationalities, and the music form and artistic connotation are further enriched. The ethical connotation of “Tao follows nature”, “eight tones win harmony”, “human harmony” and “perfection” contained in Chu music art

is full of aesthetic color, which plays an important role in guiding individuals to be good, understanding and accepting themselves, understanding reality and facing adversity. In view of this, this study explores the construction of the Chu music culture intervention model for the treatment of patients with affective disorders, in order to carry forward the contemporary value of Chu music culture and expand its positive influence in the intervention and treatment of mental diseases.

Design

Research object: 80 patients with affective disorder admitted to our hospital from January 1, 2019 to June 30, 2020 were selected as the research object. They were randomly divided into control group and observation group with 40 cases in each group. Inclusion criteria: (1) patients with affective disorders who met the classification and diagnostic criteria of Chinese mental disorders. (2) Patients aged 18-50 years. (3) Informed consent of family members and patients. Exclusion criteria: (1) patients with severe liver, kidney, heart and lung disorders. (2) Emotional disorders caused by organic diseases. (3) Drug allergy or poor compliance. Research methods: both groups were treated with routine antipsychotic drugs, the control group was given routine psychiatric nursing, and the observation group was given Chu music culture intervention therapy on the basis of routine psychiatric nursing. Evaluation indicators: Self-rating Anxiety Scale (SAS), Mania Rating Scale (BMRS) and Self-rating Depression Scale (SDS) were used to compare the anxiety, mania and depression of the two groups before and after the intervention, the medication compliance and quality of life of the two groups before and after the intervention, and the social function Deficiency Screening Scale (SDSS) was used to compare the social function defects of the two groups before and after the intervention. Statistical analysis: SPSS25.0 statistical software was used for statistical analysis, with $P < 0.05$ as the difference, which was statistically significant.

Table 1 shows the comparison of SAS and BMRS scores between the two groups before and after intervention.

Table 1. Comparison of SAS and BMRS scores between the two groups before and after intervention

Group	SAS score		BMRS score	
	Before intervention	After intervention	Before intervention	After intervention
Observation group	71.38±5.94	52.46±4.54*	25.15±4.68	10.53±2.83*
Control group	71.24±5.41	59.51±4.58*	25.25±4.12	14.78±3.83*
<i>t</i>	0.110	6.892	0.112	6.237
<i>P</i>	0.913	<0.001	0.911	<0.001

Note: compared with the same group before intervention, * $P < 0.05$, $P < 0.01$.

Table 2 shows the comparison of SDS and SDSS scores between the two groups before and after intervention.

Table 2. Comparison of SDS and SDSS scores between the two groups before and after intervention

Group	SDS score		SDSS score	
	Before intervention	After intervention	Before intervention	After intervention
Observation group	54.46±6.54	41.68±4.54*	11.15±2.68	4.53±0.83*
Control group	54.51±6.58	45.54±4.58*	11.25±2.12	8.78±1.83*
<i>t</i>	0.062	2.892	0.167	13.957
<i>P</i>	0.913	0.007	0.868	<0.001

Note: compared with the same group before intervention, * $P < 0.05$, $P < 0.01$.

Table 3 shows the comparison of drug compliance between the two groups before and after intervention.

Table 3. Comparison of drug compliance between the two groups before and after intervention

Group	Before intervention			After intervention		
	Complete compliance	Partial compliance	Noncompliance	Complete compliance	Partial compliance	Noncompliance
Observation group	14(35.0)	21(52.5)	5(12.5)	34(85.0)	6(15.0)	0(0.0)
Control group	16(40.0)	19(47.5)	5(12.5)	27(67.5)	9(22.5)	4(10.0)
<i>U</i>		0.140			3.890	
<i>P</i>		0.710			0.049	

Table 4 shows the comparison of quality of life between the two groups before and after intervention.

Table 4. Comparison of quality of life between the two groups before and after intervention

Group		Life field	Psychological field	Social relations field	Field of independence	Spiritual belief
Observation group	Before intervention	30.44±8.41	55.76±8.49	29.47±4.78	44.94±6.24	9.05±1.23
	After intervention	41.68±7.94*#	68.41±9.06*#	39.65±6.55*#	52.53±6.88*#	9.96±1.17*#
Control group	Before intervention	30.59±8.46	55.83±8.84	29.53±4.27	44.81±6.46	9.01±1.14
	After intervention	35.45±8.96	62.44±8.49*	32.46±6.87*	47.34±7.15*	9.42±1.15*

Note: Compared with the same group before the intervention, * $P < 0.05$; Compared with the control group after the intervention, # $P < 0.05$.

RESULTS

After the intervention, the scores of SAS, BMRS and SDS in the two groups were lower than those before the intervention ($P < 0.05$), and those in the observation group were lower than those in the control group ($P < 0.01$). After the intervention, the medication compliance of the observation group was better than that of the control group ($P < 0.05$). After the intervention, the scores of qualities of life in the two groups were higher than those before the intervention ($P < 0.05$), and those in the observation group were higher than those in the control group ($P < 0.05$). After the intervention, the SDSS score of the

two groups was lower than that before the intervention ($P < 0.01$), and that of the observation group was lower than that of the control group ($P < 0.01$).

DISCUSSION

Affective disorder is a group of mental disorders with significant and continuous rise or decline of emotion as the main clinical characteristics, often accompanied by corresponding changes in thinking and behavior. There are great differences in the performance of affective disorders. The lighter may be the response to some negative life events, and the heavier may become a serious recurrent or even

chronic disability disorder. In terms of symptoms and signs, the basic symptom of affective disorder is emotional change, which is usually manifested in two completely opposite clinical states: depressive attack and manic attack. The state diagnosis of depressive episode and manic episode is also the main basis for the classification and diagnosis of affective disorders. Therefore, it is of great significance to understand the characteristics of the extreme abnormal states of these two emotions and identify them. Modern physiologists have found that various rhythms of the human body, such as heartbeat, are affected by music and often synchronized with the rhythm of music. If you play slow music, your systolic blood pressure will also decrease. The reason is that music can affect brain waves, slow down physical activities and relax nerves. On the other hand, music therapy can alleviate the patient's anxiety and other adverse emotions, significantly stimulate the cerebral cortex, stimulate the excitement of cerebral sympathetic nerve, improve the patient's physical and mental coordination and improve the patient's quality of life. Music therapy can also divert patients' attention, keep them happy most of the time and eliminate their bad emotions. At present, it has been used in the treatment of nervous system diseases with remarkable curative effect. Chu music is a wonderful flower cultivated by the pre-Qin Chu people with Jiangnan Plain as their hinterland. With the changes of history and the development of war, it integrates the characteristics of different regions and nationalities, and the music form and artistic connotation are further enriched. The ethical connotation of "Tao follows nature", "eight tones win harmony", "human harmony" and "perfection" contained in Chu music art is full of aesthetic color, which plays an important role in guiding individuals to be good, understanding and accepting themselves, understanding reality and facing adversity. In view of this, this study explores the construction of the Chu music culture intervention model for the treatment of patients with affective disorders, in order to carry forward the contemporary value of Chu music culture and expand its positive influence in the intervention and treatment of mental diseases (Ygm et al. 2019).

Taking 80 patients with affective disorder in our hospital as the research object, they were randomly divided into control group and observation group, with 40 cases in each group. Both groups were treated with conventional antipsychotics, the control group was given routine nursing in psychiatric department, and the observation group was given Chu music culture intervention therapy on the basis of routine nursing in psychiatric department. The results showed that after the intervention, the scores of SAS, BMRS and SDS in the two groups were lower than those before the intervention ($P < 0.05$), and those in the observation group were lower than those in the control group ($P < 0.01$). After the intervention, the medication compliance of the observation group was better than

that of the control group ($P < 0.05$). After the intervention, the scores of qualities of life in the two groups were higher than those before the intervention ($P < 0.05$), and those in the observation group were higher than those in the control group ($P < 0.05$). After the intervention, the SDSS score of the two groups was lower than that before the intervention ($P < 0.01$), and that of the observation group was lower than that of the control group ($P < 0.01$).

The study applied Chu Music Culture Intervention therapy to patients with affective disorders. The results show that Chu music culture intervention therapy can reduce the SAS, BMRS and SDS scores of patients with affective disorders and improve their compliance, suggesting that emotional catharsis combined with music therapy can significantly improve the anxiety, mania and depression of patients and reduce the impulsive behavior of patients. Patients with affective disorders often show emotional instability and irritability. Emotional catharsis can eliminate or reduce patients' bad emotions through venting, help patients treat themselves correctly, control their bad emotions, and improve patients' ability to deal with the external environment (Jung et al. 2020). Chu music culture intervention therapy can increase patients' music experience, make patients enjoy life in music, divert patients' attention, eliminate adverse emotions such as anxiety and depression, encourage patients to exchange music experience, improve their interpersonal communication ability and stabilize their emotions (Abraham et al. 2020). At the same time, give patients positive energy to help them establish self-confidence and enhance social adaptability. The results of this study also show that Chu music culture intervention therapy can improve the quality of life of patients and reduce social function defects. Music therapy can adjust the functional coupling and connection between important brain nodes to reshape the whole emotional network, improve the emotional control ability of patients, increase the understanding of medical staff on the psychological state of patients, provide targeted guidance, solve the psychological problems of patients, alleviate negative emotions, correct the mentality of patients, improve the enthusiasm of patients' life, strengthen medical communication, help patients enhance interpersonal communication ability and increase positive energy. On this basis, Chu music culture intervention therapy stimulates the brain nervous system through sound wave vibration, so as to stimulate nerves and pleasant emotions, stimulate patients' enthusiasm for treatment and communication, improve patients' ability to face and deal with difficulties, promote physical and mental recovery, improve patients' quality of life and reduce social function defects (Camuso et al. 2020).

There are still some limitations and deficiencies in this study: (1) the sample size of this study is still small, so further large sample repeated trials are needed to verify the universality of Chu Le

intervention therapy for patients with affective disorder. (2) The observation time of this study is short, there is no long-term follow-up, and the long-term effect needs to be further studied. (3) This study did not study the factors that may affect the prognosis of the disorder, such as disease severity and intervention time, which need to be further studied in the future.

CONCLUSIONS

On the basis of previous studies, this study improved and innovated the experiment, adopted more careful experimental design and more accurate statistical methods, and evaluated the problem of affective disorder in many aspects. The conclusions include: Chu Music Culture Intervention therapy plays an important role in improving the symptoms of patients with affective disorder. In short, Chu Le culture intervention therapy, as a safe, non-toxic and effective treatment method, is worthy of popularization and application in the clinical treatment of affective disorders.

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