Comparative study on the effect of different music therapy on auxiliary treatment of college students' anxiety.

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Abstract
Music treatment was also called music therapy. Modern music therapy studies have shown that music can directly or indirectly affect the human emotions and the body. Music therapy was usually considered a kind of psychological treatment. The influence of music on emotions can change the mental state of people, thus changing the human mind, and finally to achieve the purpose of treatment. In order to observe the effect of music therapy, two different methods of music therapy of simply listening to music and songs to discuss were discussed to study the treatment of anxiety on whether there is a difference in the treatment of anxiety disorders and to study which method of treatment will be better experimental study.

Keywords: Listening to music alone, Song discussion therapy, Anxiety disorder.

Introduction
Freud believes that anxiety is the core of neurosis. Many symptoms of neurosis are essentially anxious "cast" or "transfer". Anxiety is reflected by these anxiety neurosis symptoms [1]. The main symptoms of anxiety disorders include anxiety, emotional disorders, auto-nervous dysfunction, and athletic disturbances, and two common clinical forms are acute anxiety and chronic anxiety [2].

State of the Art
As early as the ages, humans already knew that music was helpful in treating certain diseases and the effects on people's mental state. "The Old Testament" had the story of Saul's call to David's exorcism. Medieval Catholic monasteries also recorded the use of hymns to treat the disease. The "music medicine" by R. Brown is the earliest system of music therapy in the West. In the mid-19th century, Europe began to play music therapy, but during the Second World War, music therapy began large-scale use in the treatment of patients with mental illness. At present, Japan and Europe and the United States had a lot of music institutions and medical cooperation, set up music therapy professional, study period of 4 years, and issued a considerable number of specialized works in this area.

Methodology
The study volunteers were from anxiety disorders patients in a hospital. According to CCMD-3 and Hamilton Anxiety Scale, 40 patients were randomly divided into two groups: conventional anti-anxiety treatment, mainly diazepam.

Results Analysis and Discussion

Analysis of the results of SCL-90 scale
The scale consists of 90 items, involving living habits and interpersonal relations from feeling, consciousness, thinking, emotion, behaviour to sleep eating, which is used to determine which part of the people who are being tested may have psychological problems and how serious they are. The results of SCL-90 were as shown in Tables 1 and 2 before and after treatment.

(1) Each factor in the scale reflects a condition of the subject, the anxiety factor is clinically associated with the anxiety syndrome group, and the other factor score may be closer to the negative item, that is, the individual score=1.

(2) The value of t is negative, which means that the effect of listening to music is better than the song discussion. The value
of t is positive, which means that the treatment of the song discussion is better than listening to music.

The anxiety factors associated with anxiety were significantly higher in the SCL scale than those in the normal group before treatment, but the difference was significant between the two groups. After treatment, the results of the two groups were significantly different. The difference between the two groups before and after treatment were compared and found that p>0.05, the treatment effect of the two groups was not significantly different.

**Analysis of the results of SAS scale**

The SAS scale applies to adults with anxiety symptoms. At the same time, it has a very wide applicability as the Depression Rating Scale. The results of the analysis of the system are given the standard points (Table 3). The more serious the patient's anxiety, the higher the score will be. The SAS results were compared between the two groups before and after treatment.

In general, the total score of anxiety less than 50 points were normal. Before treatment, both groups of anxiety patients were measured by SAS scale. Before treatment, the scores were more than 50 points. After treatment, the patients were measured again, and the results showed that the score of the music therapy group was 50. The score after discussion was 46.12. The scores of the two groups were lower than those before treatment, and the difference was statistically significant.

**Table 1. Comparison of scl-90 results between the two groups before and after treatment.**

<table>
<thead>
<tr>
<th>Index</th>
<th>Before treatment</th>
<th>t</th>
<th>After treatment</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Song discussion</td>
<td>Listen to music group</td>
<td>Song discussion group</td>
<td>listen to the music group</td>
</tr>
<tr>
<td>Somatization</td>
<td>1.51</td>
<td>1.98</td>
<td>1.46</td>
<td>1.00</td>
</tr>
<tr>
<td>Force</td>
<td>1.17</td>
<td>1.13</td>
<td>0.64</td>
<td>1.00</td>
</tr>
<tr>
<td>Interpersonal relation</td>
<td>1.69</td>
<td>2.20</td>
<td>1.56</td>
<td>1.00</td>
</tr>
<tr>
<td>depressed</td>
<td>1.75</td>
<td>2.33</td>
<td>1.78</td>
<td>1.00</td>
</tr>
<tr>
<td>anxious</td>
<td>3.01</td>
<td>3.62</td>
<td>-5.64**</td>
<td>1.00</td>
</tr>
<tr>
<td>Hostile</td>
<td>1.11</td>
<td>1.13</td>
<td>0.26</td>
<td>1.00</td>
</tr>
<tr>
<td>Terror</td>
<td>1.09</td>
<td>1.13</td>
<td>0.71</td>
<td>1.00</td>
</tr>
<tr>
<td>Paranoia</td>
<td>1.06</td>
<td>1.13</td>
<td>1.05</td>
<td>1.00</td>
</tr>
<tr>
<td>Psychotic</td>
<td>1.08</td>
<td>1.13</td>
<td>0.98</td>
<td>1.00</td>
</tr>
<tr>
<td>Other</td>
<td>1.10</td>
<td>1.10</td>
<td>0.11</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Note: 1) * p<0.01, ** p<0.05 remaining p>0.05

**Table 2. Comparison of the results of pretest and posttest difference of scl-90 anxiety factors between the two groups.**

<table>
<thead>
<tr>
<th>The test of two groups before and after treatment</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Song discussion group</td>
<td>2.25</td>
</tr>
<tr>
<td>listen to the music group</td>
<td>2.36</td>
</tr>
</tbody>
</table>

Note: 1) **p<0.01, * p<0.05 remaining p>0.05

**Table 3. Comparison of SAS results between the two groups before and after treatment.**

<table>
<thead>
<tr>
<th>Listen to the music group</th>
<th>t</th>
<th>Song discussion group</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before treatment</td>
<td>86.69</td>
<td>Before treatment</td>
<td>68.06</td>
</tr>
<tr>
<td>After treatment</td>
<td>50</td>
<td>After treatment</td>
<td>46.12</td>
</tr>
<tr>
<td></td>
<td>24.29**</td>
<td></td>
<td>16.75**</td>
</tr>
</tbody>
</table>

Note: 1) ** p <0.01, * p <0.05 the remaining p>0.05

**Conclusions**

Music therapy is a kind of interdisciplinary new treatment technology which focuses on psychology, medicine, physics, music aesthetics and special education. Its foundation is still the theory and method of psychological therapy, but it uses the language and function of music and designs a special music to achieve the ultimate goal of eliminating psychological barriers, restoring and enhancing the psychological health under the
joint participation of both doctors and patients. Music therapy
is a very extensive application of music psychology, and its
development space is very extensive.

Through the study of this paper, it can be concluded that music
therapy can reduce anxiety, and has a positive effect on
anxiety. By using the song discussion method, the patient can
actively participate in the context of the music. The method has
a better recovery effect compared with passive listening to
music. Music therapy is a safe and low-cost intervention. From
the effect of music therapy on anxiety, it can be seen that it
should be widely used in clinical treatment as an effective
auxiliary method [3].

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