

MUSIC AND DANCE ON THE TREATMENT OF DEPRESSIVE PSYCHOSIS

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SUMMARY

Introduction: People can also improve their rhythm and coordination through the training of their singing, dancing and body rhythm. Modern music and dance therapy research has confirmed that music + dance can directly or indirectly affect people's psychological, emotional and physiological functions. Moreover, music + dance is one of the important technologies for the treatment of depressive psychosis. Through the process of music and dance treatment, patients with depressive psychosis can be encouraged to participate in the treatment and change their bad emotions and abnormal behaviors, so as to alleviate and eliminate the clinical symptoms of depressive psychosis. In short, the treatment technology of combining music and dance is to use music and dance to open the psychological world of patients with depressive psychosis, and then change their ideological understanding, so as to achieve the goal of treating depressive psychosis.

Subjects and methods: In order to observe the effect of music + dance in the treatment of depressive psychosis, 64 patients with depressive psychosis in a class III class a psychiatric hospital were selected. Through the method of random sampling, they were divided into two groups: the intervention group of music + dance therapy (32 cases) and the control group of routine nursing (32 cases). During the 4-week clinical intervention, the patients in both groups received routine nursing measures, while the intervention group added music + dance mode for treatment, twice a week, 2 hours each time. By observing the Brief Psychiatric Rating Scale (BPRS), Hamilton Anxiety Scale (HAMA) and Hamilton Depression Scale (HAMD) in the two groups before and after intervention, they were used to evaluate the psychotic symptoms, anxiety and depression of patients, and statistical analysis was carried out to draw the conclusion of clinical research.

Results: The results showed that there was no significant difference in BPRS scale score, HAMA scale score and HAMD scale score between the two groups ($P > 0.05$). After 4 weeks of intervention, there were significant differences in BPRS scale score, HAMA scale score and HAMD scale score between the intervention group and the control group ($P < 0.05$).

Conclusions: After the implementation of music + dance therapy, the psychotic symptoms, anxiety and depression of patients in the intervention group were improved, while the psychotic symptoms, anxiety and depression of patients in the control group were not greatly improved. Therefore, it can be said that music + dance has a good effect on the treatment of patients with depressive psychosis. In short, music + dance therapy is a safe and low-cost intervention for depressive psychosis, which should be more widely used in clinical treatment.

Key words: music - dance - depression - psychosis-anxiety - psychological intervention

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INTRODUCTION

Depressive Psychosis (DP) can be understood as psychological depression, anxiety and pessimism, and there is a certain deviation in the understanding of social things (Snmez et al. 2019). In severe cases, thoughts or behaviors of death will be generated to end the mental pain caused by DP disease (Li et al. 2019). Because there are many causes of DP, targeted therapy for DP disease also adopts different treatment methods according to the severity of the disease. Long-term clinical studies have found that the main inducing factors of depression are closely related to their own psychology. It is pointed out that DP diseases should be treated from the psychological level, so as to avoid additional side effects caused by drug treatment and misdiagnosis of DP patients without appropriate methods (Latif et al. 2020). Combined with many years of clinical research, the treatment of DP disease can be carried out through external psychological intervention, including music therapy, dance therapy, exercise therapy, reflex therapy, HRT experimental therapy, alternative therapy, etc. At the same time, a set

of treatment standards for DP disease - brain biogenic amine balance therapy (Bojorquez et al. 2020) is also summarized. In short, these external intervention therapies for DP diseases are scientific schemes for prevention and treatment according to the severity of DP patients, which are worthy of popularization and application in clinic.

For external psychological intervention in the treatment of DP diseases, music guided imagination (GIM), as a technology combining music and imagination, is committed to the study of in-depth psychotherapy and the state of consciousness transformation, and in the research process, it is found that classical music has the best effect in the deep transformation of visitors' consciousness (Chahal et al. 2021). In specific GIM treatment, different types of music need to be selected according to different stages of patients. Due to the differences of different ethnic cultures and therapists around the world, the choice and application of music are also changing and expanding. Therapists' choice and adjustment of music has been proved to be effective. However, the effect of music has two sides. Inappropriate music may

aggravate the situation, and appropriate music can promote the transformation and healing of visitors (Gao et al. 2019). Therefore, in the selection of music, the principles that should be followed are: the selected music can promote the formation of visual images, arouse the state of emotion and emotion, imply early memory, create positive feedback, promote physical relaxation and support spiritual experience. As a music therapy technology, music-guided imagination has different theoretical orientations, including behavior theory, humanistic theory, psychodynamic theory and so on. In conclusion, practice has proved that music guided imagination therapy plays an important and positive role in alleviating DP diseases (Contreras-Molina et al. 2021).

As a colorful art, it comes directly from life. Moreover, dance is also a new type of mass sports event integrating entertainment, fitness, competition, aesthetics and other functions. Relevant research points out that dance learning can not only enhance people's physical quality and improve people's external image and temperament. Dance learning can also promote unity, cooperation and emotional communication between people, which is then very important for people's physical and mental development (Amaa et al. 2019). In other words, people can communicate and cooperate with each other in dance learning, so as to strengthen the emotional connection between people, so as to relieve their own mental pressure, and then cultivate people's enthusiasm, creativity and flexibility, so as to help people develop healthily and harmoniously. With the popularization of dance, dance training and learning are becoming more and more scientific. At the same time, the research on physiological and biochemical indexes and mental health in dance learning has gradually become one of the research hotspots. Relevant studies have pointed out that adding psychological content intervention and support to dance teaching and training has a significant effect on the treatment of psychological diseases (Riley et al. 2019). In short, with the popularization and development of dance learning, the scheme and method of using dance to treat mental diseases have attracted more and more attention in clinical practice.

In view of the importance of music and dance in the treatment of DP diseases, this paper analyzes the effect of music + dance on the treatment of depressive psychosis. There are four procedures in the technical route (see Figure 1 for details). Firstly, in the introduction stage, introduce the specific content of music + dance therapy mode. At the same time, promote group members to know each other, and group members to talk about their problems and goals, so as to lay the foundation for subsequent music + dance therapy. Secondly, in the stage of music support, combined with the relaxation music in CD and the muscle gradual relaxation guidelines listed in receptive music therapy, we can relax the whole body, and then

use the music and guidelines to guide the imagination of group members. Thirdly, in the stage of dance support, stretch the patients in combination with receptive dance therapy, and perform group dance in combination with corresponding music, so as to give full play to the ability of mutual cooperation and cooperation of group members. Finally, in the discussion stage, the group members shared their feelings and ideas of music + dance therapy, and communicated and discussed. The therapist gave some discussion guidance, analysis, help and suggestions. In short, music + dance, as a medium, can fully explore the patients' inner subconsciousness and introduce the subconscious conflict and emotion into the conscious level in the treatment of DP. Then, through mutual cooperation and mutual support at the dance level, eliminate or dredge the inner negative emotions and anxiety psychology, and then help DP patients get rid of psychological depression, anxiety and pessimism, and promote DP patients to form correct values and rational judgment, so as to better have a normal dialogue with others and society.

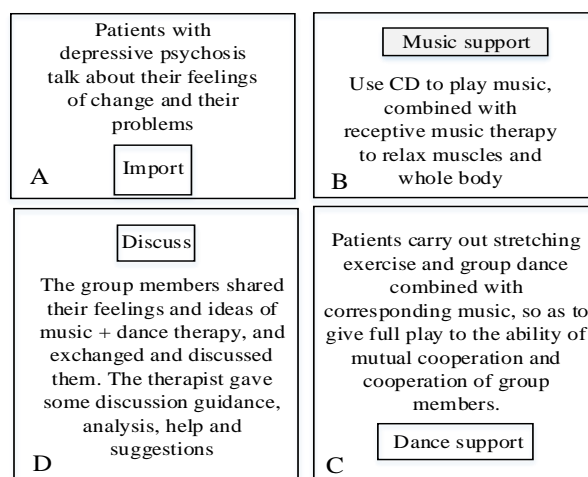


Figure 1. Technical route of music + dance therapy mode

SUBJECTS AND METHODS

Study setting

Music + dance therapy mode is to combine music and dance, eliminate or dredge the inner depression and anxiety through the mutual cooperation and cooperation between DP patients. It is one of the important technologies for the treatment of DP diseases. Music + dance therapy mode, based on psychodynamics and Jung analytical psychology, uses music and dance as the media to open the door of the subconscious of patients with depressive psychosis, let the subconscious conflict and emotion enter the level of consciousness, and then strengthen the emotional communication and cooperation between DP patients through dance, so as to achieve the purpose of curing

psychological problems in the treatment relationship. It can be said that the music + dance treatment mode has been a mature technology for the treatment of DP diseases since its development. Its application involves clinical consultation, mental health, postoperative rehabilitation, psychological intervention of psychiatric patients and other aspects (Berze et al. 2020). However, there are few studies on music + dance treatment mode in China, especially the use of music + dance treatment mode to intervene in depressive psychosis. In view of this, this study used music + dance therapy mode to intervene DP patients, and discussed its intervention effect and intervention effect.

Design

64 patients with depressive psychosis in a class III class a psychiatric hospital was selected. Through the method of random sampling, they were divided into two groups: music guided imagination intervention group (32 cases) and routine nursing control group (32 cases). The diagnostic criteria of depressive psychosis, with the help of doctor-assisted diagnosis and with reference to the diagnostic criteria of depressive psychosis in the classification and diagnostic criteria of Chinese mental diseases (Third Edition), should meet 4 or more of the 9 symptoms.

The patients in the intervention group and the control group were given nursing care according to the routine treatment of psychiatry. According to the specific medication plan, the routine drug paroxetine

was given according to the doctor's advice. Control group: in the clinical process of 4 weeks of intervention, the patients were given oral antidepressant western medicine and routine psychiatric nursing according to the doctor's advice. Intervention group: in the clinical process of 4 weeks of intervention, on the basis of routine psychiatric nursing and treatment, music + dance treatment mode intervention (see Figure 1 for the specific process). The Brief Psychiatric Rating Scale (BPRS), Hamilton Anxiety Scale (HAMA) and Hamilton Depression Scale (HAMD) were observed before and after intervention, so as to evaluate the psychotic symptoms, anxiety and depression of the patients.

Evaluation tool: BPRS is applicable to most psychiatric patients with psychotic symptoms. It is not only a scale to evaluate the severity of psychotic symptoms, but also one of the professional evaluation scales widely used in psychiatry. It is divided into 18 and 20 versions, and 20 versions are used in this study. HAMA includes 14 evaluation items, and the boundary value is 14 points. Grading criteria: total score > 29 points means severe anxiety, > 21 points means obvious anxiety, > 14 points means certain anxiety, > 7 points means possible anxiety, and < 7 points means no anxiety. HAMD grading criteria: total score > 35 points is severe depression, > 20 points is mild to moderate depression, and < 8 points is no depression. Among them, the comparison of BPRS scores between the two groups at different times is shown in Table 1.

Table 1. Comparison of BPRS scores between the two groups at different times

Group	When joining the group	Intervention for 1 week	Intervention for 2 weeks	Intervention for 4 weeks
Intervention group	79.10±17.27	75.60±16.39	69.60±16.26	55.10±15.62
Control group	73.57±17.32	72.03±17.11	69.70±16.68	66.90±16.98

The comparison of HAMA scores between the two groups at different times is shown in Table 2.

Table 2. Comparison of HAMA scores between the two groups at different times

Group	When joining the group	Intervention for 1 week	Intervention for 2 weeks	Intervention for 4 weeks
Intervention group	32.03±8.98	30.40±9.39	27.27±9.07	19.27±7.79
Control group	31.97±8.97	30.77±8.92	29.33±9.09	27.77±8.96

The comparison of HAMD scores between the two groups at different times is shown in Table 3.

Table 3. Comparison of HAMD scores between the two groups at different times

Group	When joining the group	Intervention for 1 week	Intervention for 2 weeks	Intervention for 4 weeks
Intervention group	63.10±15.00	61.07±15.01	57.57±15.29	47.10±14.01
Control group	63.07±15.47	61.77±15.60	60.37±15.75	58.73±15.52

RESULTS

Comparison of BPRS scores between the two groups at different times

There was no significant difference between the intervention group and the control group ($BPRS > 0.05$, $P > 0.05$). After 4 weeks of intervention, the BPRS score of the intervention group decreased significantly compared with the control group. At the same time, the statistical analysis of single factor repeated measurement variance showed that there was an interaction between clinical grouping and time ($P < 0.05$). The treatment effect of BPRS between the two groups increased continuously with the treatment time ($P < 0.05$).

Comparison of HAMA scores between the two groups at different times

There was no significant difference in HAMA score between the two groups ($P > 0.05$). After 1, 2 and 4 weeks of intervention, HAMA score analysis showed that the scores of patients in both groups decreased. The statistical analysis of single factor repeated measurement variance showed that there was an interaction between clinical grouping and time ($P < 0.05$). The therapeutic effect of the intervention group and the control group increased with the treatment time, and there was significant difference ($P < 0.05$).

Comparison of HAMD scores between the two groups at different times

There was no significant difference in HAMD score between the two groups ($P > 0.05$). After 1, 2 and 4 weeks of intervention, HAMD score analysis showed that the scores of patients in both groups decreased. The statistical analysis of single factor repeated measurement variance showed that there was an interaction between clinical grouping and time ($P < 0.05$). The therapeutic effect of the intervention group and the control group increased with the treatment time, and there was significant difference ($P < 0.05$).

DISCUSSION

Effect analysis of music + dance in the treatment of depressive psychosis

DP disease has caused serious harm to people's mental and physical health. Its high prevalence and high recurrence rate are thorny problems in modern nursing treatment. For patients, the drug price is high and the toxic and side effects are large. Music + dance therapy has been widely used and studied all over the world, and there is a mature and standardized education system. In view of this, this study combined music + dance treatment model to treat DP disease. In terms of the influence of BPRS score on DP patients, the results showed that the BPRS score was

(76.33 ± 17.38) at the time of enrollment and (61.00 ± 17.24) after 4 weeks. The statistical analysis of the variance of single factor repeated measurement showed that there was an interaction between clinical grouping and time. With the extension of treatment time, the BPRS score of the intervention group and the control group was statistically significant ($P < 0.05$). The implementation of music + dance treatment mode has a good effect on patients' mental symptoms. In terms of the impact on the HAMA score of patients with depressive psychosis, the HAMA score was (32.00 ± 8.90) at the time of enrollment and (23.52 ± 9.36) after 4 weeks. The degree of anxiety changed from severe anxiety to obvious anxiety, and the anxiety symptoms improved significantly. With the extension of treatment time, the HAMA score of the intervention group and the control group was statistically significant ($P < 0.05$). This shows that the implementation of music + dance treatment mode has a good effect on patients' anxiety. In terms of the impact on the HAMD score of patients with depressive psychosis, the HAMD score was (63.08 ± 15.11) at the time of enrollment and (52.92 ± 15.79) after 4 weeks. With the extension of treatment time, the HAMD scores of the intervention group and the control group were statistically significant ($P < 0.05$), which showed that the music + dance treatment mode could assist the treatment of patients and improve the state of depression. To sum up, music + dance therapy mode plays an important role in the improvement of BPRS, HAMA and HAMD of DP diseases. Music + dance therapy mode can alleviate patients' psychotic, depression and anxiety. Through music, patients' self-awareness of treatment can be increased, and their tense mood can be relieved. Through dance, patients' emergency ability and sense of unity and cooperation can be improved, which is conducive to the improvement of patients' social function and quality of life.

From the perspective of modern medicine, the music + dance treatment mode is to use the different sound wave vibration of music to make the vibration of various organs of the body resonate with the sound wave, so as to make the tissue cells produce beneficial resonance, activate the excited parts of the nerve, and promote the coordination of the movement rhythm of various organs (Mieres et al. 2020). At the same time, through the mutual cooperation and communication of dance training, we can regulate neurohumoral and improve people's emotional state, and finally help patients recover and improve their health. A large number of foreign studies have confirmed that the music + dance treatment mode has achieved remarkable clinical experimental results in reducing blood pressure, slowing breathing, slowing heartbeat and improving microcirculation. It can eliminate the tension and depression caused by various factors, and can also relax and calm people's mood (Silva et al. 2021). Although the results of this study do not reflect

the above arguments, this clinical study is based on the above views, and the study is feasible.

Problems and prospects of music + dance therapy model

Throughout the development of depressive psychosis, it is not difficult to find that depressive psychosis is one of the diseases often studied by ancient and modern physicians. Although the western medicine treatment effect of depression is obvious, the drug cost is high, its side effects are large, long-term use is easy to produce drug resistance, dependence and certain damage to gastrointestinal tract, liver and blood system (Yldz 2020). The adverse reactions of drugs reduce the quality of life of patients. At the same time, patients' rejection is serious and it is difficult to adhere to medication, which limits its wide clinical application. Compared with traditional treatment methods, music therapy has the characteristics of non-intervention, non-invasive and painless, which makes patients more willing to accept (Waters et al. 2020).

At present, music + dance therapy mode is still an emerging discipline in the initial stage, and its clinical theoretical mechanism is not perfect. Through the analysis, it is found that there are still many deficiencies in the research of music + dance treatment mode. The treatment form of the existing music + dance treatment mode is relatively single, and some patients hold a skeptical attitude towards its treatment. They subjectively think that its curative effect is not as good as drugs, poor compliance and cannot adhere to the treatment, which increases the difficulty of clinical case collection (Hwang 2020). Due to the limited clinical research conditions, limited sampling and small sample size, the clinical research is still imperfect, and the conclusions also have certain limitations. In addition, although the development of music + dance therapy model in China is relatively late, music + dance therapy model has been applied and studied in various fields such as medicine, education, nursing and so on. The deficiency is that the research on music + dance treatment mode in China stays at the level of psychology, and there is a lack of systematic training system. In short, music + dance therapy mode is a promising development direction in the future because it can purify the soul and cultivate sentiment, and help to promote the development of physical and mental harmony and health.

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 different treatment times and various aspects of depressive psychosis, so as to evaluate the efficacy of music + dance treatment mode. The conclusions include: music + dance

treatment mode plays an important role in the improvement of BPRS, HAMA and HAMD of DP disease. Moreover, with the increase of intervention time of music + dance treatment mode, the treatment effect is more and more significant. In short, as a safe, non-toxic and effective treatment method, music + dance treatment mode has an irreplaceable positive effect of traditional drug treatment, which is worthy of popularization and application.

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