

Leadership	1.78±0.69	4.12±0.77	<0.05
Tolerant	1.06±0.79	4.38±0.77	<0.05
Modest	2.34±0.76	4.51±0.84	<0.05
Cautious	2.65±0.81	4.72±0.71	<0.05
Autonomy	2.78±0.66	4.51±0.84	<0.05
Appreciate	1.00±0.59	3.72±0.71	<0.05
Gratitude	2.09±0.65	4.01±0.62	<0.05
Hope	2.09±3.60	3.59±0.63	<0.05
Humor	2.66±0.74	3.97±0.67	<0.05
Faith	1.56±0.68	4.12±0.77	<0.05

Conclusions: The aesthetic education teaching mode based on flipped classroom can effectively improve college students' positive psychological personality, and then has important practical value for the comprehensive and all-round development of modern college students.

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RESEARCH ON THE MUTUAL PROMOTION BETWEEN CULTURAL INDUSTRY AND TOURISM ECONOMY AND ITS IMPACT ON TOURISTS' EMOTIONAL COMMUNICATION BARRIERS

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Background: Affective disorder is a group of mental disorders with significant, continuous rise or fall of emotion as the main clinical characteristics, often accompanied by corresponding changes in thinking and behavior. The performance of affective disorders varies greatly. 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 these two extreme abnormal emotional states and identify them. At the level of depression onset, 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. First, depression: patients experience depression and sadness. Patients often complain that they are in a bad mood and can't be happy. Second, lack of interest: refers to the patient's lack of interest in various activities he used to like, such as entertainment, sports activities, hobbies, etc. A typical patient is not interested in anything, good or bad, isolated from the world and doesn't want to see anyone. Third, 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. At the same time, depressive affective disorder has typical physical symptoms: including sleep disorder, appetite disorder, sexual dysfunction, energy loss, non-specific physical symptoms, such as pain, physical discomfort, autonomic nerve dysfunction and so on. In the manic episode stage, the core symptoms are: high mood, out of control thinking, enhanced will and behavior. Patients' increased need for sleep and restlessness is usually accompanied by a decrease in their daily activities. Due to excessive physical exertion, diet will increase significantly. Sometimes, they lose weight significantly because they can't drink, eat and sleep normally, and even die of fatigue. Manic patients may maintain some self-awareness, while manic patients usually have incomplete self-awareness. With the progress of science and technology, people have a profound and scientific understanding of the etiology of affective disorder. 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.

China's economic development is undergoing a transformation to experience economy and knowledge economy. In the era of experience economy, inter regional competition is often carried out in the cultural field outside the economic field. It has become an important leading force in modern economic development. At present, the research on cultural industry at home and abroad mostly focuses on its development trend, operation mechanism and development policy at the macro level, while there is less research on the correlation and interaction between cultural industry and other industries at the micro level. In fact, as an industry, it must have a solid micro foundation, otherwise it is difficult to last for a long time. cultural industry has the characteristics of wide adaptability, strong relevance and easy connection of industrial chain. At the same time, the intangible characteristics of cultural services determine that the construction of cultural industry must take other industries as the carrier, become rooted materialized labor, and realize wide dissemination and cultural value. This paper attempts to systematically explore the interactive development model of cultural industry and tourism from the micro perspective of cultural industry research, so as to provide enlightenment and reference for the common promotion and development of cultural industry and tourism. At the same time, in view of the common emotional communication obstacles of tourists, this paper launched the impact of the mutual promotion mode of cultural industry and tourism economy on the emotional communication obstacles of tourists, so as to ensure that tourists can enjoy the happiness of tourism and the charm of culture with a healthy psychology.

Objective: In order to alleviate the emotional communication barriers of tourists, this study constructed a mutual promotion model of cultural industry and tourism economy based on psychological analysis, aiming to dredge the emotional communication barriers of tourists and help tourists establish good psychological construction.

Subjects and methods: 300 tourists were randomly divided into object group (150 cases) and observation group (150 cases). The control group used the traditional tourism model for intervention, and the observation group used the mutual promotion model of cultural industry and tourism economy based on psychological analysis. Combined with Self-rating Anxiety Scale (SAS) and Young Mania Rating Scale (YMRS), the on-site symptoms were measured, and then the improvement of emotional communication disorder of 300 tourists before and after the intervention was compared.

Methods: Complete the data analysis through SPSS23.0 data statistical analysis software.

Results: Table 1 shows the improvement of emotional communication barriers of tourists before and after the intervention. Compared with before the intervention, after the implementation of the mutual promotion model of cultural industry and tourism economy based on psychological analysis, the emotional disorder of tourists has been significantly improved, and there is a statistical difference before and after the intervention ($P < 0.05$).

Table 1. Improvement of emotional communication barriers of tourists before and after intervention (n=300)

Group	SAS score		YMRS score	
	Before intervention	After intervention	Before intervention	After intervention
Observation group (n=150)	71.38±5.94	52.46±4.54*	25.15±4.68	10.53±2.83*
Control group (n=150)	71.24±5.41	60.51±4.58*	25.25±4.12	20.78±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, * $P < 0.05$.

Conclusions: The mutual promotion model of cultural industry and tourism economy based on psychological analysis can significantly improve the emotional communication barriers of tourists, which is worthy of popularization and application in practical tourism cultural management.

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EFFECT OF STRUCTURED GROUP COGNITIVE BEHAVIOR THERAPY ON IMPROVING ADAPTABILITY OF COLLEGE STUDENTS WITH MILD DEPRESSION

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Background: Depression is a mental disease characterized by depression, slow thinking, and decreased speech and motor ability. Depression seriously puzzles patients' life and work, and brings a heavy burden to families and society. About 15% of patients with depression die of suicide. A joint study by the World Health Organization, the world bank and Harvard University shows that depression has become the second largest disease in China's disease burden. According to the third edition of Chinese Classification and Diagnostic Criteria of Mental Disorder (CCMD-3), depression can be divided into mild depression and severe depression according to the degree of social function impairment. According to the existence of psychotic symptoms such as hallucinations, delusions or tension syndrome, depression can be divided into depression without psychotic symptoms and depression with psychotic symptoms. According to whether there has been another depression attack before (at least 2 months apart), depression can be divided into first-episode depression and recurrent depression. It can be said that depression can be understood as psychological depression, anxiety and pessimism, and there is a certain deviation in the understanding of social things. In severe cases, the thought or behavior of death will occur, so as to end the mental pain caused by depressive diseases. Because there are many causes of depression, targeted therapy for depressive diseases 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 depressive diseases should be treated from the psychological level, so as to avoid additional side effects caused by drug treatment and misdiagnosis of patients with depression without appropriate methods. The basic principle of depression treatment developed in the 1960s is that patients with depression have a negative perception of themselves, the world around them and the future. Due to cognitive bias, they treat positive and negative events with a negative attitude. The purpose of treatment is to make patients aware of their wrong reasoning mode and take the initiative to correct it. The course of treatment was 12-15 weeks, and there was no significant difference between the curative effect and drugs. If used in combination, the curative effect may be better. In recent years, computer-assisted cognitive therapy has been widely used.

The prevalence of depression in China is 3.02%, but the treatment rate is less than 10%. There are many reasons for the low treatment rate, one of which is the resistance of patients to drug treatment, especially some patients with mild depression, including mild depression-mild depression, dysthymia and mild depression. Compared with drug treatment, patients with depression are more likely to receive psychotherapy. Structured group cognitive behavioral therapy refers to a psychotherapy method that uses cognitive technology and behavioral technology to guide group members to change cognition, emotion and behavior according to pre-designed procedures, goals and tasks. Group cognitive behavioral therapy originated in the 1970s, and its earliest formal application and evaluation object is depression. At present, it has been widely used in patients with depression, panic disorder, social anxiety disorder and obsessive-compulsive disorder, and has been proved to have obvious curative effect on depression, can significantly alleviate depressive symptoms, and effectively improve patients' social function and quality of life. Based on the standardized treatment manual, structured group cognitive behavioral therapy can benefit more patients in a short time. Therefore, the psychological intervention guide for adults with mental disorders of the National Institute of mental health lists group cognitive behavioral therapy as a very effective intervention measure for depression.

Objective: In order to alleviate the common psychological problems of depression among college students, this paper studies the effect of structured group cognitive behavior therapy on improving the adaptability of mildly depressed college students, so as to ensure the physical and mental health of college students.

Subjects and methods: 220 college students with depressive psychosis were randomly selected. According to the equal group matching control variable method, the college students were divided into experimental group and control group, with 110 students in each group. The control group implemented the conventional intervention mode, and the experimental group implemented the structural group cognitive behavior intervention mode. One week after the intervention, the depression status of the two groups of college students before and after the intervention was compared.

Methods: Relevant data are calculated and counted by Excel software, SPSS17.0 software and process plug-in.

Results: Table 1 shows the improvement of depression of college students in the two groups before and after the intervention. Compared with the control group, the depressive symptoms of college students