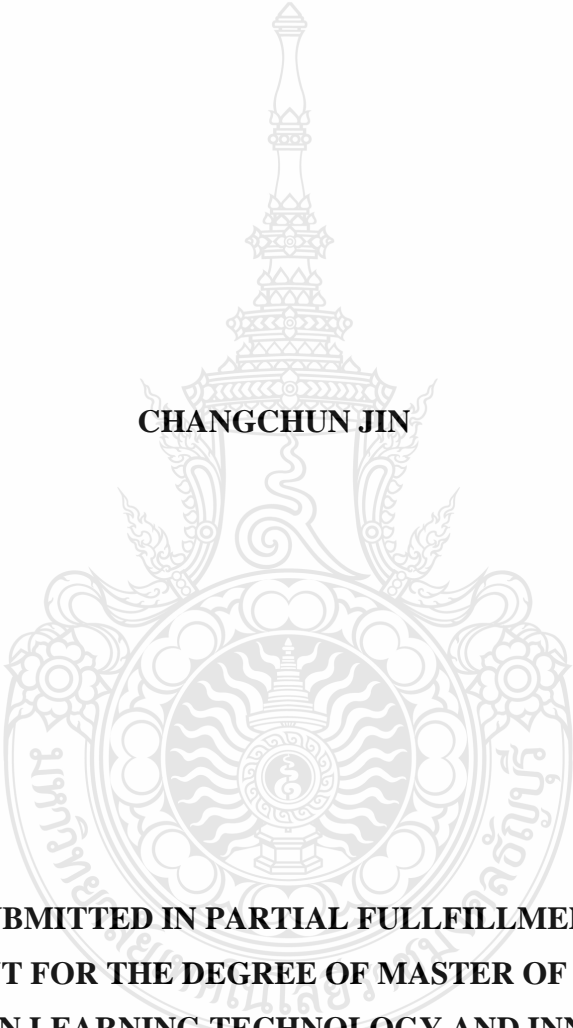


**EFFECT OF MEDITATION MUSIC TO REDUCE SELF-ANXIETY LEVELS :
A CASE STUDY OF THE SECONDARY VOCATIONAL STUDENTS,
ANHUI NORMAL UNIVERSITY, REPUBLIC OF CHINA**

CHANGCHUN JIN



**A THESIS SUBMITTED IN PARTIAL FULLFILLMENT OF THE
REQUIREMENT FOR THE DEGREE OF MASTER OF EDUCATION
PROGRAM IN LEARNING TECHNOLOGY AND INNOVATION
FACULTY OF TECHNICAL EDUCATION
RAJAMANGALA UNIVERSITY OF TECHNOLOGY THANYABURI
ACADEMIC YEAR 2022
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Anhui Normal University, Republic of China


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หัวข้อวิทยานิพนธ์	ผลการใช้ดนตรีเพื่อลดระดับความวิตกกังวลในตนเอง: กรณีศึกษา วิทยาลัยอาชีวศึกษาแห่งมหาวิทยาลัยการศึกษาด้านสุข สาธารณสุขรัฐประชาชนจีน
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บทคัดย่อ

นักศึกษาวิทยาลัยอาชีวศึกษามีความอ่อนไหวและมีความอดทนทางจิตใจที่อ่อนแอต่อแรงกดดันและการเปลี่ยนแปลงจากภายนอก การศึกษาในประเทศพบว่า ปัญหาทางอารมณ์ในนักเรียนอาชีวศึกษาเป็นปัญหาสำคัญทางด้านสุขภาพจิตของนักเรียน โดยเฉพาะความวิตกกังวลและภาวะซึมเศร้าเป็นปัญหาสุขภาพจิตที่ส่งผลกระทบต่อมากที่สุดในชีวิตประจำวัน การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาผลกระทบของระดับความวิตกกังวลในตนเองก่อนและหลังการใช้ดนตรีทำสมาธิ

ประชากรที่ใช้ในการวิจัย ได้แก่ นักศึกษาที่ลงทะเบียนเรียนวิชาดนตรีบำบัดในมหาวิทยาลัยการศึกษาด้านสุขสาธารณสุขรัฐประชาชนจีน ปีการศึกษา 2564 จำนวน 158 คน กลุ่มตัวอย่างของการวิจัยครั้งนี้ ได้แก่ นักเรียนระดับอาชีวศึกษา โดยวิธีเลือกแบบเจาะจง นักเรียนที่มีอายุระหว่าง 14 ถึง 20 ปี จำนวน 91 คน เครื่องมือวิจัย ได้แก่ 1) แบบประเมินความวิตกกังวลด้วยตนเอง (SCL-90) 2) แบบทดสอบความวิตกกังวลด้วยตนเอง (SAS) และ 3) บทเพลงเจริญสมาธิ วิธีการดำเนินการวิจัยแบ่งออกเป็น 3 ขั้นตอน ได้แก่ 1) การคัดเลือกผู้เข้าร่วม 2) การบำบัดด้วยการใช้บทเพลงทำสมาธิ 3) การเก็บรวบรวม

ผลการวิจัยพบว่า หลังจากใช้ดนตรีเพื่อการทำสมาธิกับกลุ่มตัวอย่างแล้ว ระดับความวิตกกังวลของกลุ่มตัวอย่างต่ำกว่าก่อนใช้ดนตรีเพื่อการทำสมาธิ อย่างมีนัยสำคัญทางสถิติที่ระดับ .01

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ABSTRACT

Vocational college students are susceptible and have weak psychological tolerance for external pressures and changes. Domestic studies have found that the high incident of emotional problems in vocational students is an important problem in students' mental health education, especially anxiety and depression. They are the mental health problems that have the most significant impact on their daily life. The research aimed to study the effect of self-anxiety levels before and after using meditation music.

The research population was students enrolled in music therapy courses at the Anhui University of Education, the Republic of China, in the academic year 2021. The population consisted of 158 people. The sample group of this study was 91 vocational students with the age between 14 and 20 years old, selected by the purposive method. The research instrument included 1) the symptom self-evaluation scale (SCL-90), 2) self-rated anxiety scale tests (SAS), and 3) meditation music. The research method was divided into three parts: 1) selecting the participants, 2) listening to meditation music, and 3) collecting data.

The research result found that after using meditation music, the post-test of anxiety level from the sample group was lower than the pre-test at the statistical significance level of .01.

Keywords: self-anxiety, meditation music, reduced anxiety, self-anxiety reduction

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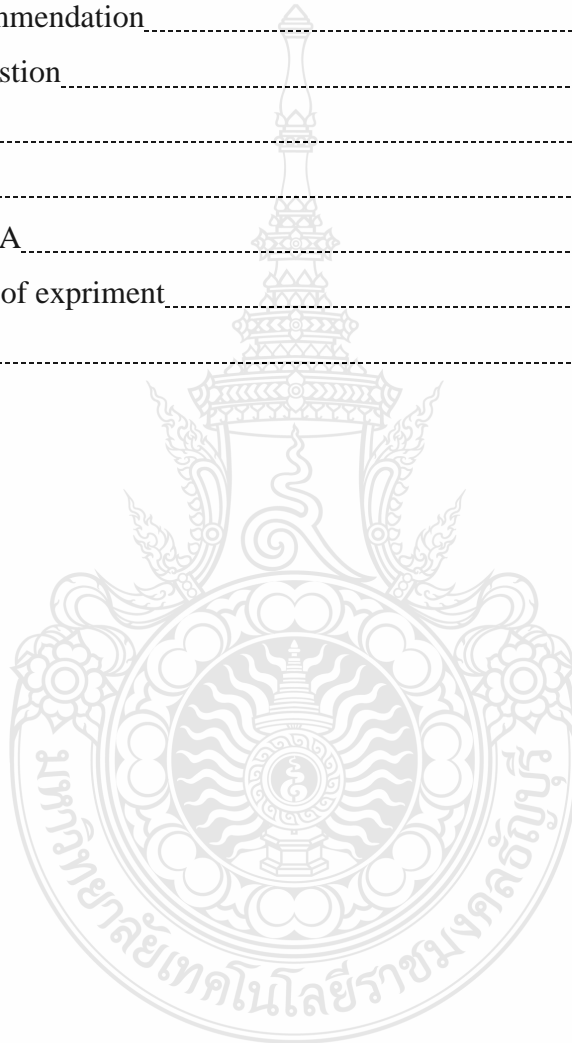


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CHAPTER 1

INTRODUCTION

1.1 Background of Study and Problem Statement

Human beings have a long history of understanding the function of music. Le Ji of the Spring and Autumn Period: "People can be good for the people" pointed out that music can govern the people; Sima Qian's Historical Records. Xiang Yu recorded the war to destroy the enemy of the battle will shake the morale; Song Dynasty Ouyang Xiu gave their good friend Yang a guqin, told him that any medicine to express feelings, good effect; the modern music theorists in music is "human soul sound art", "the refuge of the human soul", expressed the function and value of music therapy. Music therapy, as an independent discipline, originated in 1944, and Chinese American Liu Bangrui first introduced music therapy to China in 1980. More than 70 years of experience in development and application at home and abroad shows that it is combined with medicine and psychology and can effectively improve psychological problems.

In recent years, music therapy has been well developed in China. Related information query shows that domestic scholars on music therapy exploration mainly focus on clinical research. CAI Guangrong (2007) and other patients used music therapy (syndrome differentiation) assisted anti-tumor drug therapy (chemotherapy). The study showed that music therapy could regulate the mood of cancer patients, optimize their psychological state, reduce chemotherapy side reactions, enhance immune function, and improve patients' quality of life. Hou Yan (2015) uses music therapy for 65 cases of empty-nester psychological care and analyzes the counseling effect of music therapy; the results found that: music therapy is a relatively safe and effective auxiliary psychological care treatment method and can effectively alleviate patients with depression, anxiety, and other bad psychological states, and improve the patient's psychological feelings. Ju-li Yang (2021) and other researchers pointed out: That angle tune music is a kind of no pain, no side effects, safe and straightforward auxiliary treatment; listening to Angle tune music to relieve depression insomnia depression, anxiety has specific help, can guide the patient's emotional state, improve the patient's psychologically and physiological, relax the patient get body and mind, to enhance sleep condition, improve the quality of life.

There is very little research on the impact of music therapy on the mental health of secondary vocational students. Yao Chenggang (2017) pointed out that the role of music therapy is mainly reflected in 1. beneficial to improve the cognition of secondary vocational students, 2. conducive to improving the emotional management level of secondary vocational students, and 3. It helps to correct the behavior deviation of secondary vocational students. The author has been dealing with secondary vocational students for a long time. At present, the mental health problems of secondary vocational students have gradually caused the attention of the education authorities. Chen Lei (2017) and others used the symptom self-evaluation scale (SCL-90) to investigate the mental health status of 180 students in a secondary vocational school in Hefei. The results showed that the overall mental health level was poor, and the average score of each factor was 1.53 ~ 1.97. Among the top three are hostile, depressed, and interpersonal sensitivity. These results reflect the current prominent problems in the aggressive behavior, emotion, and interpersonal relationship of secondary vocational students. He Yongdong et al. (2017) investigated the mental health status of 1287 secondary vocational students in 3 secondary vocational schools in Hefei. They found that secondary vocational students' overall mental health level was low, except for somatization. Other factors scored higher than the regular national model. About 27 percent of the students were found to have more serious mental health problems.

Moreover, the mental health level of girls was lower than that of boys, and the scores of somatizations, interpersonal relationships, depression, anxiety, and terror were significantly higher than that of boys. Secondary vocational students with depression, anxiety, and other emotional problems have been widespread. This study tries to introduce music therapy into the intervention of depression and anxiety in secondary vocational students to improve their bad emotional state.

1.2 The Psychological Status of Vocational Students

Vocational college students are very sensitive and have weak psychological tolerance for external pressures and changes. These factors often make them fall into depression and anxiety (World Health Organization, 1995). Weakening family structures, rapid urbanization, fierce competition in education and work, and changes brought about

by new technologies have all had a huge impact on the psychology of students to varying degrees. Domestic studies have found that the high incidence of emotional problems in vocational students is an important problem in students' mental health education, especially anxiety and depression are the mental health problems that have the greatest impact on their daily life. Many previous studies have studied the mental health problems of vocational students from different angles and degrees. The results show that there are many influencing factors of mental health, among which coping style is closely related to mental health. Coping refers to the way individuals deal with different stressors, with different classifications and dimensions, such as positive coping and negative coping, emotion-oriented coping and problem-oriented coping, engaging coping and disengaging coping, etc. Different types of coping styles reflect the maturity of an individual's psychological development. Mature coping styles help individuals relieve psychological tension and ultimately solve problems successfully, which can play a role in balancing psychology and protecting mental health. This study aims to explore the relationship between coping style and anxiety and depression in college students, and to provide an important theoretical basis for the practical guidance of college students' mental health.

1) Vocational college students are between the ages of fifteen or sixteen to eighteen or nineteen. They are in adolescence or early adolescence. This period is the period of the most intense psychological changes and also the period of psychological confusion and psychological conflict. As the fever of ordinary colleges and universities continues to heat up, the social status of secondary vocational and technical schools gradually declines. Students with low scores in the second half of the senior high school entrance examination enter vocational schools. Students with poor academic performance, morality and behavior have become the mainstream components of people's evaluation of students in higher vocational and technical schools at this stage. The general characteristics of higher vocational students are poor academic performance, poor self-control, emotional instability, and poor learning ability. But these children's intelligence is not bad, and some have advantages in a certain specialty. The musical talent of the students in the music class is no worse than that of the college entrance examination students. Some students have good comprehension, love music, and have achieved remarkable results.

2) However, most vocational school students have a low level of education and lack solid basic skills. They are a vulnerable group that is often ignored in basic education. This also determines that their psychological problems are frequent and increasingly complex, which is more common than ordinary high school students. And the complex is a special group that requires special attention. First, we conducted a statistical test on them. The self-rating symptom scale translated by Wang Zhengyu of Shanghai Mental Health Center was used. Students self-assess in a relaxed classroom. In the process of counting the results, a phenomenon was found: it turned out to be the object of our focus, but the results of the self-assessment score were normal. However, some students who are very active in the classroom, actively communicate with the teacher, or attract the teacher's attention have high self-assessment scores. It can be seen that psychological changes are sometimes invisible from the surface or are not comprehensive. The overall scores of the students are mostly within the normal range, and some of them are very good in one class. In comparison, the self-assessment scores of the 35 students in the 2000 music class exceeded 165 points in the 90-item options (165 points as the There are nearly ten students who refer to whether there is a dividing line between anxiety and depression); there are 23 key items for anxiety, and the score value is relatively high; in the 90 items, the score of each item is greater than or equal to two points than 43 items, also generally higher.

3) Most of these students talk to me privately, hoping to participate in music therapy classes. These students with relatively high reference scores in the statistical test heard that a music therapy interest group would be set up. They actively communicated with me, hoping to participate in it and improve their negative emotions. Before the class started, I interviewed the students who would participate in the training and made a walk-through record so that I had a certain understanding of their growth background. Through interviews, we learned that most of these children are from rural areas, their conditions were complicated in their early growth stages, and they suffered varying degrees of psychological and physical damage: some of the classmates' families had divorced parents; their parents had a discordant relationship; they were subjected to family or school violence; Separation after puppy love causes trauma to the soul; poor growth

around when I was a child, affected by some bad customs; low self-esteem or autism caused by the poor family economy.

Originally thought that students should only be happy and healthy at this age. Who would have known that children were subjected to such psychological torture? According to some survey data, there are some common problems among vocational students: their intelligence is not low, but their motivation to study is insufficient. Among them, 80% of the students think they are studying for their parents and lack the initiative and sense of participation in learning. Negative self, very vague self-awareness, negative attitude; early physiological development, very interested in sex, but a biased understanding of sex; strong sense of personal independence, poor cooperation concept with the collective and others; very worried about his future career, But I don't know how to design my future career. These survey results show that higher vocational students have a lot of trouble in their growth. Compared with teenagers of the same age, they have multiple pressures for job search, study, and future development.

1.3 Specific Characteristics of Psychological Status

Then, as a teacher in a higher vocational school, "teacher should be a psychiatrist" is a new requirement for teachers in modern education. The development of modern education requires teachers to be "not only the communicators of human culture but also the shapers of students' psychology and the defenders of students' mental health." Whether teachers can grasp the psychology of students scientifically and effectively and promote the healthy growth of various types of students according to the situation will have a decisive role in the success or failure of education.

There is a famous saying: "All achievements, all wealth, begin with a healthy mind". Many of us do not lack talents, abilities, and opportunities in our lives, but we always miss achievements and wealth. The fundamental reason is that we do not have a healthy and mature personality and psychology. Some of the common psychological problems of current higher vocational students are divided into the following categories:

1) Emotionally unstable and moody. Because vocational students are young and immature personalities, their behaviors are strongly influenced by emotions. When their emotions are happy, their enthusiasm for learning is high, and they get along well

with others; when their emotions are pessimistic, their enthusiasm for learning is low. And can not get along with others, and even truancy, fights, not going home at night, and other undesirable phenomena.

2) In terms of will, they are generally indecisive, anticlimactic, and have poor self-control. In this regard, most students cannot correctly understand and treat themselves, are easily influenced by the external environment, have a weak will, and are easily shaken. When encountering difficulties in the study and unsatisfactory things in life, it manifests as pessimism, disappointment, and even withdrawal.

3) In terms of personality, it is generally shown as follows: (1) Selfish and narrow-minded type, who often argues with others over trivial matters, cares about each other, and cannot get rid of it alone for a long time, or even broods. (2) Arrogant and conceited, self-righteous, look down on others, lack appreciation and respect for others, and have poor ability to resist setbacks. (3) Inferiority and cowardice type, this type of person are more withdrawn, unsocial, indecisive, and submissive.

4) Adolescence Syndrome. The performance is as follows: After the vocational students enter puberty, with the physiological development changes, the psychological changes also occur. Some students have emotional entanglements, become restless and irritable, lose interest in learning, and are lethargic. The author once asked a certain boy that a girl in his class expressed his admiration for him and handed him a note for a date, but he did not go on a date. He thought the girl was mediocre and had never noticed her existence. Furthermore, before entering school, he decided he could not fall in love during his study time. A month later, when I saw the girl go shopping with another boy, she felt strange and immediately avoided it. But after thinking about it often, I felt very uneasy. I know it has nothing to do with it, but I can't let it go. Recently, I have been unable to concentrate in class and self-study, and I have even been unable to sleep at night and eat fragrant food, so I want to destroy others. He hopes to escape the predicament and eliminate the inexplicable psychological impulse. After listening to his self-report, we first introduced him to the knowledge of psychology, analyzed the reasons for his inspiration, taught him how to face the concept of love, and so on. The thoughts of others restore the earlier learning momentum.

Although the reasons for these main problems are very complex, due to the variability and plasticity, transition, and turbulence of the psychology of higher vocational students, as long as teachers provide correct guidance, support, help, and education in a targeted manner, the so-called psychological Problems can be corrected and adjusted. Love them and love them even more. Determined to do more for them, relieve their unhappiness, and live a healthy and happy life.

1.4 Research Objectives

The research aimed to Study the effect of self-anxiety levels before and after using meditation music.

1.5 Research Hypotheses

After using the meditation music, The anxiety levels of the Secondary Vocational Students at Anhui Normal University, Republic of China will be decreased.

1.6 Research Framework

The research on this subject is mainly divided into three parts: selection of research objects, Orff music therapy, SCL-90+SAS+SDS quantitative table to make statistics on the numerical changes of subjects in the experimental group before and after course intervention, and adjust the treatment methods. (see figure 1.1)

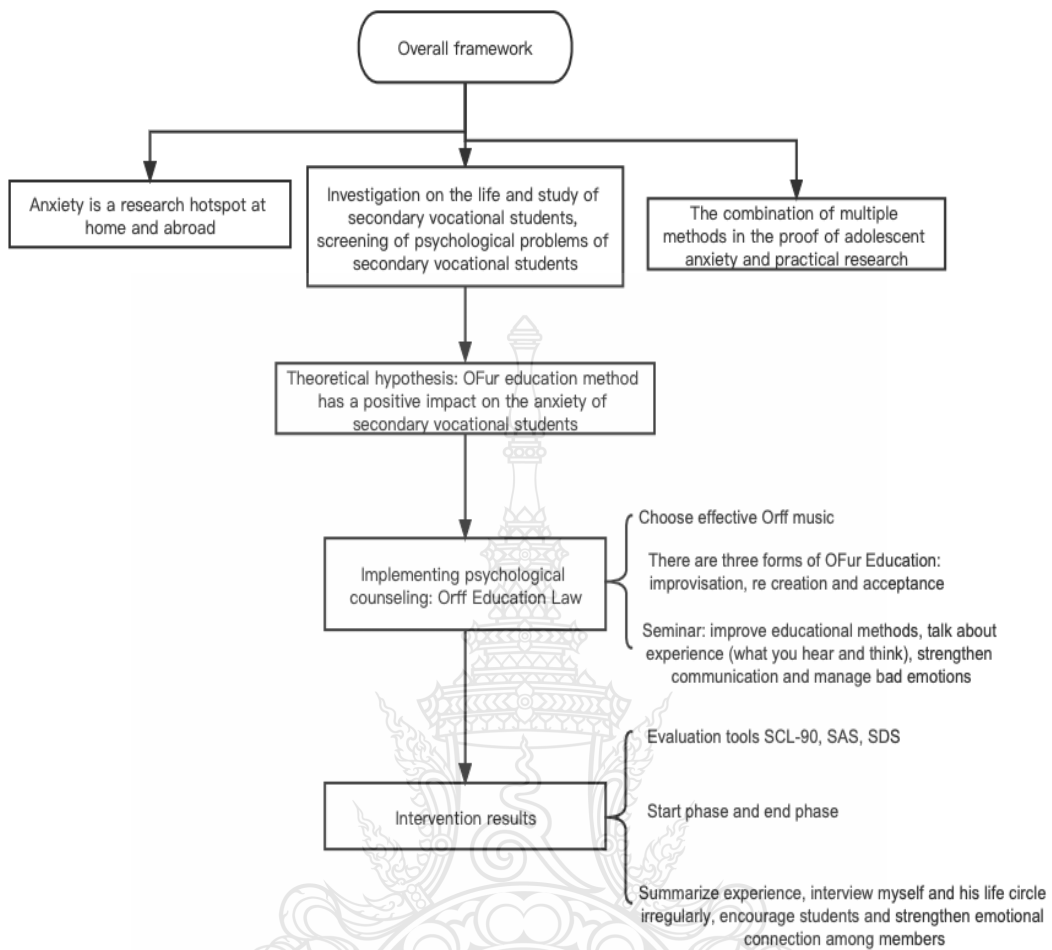


Figure 1.1 Research Framework

1.7 Expected Returns

- 1) Gain a piece of information for studying the use of music therapy for students in the future.
- 2) After this treatment study, students with different symptoms; will communicate with them, master first-hand information, and choose their favorite music, providing better treatment effects and some experience.
- 3) Make a case set about the diversification of Orff music therapy forms and methods

CHAPTER 2

REVIEW OF THE LITERATURE

2.1 The Orff Music Education System

The Orff music education system is one of the three most influential music education systems in the world today. It was pioneered by the famous German composer and music educator Carl Orff. The system is one of the three most famous and influential music education systems in the world today. In Orff's music class, children have the opportunity to enter a rich world of art. Music is no longer just melody and rhythm, but rhythm, dance, dramatic performance, and even visual arts such as painting and sculpture. They may focus on a specific sound source under the teacher's guidance to listen, identify, and imagine different sounds from life and nature.

In the 1960s, German music therapist Truder Carol Yergaard promoted the development of a systematic method of music therapy and expressed emotions through music rhythm, singing, performance, and body movements. The interventions mainly include Listening training, rhythm training, rhythm training, and Orff instrumental practice. The study was broad, including emotional recovery for all.

2.2 Anxiety

Anxiety refers to a response similar to worry, and is a basic emotion in which inner activity is not in harmony with reality. The anxiety of higher vocational students is expressed as worry, anxiety, anxiety and nervousness, and poor self-control.

Anxiety is an irritable emotion caused by excessive worry about the safety of relatives or one's own life, future and destiny, etc. It contains anxiety, tension, panic, anxiety and other ingredients. It is associated with critical situations and events that are difficult to predict and cope with. Over time, anxiety may be relieved.

Some people are in a state of anxiety for a long time without any objective reason. They are often afraid of impending disaster for no reason, and they are worried that they will suffer from a serious and irreversible disease, resulting in restlessness, anxiety and other symptoms. This abnormal anxiety is a manifestation of mental illness.

2.2.1 Anxiety Self-Assessment Scale

The Self-Assessment Anxiety Scale SAS refers to a specific evaluation method for analyzing the subjective symptoms of a sample group: vocational students in colleges and universities. From the construction of the scale structure, it is very similar to the Depression Self-Assessment Scale (SDS). Pretty simple clinical tool.

2.2.2 Binaural beats

Binaural Beat Therapy (BBT) In 1839, a German psychologist discovered the "Binaural Beat" effect.



Figure 2.1 Binaural beat

When two ears receive the same music with slightly different frequencies simultaneously, the listener will feel that the sound is coming directly from the depths of the brain. One of the easiest ways to alter brain waves, according to the "binaural beat" effect, is sound, but low-frequency sounds that are effective enough to stimulate the brain cannot be detected by the human ear. At the same time, a stable sound wave of less than or equal to 10Hz is stimulated in both ears. When the two sound waves are integrated into the brain, a frequency difference of $<10\text{Hz}$ will be generated in the brain. We call it "third tone". The "third tone" is only perceived by the brain. Through EEG (electroencephalography), we can observe that the duration of the "third tone" stimulation will perform a very effective brain loading on the original brain waves [brain loading: When external stimuli act on the brain, it is possible to change the frequency of brain waves from one mode (phase) to another mode (phase), a process called brain loading (Entrain).] Using this technology to improve the state of brain waves, and precisely stimulate the corresponding areas of the brain, produce biological effects, improve mood, state or enhance potential.

Meditation Music is the meditation process to relax the body and concentrate the mind. At this time, the cerebral cortex is very active, and the flexibility of thinking is mobilized. Meditation is applied in many places, such as qigong, hypnosis in yoga psychotherapy, and listening to alpha brainwave music during meditation. It helps to concentrate the mind. The function of meditation is to improve people's psychological quality through self-regulation and suggestion. It can also help the inner regulation of the body. If you want to learn, you can start with self-hypnosis.

2.2.3 Music therapy

Simply put, music therapy uses various forms of all musical activities, including listening, singing, playing, rhythm, and other means to stimulate and hypnotize people and stimulate the body to respond to sound so that people can achieve health goals.

1) Music therapy is based on the practical function of music, according to a systematic treatment program, using music or music-related experience to treat diseases or promote physical and mental health. And as long as it is a systematic, planned, and purposeful application of music as a means to achieve the purpose of promoting human physical and mental health, the therapeutic methods and therapeutic activities should belong to the category of music therapy. There are mainly the following methods to reduce anxiety: one is to relax your body by adjusting your breathing and relaxing muscles; the other is to give yourself psychological hints to control your anxiety through your thoughts and not be afraid of what you already have. Pay too much attention to what happened or did not happen, and think more about happy things; the third is to imagine the scene by imagining a scene that you can control, enjoy the scene you imagine, take a few more deep breaths, and let yourself gradually calm down.

In November 2021, Science Network used Cite Space analysis software to sort out the core literature on music therapy abroad in the past ten years. The keywords with the highest frequency include music therapy and anxiety, indicating that music therapy is still the focus of foreign research.

In China, the music therapy discipline is developing and perfecting, and its practice is expanding and deepening. However, with the development of the economy and the improvement of people's living standards, more and more attention is paid to physical and mental health, and the effectiveness and practicality of music therapy

make Him play an increasingly active role in this field and gradually develops into a manifest scientific research direction. With the adjustment of my country's development strategy and education policy, half of the students will enter vocational schools in the future. Vocational education students will face many practical challenges, resulting in psychological problems. Therefore, the maintenance of higher vocational students' mental health is related to The successful implementation of the national talent training strategy. As an important and practical method of psychotherapy, music therapy has broad application prospects. The main methods are Orff Music Therapy and Alpha Music Therapy.

The Orff music education system is one of the three most influential music education systems in the world today. It was pioneered by the famous German composer and music educator Carl Orff. Music therapist Trud Carol Yegardde promotes the development of a systematic music therapy method and expresses emotions through music rhythm, singing, playing, and body movements. The interventions mainly include listening training, rhythm training, rhythm training, and Orff instrumental practice. The study was broad, including emotional recovery for all.

2) There are very successful cases in domestic research on anxiety: In 2015, Yang Chang used Orff music therapy to intervene in the anxiety of parents of children with autism. By comparing the evaluation results before and after, the parents' anxiety has effectively relieved. In 2016, Finnish researchers found that the standard treatment for people with depression was medication, which, when combined with music therapy, significantly improved the patient's condition.

In the sixth issue of "Music Life" in 2016 Li Youguan's postoperative psychological treatment for cancer patients; postpartum psychological rehabilitation treatment and other aspects can significantly relieve symptoms. In 2021, Xiao Linjun and Xie Wan used Orff music education to eliminate and alleviate the above symptoms for a student with negative autism caused by economic difficulties in Guangxi Vocational and Technical College of Finance and Economics. The practical exploration of this music therapy has proved its effectiveness and application value. It has become an effective intervention method, but there is only one paper on the application of Orff music in the

anxiety of higher vocational students in CNKI, and the research in this field is It is blank, and there is a large research space.

3) Alpha brainwave music was proposed by Austrian medical scientist Dr. Hans Berg in 1908. Alpha brainwave music has a variety of functional music, including stress relief, physical and mental relaxation, and sleep-promoting effects. Intervention subjects were immersed in music in a deep or semi-sleep state. In April 2020, Ke Yunhong (Guiyang College of Traditional Chinese Medicine) used acupuncture and alpha music to treat anxiety disorders more effectively. The anxiety level of the patients before and after was significantly improved, and the quality of life of the patients was improved. The research and development directions of alpha music abroad and at home are the same. In addition, the author searched for no more than five papers on alpha brainwave music on CNKI, mainly related to improving sleep, reducing depression, and improving life. With the change of vocational education policy in our country, there are more and more vocational school students. The research on using alpha music to relieve the depression and anxiety of vocational school students is of great significance. There is almost no information on the application of alpha music therapy in higher vocational students, so it is necessary to strengthen this research. However, the use of alpha music requires some equipment, and this equipment is relatively expensive, and it is difficult for students to prepare their own. We will do further exploration and research in the future when conditions are ripe.

2.3 SCL-90, SAS Self-rating Anxiety Scale Test

2.3.1 Self-Rating Anxiety Scale (SAS)

Zung (1971). From the form of scale construction to the method of specific assessment, it is a fairly simple clinical tool for analyzing the subjective symptoms of patients. Because anxiety is a common emotional disorder in psychological counseling clinics, SAS has been a commonly used scale for understanding anxiety symptoms in counseling clinics in recent years. There are 15 items for forward scoring and 5 items for reverse scoring, totaling 20 items. Each item is scored in 4 grades. The score must be compared with the norm or control group for analysis.

The Anxiety Self-Rating Scale has 20 words; please read each one carefully, understand the meaning, and then choose the answer below the question according to your actual feeling. When answering, note that the statements of some items have opposite meanings. For example, depressed patients often feel that life is not interesting, but the question is that life is very interesting, so it should be noted that the scores are opposite when grading. These questions are preceded by an asterisk to remind all inspectors and those being inspected to pay attention.

The main statistical indicator of SAS is the total score. Add up the scores of the 20 items to get the rough score; multiply the rough score by 1.25 and take the integer part, which is the standard score. According to the results of the Chinese norm, the cut-off value of the SAS standard score is 50 points, of which:

Mild anxiety: 50-59 points

Moderate anxiety: 60-69 points

Severe anxiety: above 70 points

There are four boxes after each word, which means: A no or very little time; B a small part of the time; C a considerable amount of time; D most or all of the time. Scoring: Forward scoring questions A, B, C, and D are scored as 1, 2, 3, and 4; reverse scoring questions are scored as 4, 3, 2, and 1. Reverse scoring question numbers: 5, 9, 13, 17, 19

The SAS Self-Rating Anxiety Scale helps you understand your level of depression. The SAS Self-Rating Anxiety Scale determines whether you are in depression, depressed, and how deep the depression is. This test helps you rediscover and understand your emotional state

2.3.2 SCL-90

SCL-90 Self-rating anxiety scale. Prepared in 1975, its author is Derogatis (L.R. Derogatis). The scale has a total of 90 items, including a wide range of psychiatric symptoms, ranging from feeling, emotion, thinking, consciousness, and behavior to living habits, interpersonal relationships, diet, and sleep, etc., and uses 10 factors to reflect 10 aspects of psychological symptoms.

Each of its items is scored on a scale of 1 to 5, and the details are as follows:

No: consciously do not have the problem (symptom);

Very light: the problem is perceived as occurring, but it occurs infrequently and seriously;

Moderate: The symptom is perceived as mild to moderate in severity;

Severe: consciously often have this symptom, and its degree is moderate to severe;

Severe: The frequency and intensity of the symptoms are perceived to be severe.

It has a good ability to discriminate against people with psychological symptoms (i.e., those who are likely to be at or on the verge of a psychological disorder). It is suitable for testing those people in a certain group who may have psychological disorders, what kind of psychological disorders a person may have, and how serious they are. Not suitable for mania and schizophrenia. This test can test not only itself but also check others (such as their abnormal behavior and the possibility of suffering from mental or psychological diseases). If the score is higher, further screening should be performed.

This test has a total of 90 self-assessment items. The nine factors tested are somatization, obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, terror, paranoia, and psychosis.

The scale includes 90 items with 9 subscales, namely somatization, obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, terror, paranoia, and psychosis. Let's look at the anxiety options: Anxiety includes 2, 17, 23, 33, 39, 57, 72, 78, 80, and 86 for 10 items. Refers to psychiatric symptoms and experiences clinically clearly associated with anxiety symptom clusters. At the end of the assessment, the person or the clinical consultant will check individually. If there is any missed assessment or re-assessment, the self-assessment should be reminded to reconsider the assessment, so as not to affect the accuracy of the analysis. The author of the scale did not propose a cutoff value. According to the national norm results, if the total score exceeds 160 points, the number of positive items exceeds 43, or the score for any factor exceeds 2 points, the screening should be considered positive and further examination is required.

SCL-90 includes 9 factors, each factor reflects a certain aspect of the individual's symptoms, and the distribution characteristics of symptoms can be understood through factor scores. The factor score is equal to the total score of the items that make up a factor and the number of items that make up a factor. When an individual's score on a certain factor is greater than 2, that is, beyond the normal average score, the individual is likely to have mental health problems in this aspect. Anxiety generally refers to irritability, restlessness, nervousness, and the resulting physical signs, such as tremors. Scores on this subscale range from 10-50. Scores above 30 indicate that the individual is more prone to anxiety and irritability, restlessness, and nervousness, which may lead to panic attacks in extreme cases. A score below 20 points indicates that the individual is not easy to be anxious and is likely to show a stable state. In general, the higher the score, the higher the anxiety performance. The lower the score, the less anxiety it causes.

Self-rating symptom scale SCL-90 Guidance words: The following table lists symptoms or problems that some people may have. Please read each one carefully, and then choose an appropriate Fill in the answer box that follows:

1-never, 2-very light, 3-moderate, 4-severe, 5-severe

Sequence Question Options

1 headache

2 Nervousness, restless mind

3 Unnecessary thoughts or words circling in the mind

4 Dizziness or fainting

5 Loss of interest in the opposite sex

6 Blame others for perfection

7 Feeling that others have control over your thoughts

8. Blame others for the trouble

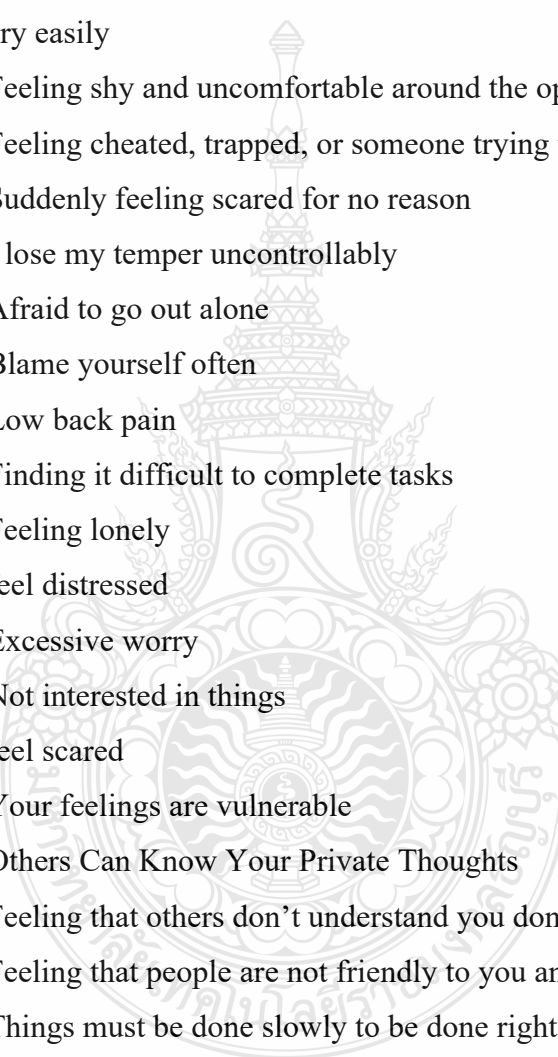
9 Forgetful

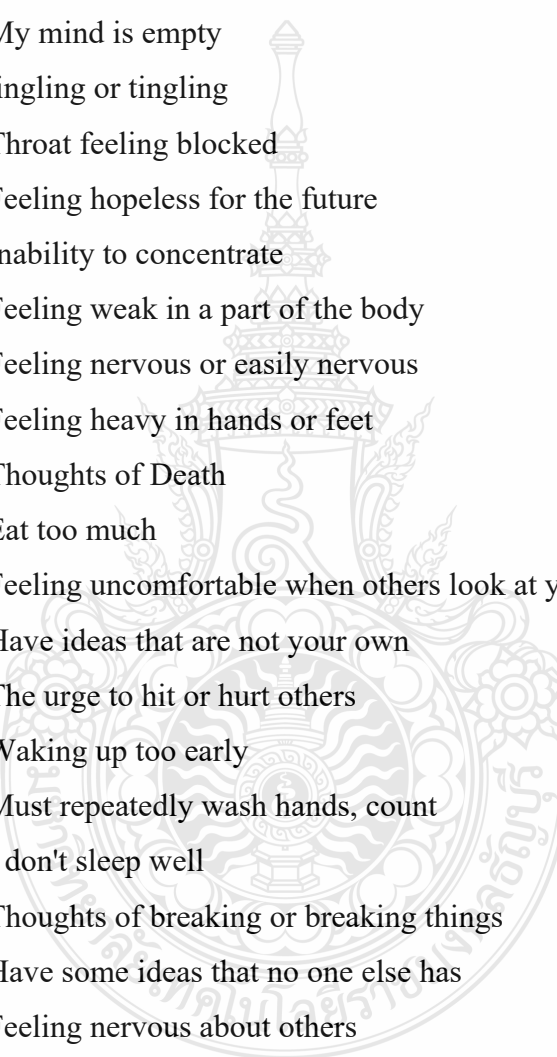
10 Worry about the neatness of your clothes and the correctness of your manners

11 Easily Annoyed and Excited

12 Chest pain

13 Fear of empty places or streets

- 
- 14 Feeling a drop in energy and a slowdown in activity
 - 15 Want to End Your Life
 - 16 Hearing sounds that no one else can hear
 - 17 trembling
 - 18 Feeling that most people cannot be trusted
 - 19 Bad appetite
 - 20 cry easily
 - 21 Feeling shy and uncomfortable around the opposite sex
 - 22 Feeling cheated, trapped, or someone trying to catch you
 - 23 Suddenly feeling scared for no reason
 - 24 I lose my temper uncontrollably
 - 25 Afraid to go out alone
 - 26 Blame yourself often
 - 27 Low back pain
 - 28 Finding it difficult to complete tasks
 - 29 Feeling lonely
 - 30 feel distressed
 - 31 Excessive worry
 - 32 Not interested in things
 - 33 feel scared
 - 34 Your feelings are vulnerable
 - 35 Others Can Know Your Private Thoughts
 - 36 Feeling that others don't understand you don't feel sorry for you
 - 37 Feeling that people are not friendly to you and don't like you
 - 38 Things must be done slowly to be done right
 - 39 Heart beating fast
 - 40 Nausea or upset stomach
 - 41 Feeling inferior to others
 - 42 Muscle soreness
 - 43 Feeling like someone is watching you, talking about you
 - 44 Difficulty falling asleep

- 
- 45 Doing things must be double-checked
- 46 Difficulty making decisions
- 47 Fear of taking the tram, bus, subway, or train
- 48 Difficulty breathing
- 49 bouts of chills or heat
- 50 Avoiding certain things, situations, or activities because of fear
- 51 My mind is empty
- 52 tingling or tingling
- 53 Throat feeling blocked
- 54 Feeling hopeless for the future
- 55 Inability to concentrate
- 56 Feeling weak in a part of the body
- 57 Feeling nervous or easily nervous
- 58 Feeling heavy in hands or feet
- 59 Thoughts of Death
- 60 Eat too much
- 61 Feeling uncomfortable when others look at you or talk about you
- 62 Have ideas that are not your own
- 63 The urge to hit or hurt others
- 64 Waking up too early
- 65 Must repeatedly wash hands, count
- 66 I don't sleep well
- 67 Thoughts of breaking or breaking things
- 68 Have some ideas that no one else has
- 69 Feeling nervous about others
- 70 Feeling uncomfortable in crowded places such as shops or movie theaters
- 71 Feeling that everything is difficult
- 72 bouts of fear or panic
- 73 Feeling uncomfortable eating in public
- 74 Often argue with people

- 75 Nervousness when alone
- 76 Others do not judge your grades appropriately
- 77 Feeling Lonely Even With Others
- 78 Feeling restless
- 79 Feeling worthless
- 80 Feeling familiar becomes unfamiliar or unreal
- 81 Yelling or throwing things
- 82 Fear of fainting in public
- 83 Feeling like someone is trying to take advantage of you
- 84 Troubled by thoughts about sex
- 85 You think you should be punished for your fault
- 86 Feels like getting things done quickly
- 87 I feel I have a serious problem with my body
- 88 Never felt close to anyone else
- 89 Feel guilty
- 90 Feel something is wrong with my brain

The average age of vocational students is between 14 and 20 years old. They are all music majors and are particularly sensitive to music, able to listen to all kinds of music, and have their understanding. However, most are from rural areas, and many children were raised by grandparents. They lack parental or maternal love, lack of self-control, lack of self-learning ability and emotional control, and lack concentration or time to concentrate. Normal human level. The 91 students are in music classes in grades 17, 18, 19, and 20, respectively.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research Design

Sample	Pre-Test	Activities	Post-Test
E	O ₁	X	O ₂

3.2 Sample and Population

The sample of this study included 91 secondary vocational students with average ages between 14 and 20 years old in the music therapy course at Anhui Normal University, Republic of China.

3.3 Research Instruments

The research instrument had 1) SCL-90 and 2) SAS self-rated anxiety scale tests.

3.4 Data Gathering

The research method was divided into three parts:

1) selecting the participant

Step 1: to get the approval and consent of the student himself and the head teacher

Step 2: Call in 91 students and test them on a mental scale

Step 3: score and communicate with students and counselors to establish the research object

2) Music therapy

Step 1: Select the music therapy class location and develop the relevant rules and regulations

Step 2: Develop a more scientific treatment plan under the joint discussion of the research group members, and carry out various forms of Orff music therapy, so that the students can get the maximum improvement. At the end of each class, we will discuss

with the students, what they like to listen to, and what are the problems, and go back to our summary to change our teaching plan.

Step 3: Collect data at the beginning and end of learning. At the beginning of data collection, especially keep the original data and some original data collection during the interview, retaining the original state so as to achieve targeted and targeted treatment in the teaching process.

3) SCL-90 + SAS quantitative experimental

Step 1: Provide a sample form for the research subjects to carefully fill in each indicator in a relaxed environment, and collect and make data statistics in the scale.

Step 2: count the number of items per student, greater than or equal to 2; the depression factor score; the anxiety factor score; and the SAS Y value of the S A S scale for each student. To gain a more comprehensive understanding of the subjects, we also study the students' obsessive-compulsive makeup, interpersonal relationships; hostility; terror; paranoia and other symptoms.

Step 3: before the end of the teaching process, we will also make a statistics of the step 2 data, as the post-test data. Thus we get the difference between before and after the data.

3.5 Data Analysis and Statistic Utilizing

Step 1: the general effect of music therapy is obtained from the pre-test and post-test total scores, meaning effective if the overall data is reduced. The number of items and depression and anxiety factors decreased to determine the outcome.

Step 2: The results of the paired t test and the average value of the test before and after depression. To conclude that developing music can effectively improve the depression and anxiety mood of the study subjects.

Step 3: Collect and organize the effective and ineffective measures and methods throughout the activities of the music therapy group, form a case set, and publish the papers. Let more researchers serve as a reference, from promoting the development of music therapy.

The detection rate of psychological problems of the enrolled students was examined, and the results are shown in Table 4.1. From the results, before the music group activities, mild and above psychological problems (mean 2 points) detection rate of 75%, the top four, in turn, compulsive symptoms, depression, anxiety, psychosis, moderate and above psychological problems (mean 3 points) detection rate of 12.5%, the top three, in turn, is depression, anxiety, compulsive symptoms. After nearly three months of music group activities, the detection rate of mild or above psychological problems (mean 2 points) dropped to 50%, while the top four still included depression and anxiety, and the detection rate of moderate or above psychological problems (mean 3 points) was the same as before the activity. These results reflect the outstanding issues in depression and anxiety, and they improve their bad mood.

Table 4.2 Paired t-test analysis before and after depression

Results of paired t-test analysis before and after depression					
Name	Pair pairs (mean value: ± standard deviation)		Difference (pairing 1-pairing 2)	t	p
	Paired 1	Pair 2			
Total depression variables (pretest) were paired Total variables of depression (post-test)	3.62±0.46	2.77±0.24	0.85	8.677	0.000**
* p<0.05 ** p<0.01					

The results of depression are shown in Table 4.2. As can be seen from the following table: a whole set of paired data will show differences ($p < 0.05$). The specific analysis shows that the significance of the total variable of depression (pretest) is 0.01 ($t=8.677$, $p=0.000$), and the particular comparison difference.

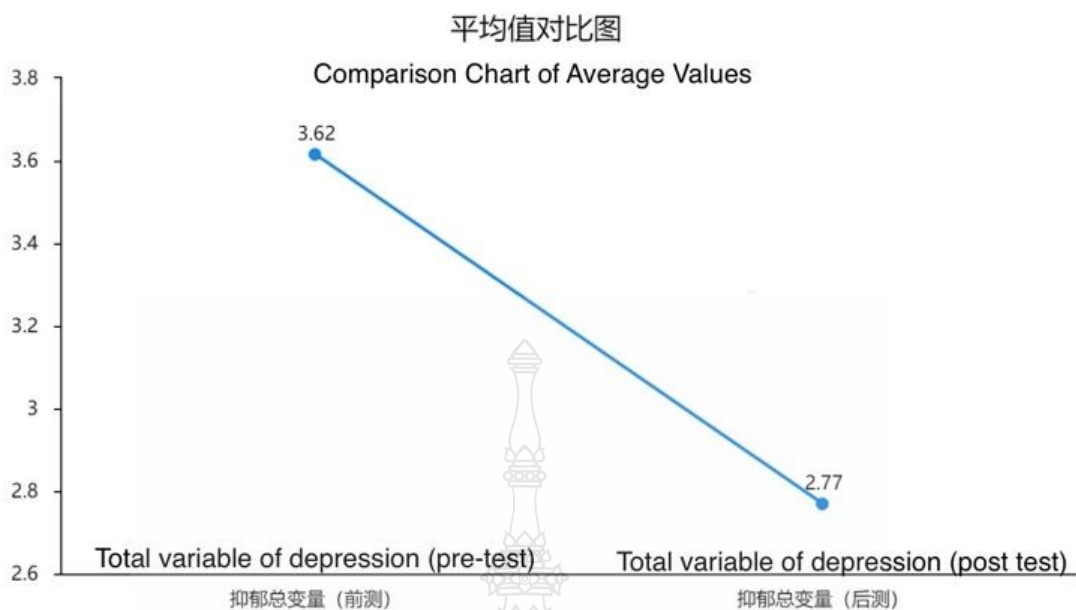


Figure 4.1 Comparison chart before and after depression

Figure 4.1 shows that the mean of the total variable of depression (pretest) (3.62) is significantly higher than the average of the total variable of depression (posttest) (2.77). That is, music therapy significantly improved the depressed mood of the enrolled students.

Table 4.3 Analysis of the paired t-test before and after anxiety testing

Results of paired t-test analysis before and after anxiety test					
name	Pair pairs (mean value: \pm standard deviation)		Difference (pairing 1- pairing 2)	t	p
	Paired 1	Pair 2			
Anxiety total variable (pretest) Paired total anxiety variable (posttest)	3.63 \pm 0.70	2.95 \pm 0.51	0.67	7.18	0.000**
* p <0.05 ** p <0.01					

The results of anxiety are shown in Table 4.3. A whole set of paired data will show differences ($p < 0.05$). The specific analysis shows that the significance of the total anxiety variable (pretest) and the total anxiety variable (posttest) is 0.01 ($t=7.180$, $p=0.000$), and the specific difference in

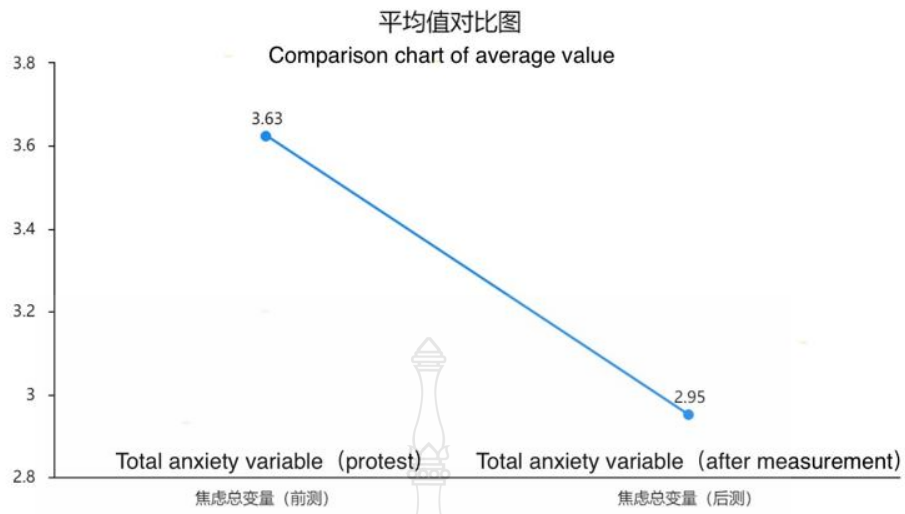


Figure 4.2 Comparison chart before and after anxiety

Figure 4.2 shows that the mean of the total anxiety variable (pretest) (3.63) is significantly higher than the average of the total anxiety variable (posttest) (2.95). The results of this study show that conducting music group activities can effectively improve the depression and anxiety of students in secondary vocational schools.



CHAPTER 5

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

Beethoven pointed out that music is a higher revelation than all wisdom, all philosophy! Music can be to convey information across time and space, break interpersonal barriers, help individuals to express and show themselves, and let people have a relaxed and stable state of mind. In the development of music group activities, give full play to the characteristics of music, with listening, singing, playing, performing, and even creating and other music activities, to promote the balance of individual physical and mental development, with an optimistic attitude towards life and learning, which is the fundamental purpose of our music therapy activities.

It was said that a music therapy interest group should be set up, and the students took the initiative to communicate with the relevant teachers, hoping to participate in the activities to improve their bad mood. Before the class opened, the researchers had an individual conversation with the students preparing to join in the action, with most of them lacking in their family and social environment. Or grew up with grandparents, parents have strained relationships, divorced, or ever affected by domestic violence, school violence, or growing up, or very low social adaptability due to poor parenting style, or depression due to childhood illness, etc. The children volunteered to participate in a music therapy team, indicating that they had emotional distress, but not severe. They do not like the current life, do not want to communicate with parents, the heart has nowhere to say, accumulated in the heart, the ability to communicate with people seems to be gradually weakened, they slowly close the door, or form autism or depression. Music therapy group activities, just like a beam of light, music therapy leads the teacher, is the model; a good teacher-student relationship is just like that between parents and children, gives them their doubts, gives them warmth, gives them a sense of security and confidence, which makes their campus life a little more sunshine! Therefore, the interview results with the teachers and students also showed that their learning attitudes had changed significantly. They were willing to participate in the class activities and had a smile on their faces.

People's heart is ever-changing, depression complex, and anxiety mood is also strange. As secondary vocational music or psychological teacher, to teach middle school, learn to do, and constantly explore a new path of music therapy, for our secondary vocational students to open a door full of a warm, passionate life.

5.2 Discussion

Discussion is very important in the whole process of music therapy. first. The choice of research subjects requires a discussion of those who fit as research subjects and those who did not fit as needed with all members of the research group together. next. What kind of tracks to choose for the research subjects need to be discussed, and which track is more suitable for the students? At the end of each session, teachers, psychotherapists, and students are trained to discuss the next session. Discuss what kind of music you would you like to hear next class? Discuss the students' current psychological situation. Communicate with the students

5.3 Recommendation

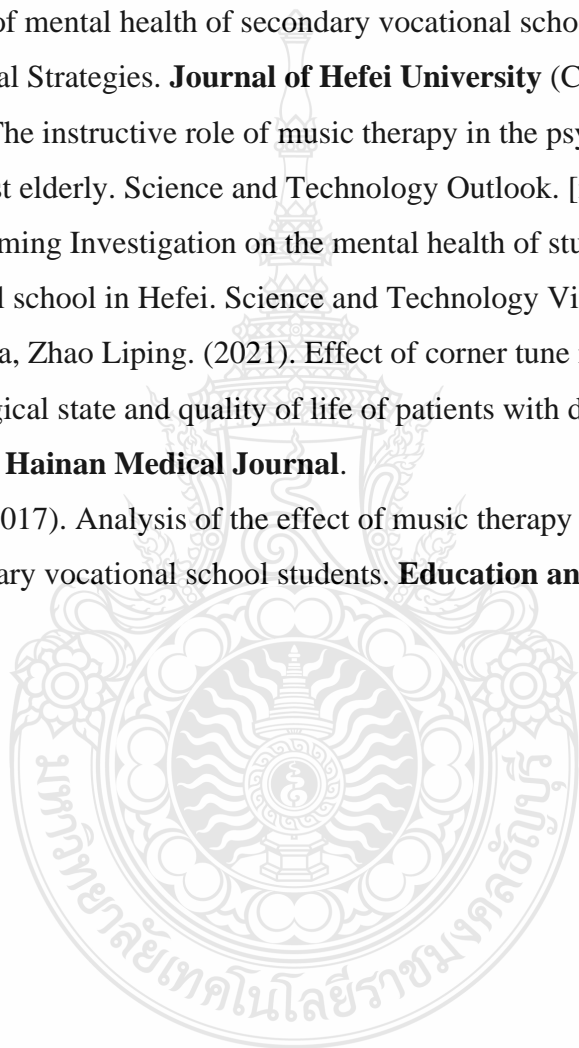
During the opening of the music therapy courses. It is recommended to be longer, usually for a year or even two years. Secondly, in the music therapy room, boys and students of different grades can be tested separately. Select the appropriate object. Third. It is recommended that the music therapy course be universal. The whole school. A major mental health examination was conducted for all the students in the school. Get first-hand information about this stage. The psychological status of these students.

5.4 Suggestion

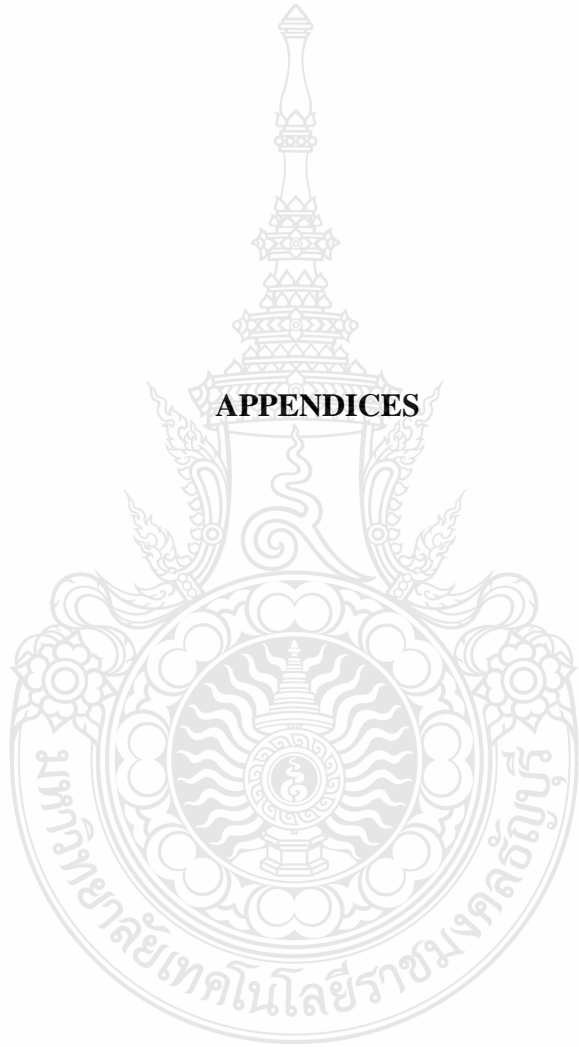
As a music therapist. The knowledge learned is a variety of treatment and treatment. With the progress of society and the development of scientific research. New teaching methods and teaching methods and treatment methods are constantly being updated. It is suggested that our therapists should participate in some domestic and foreign music therapy communication activities. At the same time, I drove the music therapy classes to nursing homes, social welfare homes and some special schools, as well as some marginal people, to conduct psychological rehabilitation, so as to collect more information about music and enrich myself.

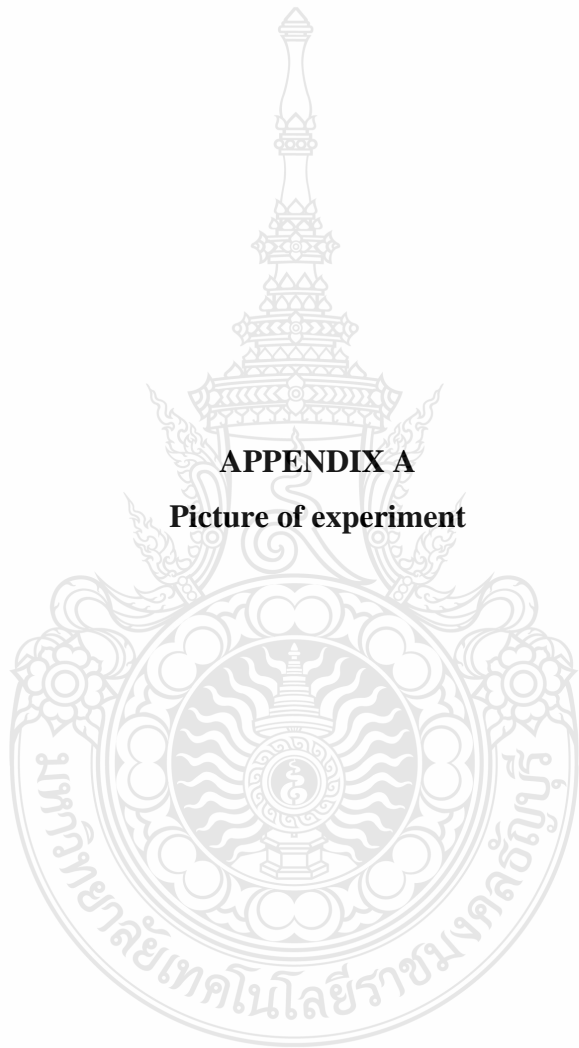
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APPENDICES





APPENDIX A
Picture of experiment

Picture of experiment



Biography

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