

Effects of Dance Movement Therapy on the Mental Health of Chinese Higher Vocational Students—Taking A Higher Vocational College as an Example

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Abstracts

This study aims to explore the impact of Dance Movement Therapy on the mental health of Chinese higher vocational students. The experimental research is carried out on the students of A higher vocational college in Guizhou Province, and 50 students are selected as the experimental group by voluntary registration. At the same time 50 students were selected as the control group. After a semester of experimentation, the results of the study found that the posttest data of the experimental group and the posttest data of the control group had significant differences in the overall mental health scale and negative mental health dimensions, but the differences in the positive mental health dimensions were not significant. The difference between the pre-test data of the experimental group and the post-test data of the experimental group in the overall scale of mental health and the dimension of negative mental health was significant, but the difference in the dimension of positive mental health was not significant. However, there are significant differences in the overall scale of mental health, indicating that therapeutic dance courses can promote the mental health of higher vocational students.

Keywords: vocational students, Dance Movement Therapy, mental health

Introduction

Dance Movement Therapy first appeared in Europe and was introduced and developed in the United States. The unique political and social environment in the United States provides rich nutrition for the derivation and development of new ideas, and the public has a higher degree of acceptance of new ideas. The American Dance Movement Therapy Association (ADTA) proposed in 1966 to establish and position Dance Movement Therapy from the perspective of professional disciplines. The organization had only 73 members at the beginning, and later developed to thousands of members, involving 34 countries and regions. With the rise of professional education related to Dance Movement Therapy in the international scope, the association incorporated ADTA training projects into the evaluation system. The core goal of ADTA is to define a specific training system and education plan for occupational Dance Movement Therapy, and to provide assistance for its development and promotion.

Dance Movement Therapy was introduced late in China, but it developed rapidly after its introduction. Fuxi Magnolia brings Dance Movement Therapy to China. In 2005, Yipai Academy began to implement the promotion and publicity of Dance Movement Therapy. Dance Movement Therapy took the lead in the rise and promotion in the West, and some countries began to introduce this psychotherapy model into their own practice, and

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conducted research and exploration on the method, function, and mechanism of this model. The international academic journal "Creative Arts Education and Therapy" was published in 2015, which has provided a lot of help for the introduction of Dance Movement Therapy in China. At present, China's Dance Movement Therapy industry is in the initial stage of vigorous development. The Dance Movement Therapy training courses jointly carried out by relevant private organizations and foreign institutions have promoted the popularization and development of Dance Movement Therapy in China to a certain extent. However, a systematic and scientific discipline system of Dance Movement Therapy has not yet been established in China (Wolfgang Mastrnak, Mao Qi, 2021).

Mental health (Mental health) refers to the health of people's psychology and spirit. The content of individual mental activities is in harmony with the objectively existing world. An adaptive state that is in harmony with the surrounding environment and can promote each other. At the same time, the personality is constantly adjusted from it, established and perfected, gradually improving the ability to adapt to the environment, improving and improving the quality of life, and maintaining the joy and stability of energy and emotions (Zhou Yuqiu, Liu Hong, 2006). According to incomplete statistics, there are more than 16 million patients with severe mental illness in China; 70% of the population is in the "sub-healthy" state of mental health, and 190 million people need long-term professional psychological counseling or even psychotherapy; college students 16% to 25.4% of them have various degrees of psychological barriers (Ning Weiwei et al., 2017), which suggests that researchers should pay attention to and research on mental health without delay.

Vocational students are vulnerable groups in stressful events (Perrin, McCabe., 2009), and are more prone to mental and psychological disorders. Since the epidemic became normalized, the Chinese government has adopted a series of measures to control the spread of the epidemic, such as wearing masks when entering and leaving, home isolation, and reducing gatherings. In order to protect students, measures such as extended holidays and online learning have also been adopted. During this period, some students may experience anxiety, depression and other symptoms due to long-term home isolation and social reduction (Chang Jinghui, 2020), and even self-harm and suicide tendencies (Walsh, O., Mcnicholas, F, 2020). In order to alleviate the adverse psychological conditions of middle school students during the epidemic, Dance Movement Therapy can be used as a treatment method for reference to the application of Dance Movement Therapy in patients with mental health disorders. Dance Movement Therapy refers to the psychotherapy of exercise to promote the emotional, social, cognitive and physical integration of an individual for the purpose of improving health and well-being" (Adta, 2018), with the aim of improving the quality of life of participants or other health-related psychological consequences.

Research Objective

Based on the above research background, the purpose of this study is to explore the impact of Dance Movement Therapy on the mental health of higher vocational students. Through this research, it can provide directions for enhancing the mental health of higher vocational students. Therefore, the purpose of the study is to explore the impact of Dance Movement Therapy on the mental health of higher vocational students.

Literature Review

This section presents a literature review on Dance Movement Therapy and mental health

1. Dance Movement Therapy

1.1 Origins of Dance Movement Therapy

In ancient religions, dance was used as the main medium for shamans to communicate with the gods. In "Shuowen Jiezi", witches are defined as "women who are capable of doing things without form, and those who use dance to descend the gods, and like people praise dancing form". Similarly, it is described in "Guoyu.Chuyu": "The ancient people's succinctness is not portable, and they can be upright and upright. Their sage can compare righteousness up and down, their sage can reach Xuanlang, and their brightness can illuminate them. , the listener can hear it thoroughly. If so, the gods will come down, and men are called shamans, and women are called shamans" (Guo Jianhua. 2011). And "Shangshu Yixun" mentioned: "Witches worship gods with singing and dancing, so the customs of singing and dancing bureaus are also the customs of witches." In Volume Nine of Luo Mi's "Road History. Pre-Ji", it is also mentioned that "people are depressed inside, and those with stagnant joints are multi-faceted. Those who benefit from it are dancing for them, teaching people to dance to It is called Dawu" (Tan Fang. 2019). In addition, "Lu Shi Chunqiu. Ancient Music" also mentioned the application of dance in healing. For example, when the Zhu Xiang family ruled the world at that time, due to the accumulation of too much yang energy, everything was scattered and the fruits could not ripen, so a five-stringed harp was created to collect yin energy. At the beginning of Tao Tang's rule of the world, due to excessive yin qi stagnation, water channels were blocked, and people's muscles and bones were shrunk, so dance was created to guide (Li Weiwei. 2015). These ancient dance cultural heritages reflect the importance of dance in religion, healing and more.

In The Book of Music, music and dance are described as having multiple functions, including self-cultivation, changing habits, entertainment, art, fitness, sacrifice, education, healing, etiquette, etc. (Li Qiaodan, 2017). In addition, Lu Shi's "Spring and Autumn" also emphasized the effectiveness of dance fitness therapy, which has also been confirmed in the reports of modern scientists (Liao Baoyi, 2007). It can be seen that in ancient human life, dance was not only a way and means for wizards to entertain ghosts and gods, but also an important way for people to strengthen their bodies and express their emotions.

"If words are not enough, then dance and sing." For a long time, dance has had different functions: entertaining gods: for example, in ceremonies or celebrations, people often dance to communicate with heaven and earth or worship ancestors; for self-entertainment: for example, during harvest During the season, people express their joy by singing and dancing; Entertaining others: For example, men and women express their feelings by singing and dancing when socializing. As an ancient art form, dance has many different functions. During celebrations and rituals, dance is used to entertain the gods and worship ancestors. At the same time, dance can also be used to express personal joy and emotion, and as a means of social interaction. In addition, dance has also been shown to be beneficial to physical health and self-cultivation (Tang Qian et al., 2014).

Dancing not only allows people to stretch their muscles and keep healthy, but also allows people to communicate and express their hearts. For our ancestors, however, these functions of dance were unclear and were not consciously used directly for Dance Movement Therapy. For the therapeutic function of dance, the concept can be traced back to the 1940s. At that time,

American modern dance teacher Marian Chess began to use dance to treat patients with schizophrenia. Her practice was recognized by the medical community and led to the development of the discipline of Dance Movement Therapy (Levy, 1988).

Marianne Chase leads improvisation and creative dance, encouraging veterans to reconnect with others by expressing their feelings through physical movement. Her experience profoundly influenced the future development of Dance Movement Therapy, especially the development of Dance Movement Therapy on the east coast of the United States. Due to her work experience in hospitals, she pays more attention to the development of group and social relations, as well as psychological structure. She emphasized the importance of dance communication in groups. At the same time, Laban movement analysis has become the most commonly used diagnostic and analysis tool in Dance Movement Therapy and has received more attention (Levy, 1988; Guo Youbi, 1996; Dance, Therapy, 1959).

At the same time, Dance Movement Therapy has also developed on the west coast of the United States. These therapists are particularly concerned with the nature of the real-time motor experience, that is, the experience of body awareness and the psychological factors evoked by the bodily experience. From a psychological point of view, they pay more attention to a person's psychological state. They pay attention to the concept of the moment, to the body and mind itself, and then discover the true behavior of the individual. Therapists such as Mary Whitehouse integrate cases by exploring spontaneous body movements within the individual, identifying emotional and behavioral patterns in the case itself, and sharing the symbolic meaning of the behavior. She is very concerned with the subconscious mind, so she developed deep movement therapy combined with Jung's deep psychology. Compared with the East Bank, Dance Movement Therapy in the West Bank focuses on observation and assessment (Guo Youbi, 1996).

In 1966, the American Dance Movement Therapy Association (A.D.T.A.) was established, which defined dance as a form of psychotherapy that uses body movement to promote physical, social and psychological cognitive and emotional integration and communication. The Dance Movement Therapy Association further explores the role of dance by combining the expressive, creative and psychotherapeutic aspects of the art of dance. (ADTA, 2006).

1.2 The development of Dance Movement Therapy

Dance Movement Therapy entered an important phase in the 1960s. During this period, the American Movement Therapy Association was established, and the study of nonverbal expression and interpersonal communication began to receive attention. Sociologist Goffman and nonverbal expression researcher Weistai both pay attention to body movements and nonverbal communication, and believe that interpersonal relationship is not only the contact between eyes and body, but also includes mutual treatment (Goffman, E. 1967). In the 1970s, Dance Movement Therapy venues expanded to communities, youth correctional institutions and other places, and Dance Movement Therapy departments were established in universities to allow more people to understand and accept the concept and effects of Dance Movement Therapy. During this period, people began to pay attention to their bodies again, release their hearts through physical expression, calm their emotions, and reduce stress (Lee, Z. Q. 2002).

Fuxi Yulan (2011) believes that dance therapy, from a macro perspective, mainly refers to a treatment method that adjusts body functions through dance performances, improves individual emotional states, and maintains physical and mental health in the process.

In a narrow sense, due to the differences in the therapeutic effects of dance, it can be subdivided into physical and psychological aspects. For the former, it mainly refers to an effective measure to use dance movements to promote the adjustment and optimization of human body functions; while for the latter, the professional concept recognized by domestic and foreign scholars at this stage is "dance therapy". The American professional organization defines its concept as "a means to improve the emotional state of patients through dance movements and maintain physical and mental coordination in order to ensure the smooth realization of psychotherapy goals" (Wang Yan, 2007).

To sum up, dance therapy is to relieve the individual's internal negative emotions through physical channels under the guidance of the therapist. After much remission, it is hoped that the body and mind can achieve balance and stability, and return to their optimal state of health and wholeness.

1.3 Related Theories of Dance Therapy

Laban Movement Analysis (LMA) theory is the most commonly used and recognized theory in the field of dance. It was the first analytical tool for quantitative and qualitative human movement developed by Laban and his disciples, called Laban Motion Analysis. His greatest contribution is to ensure that the world has a common writing and narrative method to describe this movement (Xie Jiehua, Wang Yunyou, 2009). According to Laban and Ullmann (1971), the basic principle of action analysis is that action is a process of change. Just as words have grammatical rules, bodily movements have their own grammar, patterns and sequences of changes. A letter is meaningless by itself and must be composed into sentences to be truly translated into a language. In addition to the physical element, Laban's main analytical tools consist of three components: strength, movement profile, and spatial analysis. When applying Laban's movement analysis to therapy, the therapist can observe and describe the quality of movement and infer the psychological state of the patient based on the movement of the patient's body. However, to infer mental states from behavior, we must be careful whether such observations are biased or arbitrary. Cruz and Koch (2004) found that the evaluation of actions is limited by their different cognitions. Even if we found a group of Laban-licensed analysts to observe the same behavior, we would find large gaps in their observations. The movement of the body itself cannot be fully understood or equated with a person's mental state. In order to gain concrete understanding about an individual, it is necessary to provide nonverbal bodily information (Ekman, 1989).

We cannot understand an individual's mental state simply by analyzing bodily performance, but let bodily performance stand out as a foreground in descriptions of an individual's background and lived experience. The researchers introduced the movement texture into the Laban movement analysis model in the pattern design, so that members can directly experiment, understand which kind of movement texture they are good at or not good at, and experience the different feelings brought by the movement of different textures, and then share the experience, capture Links related to members' life experience, so as to have a more specific understanding of team members. Young (2012) pointed out that it is important to know your own exercise preferences, get out of your comfort zone, and try different forms of exercise.

1.4 Research on Dance Therapy

In terms of psychological principles, dance therapy is a treatment method that combines psychology and dance art to provide effective solutions to individual psychological problems. It improves a person's mental state through certain dance movements, and in the process promotes the recovery and improvement of an individual's physical function (Xiong Lihua, Sun Xiaoping, 2009). Through the presentation of dance movements, people's negative emotions can be effectively alleviated and their subjective initiative can be enhanced. At the same time, in this process, we can have a deeper understanding of ourselves and build strong self-confidence. In addition, dance movements are also an intuitive manifestation of a person's personality and can show a person's psychological state. Dance therapy basically involves psychotherapy, movement analysis and knowledge of many other disciplines, connects dance movements with people's physical and mental health, stimulates the instinct of physical health, improves people's physical and mental conditions, and ensures that they are in good shape when dealing with the external environment State (Fuxi Yulan, 2011).

Dance therapy began in hospitals in the 1940s. The first dance therapist, Marianne Chase, applied dance therapy to hospital patients and influenced more dancers to attend dance therapy classes. Due to the complexity of family research, the subjects of dance therapy are patients with physical or mental illnesses as well as those with physical and mental disabilities, including specific ethnic groups such as mentally ill patients, patients with Parkinson's disease, patients with cerebral palsy, students with physical and mental disabilities, and patients with depression (Lv Shuzhen, 1988; Yao Qingyuan, Chen Yicheng, 2009; Yang Wenjie, Lin Guanghua, Hu Mingxia, 2011).

Lu Shuzhen (1988) took mental patients as objects and believed that dance movement can enable patients to realize the function of mental health. Its value lies in increasing the amount of activity of patients and expanding their range of personal activities; enhancing personal positive feelings and sense of belonging through physical contact; forming a new understanding of the external world and self. It can not only help mentally ill patients establish their own body image, but also correctly express their emotions, thoughts, attitudes, and understand the meaning of other people's behavior. Yao Qingyuan and Chen Yicheng (2009) integrated dance therapy into the physical activity education of physically and mentally handicapped students, and also found that the students' activity ability was improved, their physical ability was enhanced, and their interpersonal communication was improved, which had a good effect on improving the coordination of body movements. Students' reaction speed and concentration also improved. With the development of dance therapy, the objects and forms of dance therapy tend to be diversified. Xie Zhengyan and Xu Xiuxun (2008) pointed out that dance therapy is suitable for individual therapy and group therapy. With flexible adjustments to the needs of all parties or members, when dance can be separated from the evaluation of beauty and ugliness and regarded as spontaneous expression and self-expression, it will be suitable for most individuals and give them the greatest help. Today, dance therapy is not only aimed at children, the elderly, and the general public, researchers also incorporate their spirituality into physical movement education or general athletic training. Liu Meizhu and Lin Dafeng (2003) used dance therapy to integrate physical and mental sports education to cultivate gymnasts' body awareness ability to reduce the threat of sports injuries. The results showed that gymnasts have significantly improved consciousness, deep and long breathing, which is conducive to relaxation and sleep, and effectively reduces body pain. Zhao Xuejin and Chen Kunning (2008) found that after participating in dance training, patients with depression have

the effect of improving depression, and their body consciousness has improved significantly from unconscious to conscious.

However, due to the integration of dance therapy with other body movement classes, the line between dance therapy and physical activity has become more blurred. Physical activities such as jogging, yoga, and various fitness dances have been independently studied by many scholars to explore how they can help the mind and body. Yang Wenjie, Lin Guanghua and Hu Mingxia (2012) were patients with primary Parkinson's disease. The experimental group received dance therapy, and the control group received other forms of dance or non-dance movements different from the experimental group, to compare the effects of dance therapy and exercise on gait balance and function in patients with Parkinson's disease. Results showed that dance therapy and general exercise were similarly effective in improving balance and gait function in patients with Parkinson's disease, but the effect of dance therapy did not differ by dance type. This effect seems to suggest that dance therapy is as effective as exercise in general.

There are also some studies that show that dance therapy can help many special groups, such as adolescent depression, autism disorder, the elderly, obesity, mental illness, stroke, and cancer, improve social and emotional skills or self-esteem (Jeong et al., 2005 ; Hoban, 2000; muller et al, 2012; pylvanainen et al, 2015; wolf et al, 2017; Ho, Fong et al, 2016). Regarding the use of dance therapy in children, Kourkout et al. (2014) integrated articles on dance therapy into children's psychological development and self-personality. Dance is a commonly used therapeutic and educational tool in schools. For children with emotional and learning disabilities, it is an important and effective tool for developing children's verbal and non-verbal communication skills, and can also improve children's self-esteem, emotional expression skills, social interaction, learning disabilities, emotion management and school adjustment.

Devereaux (2017) interviewed 13 dance therapists in US public special schools. The results showed that dance therapy can help students meet individual needs in small groups, help students focus, adjust mentally, and support social purpose skills. In addition, Giugliani (2015) successfully helped elementary school patients with autism, mood disorders, and hyperactive attention deficit disorder improve their emotional, social, and academic skills, helping those who were very active but unable to focus on reading learning. It also allows patients who have experienced sexual harassment and misconduct to develop their body image and communicate with their families.

2. mental health

2.1 mental health definition

The term mental health first evolved from the concept of mental hygiene. Mental health and mental hygiene are highly related. They were first called Mental Health in English, and there is no difference. Zhu Jingxian (1992) classified these two words into one category; Wu Wudian and Hong Youyi (1987) also believed that mental health conditions are a study of mental health conditions, and at the same time can be said to be a way to enhance and improve mental health. This method can be used to serve the public. It can be seen from the above definitions that mental health emphasizes methods and means, which are metaphysical, while mental health is more about metaphysics, which should be the goal and state to be achieved (Huang Zhengchang, Lu Jiwei, 2008). Freud once said that mental health must be met in a balance between work and love. A happy family life will bring motivation to life; a stable and suitable job can realize ideals (Alan C. Elms, 2001).

Founded in 1948, the World Federation of Mental Health (WFMH) was the first international organization related to mental health. Its purpose is to prevent mental and emotional disorders in all countries and peoples, to provide appropriate treatment for those suffering from such disorders, and to promote the mental health of people worldwide (WFMH, 2018). The World Health Organization (WHO, 2001, 2005) explains that the concept of mental health includes subjective well-being, self-efficacy, self-discipline, competence, intergenerational trust, and self-actualization; according to different social, cultural, economic, and legislative levels, mental health Disorders can develop into different psychological states. Article 25 of the Universal Declaration of Human Rights (United Nations, 1948): "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services; Everyone has the right to protection in the event of unemployment, sickness, disability, widowhood, old age or other circumstances beyond their control." In addition, the organization also designated October 10 as World Mental Health Day and invited countries around the world to Carry out mental health education on different topics. Due to the COVID-19 pandemic and the global recession, many businesses have closed and employees have lost their jobs. Schools also face closures and transitions to online instruction. However, countries with severe epidemics face a sharp increase in the number of deaths. People are very worried that they will die from the 2020 coronavirus disease. Therefore, in 2020, it sets the theme of World Health Day as "Move for mental health: Let's invest" and asks countries to expand investment in mental health and increase national budgets so that all people can enjoy a healthy mind.

Mental health is the foundation of human rights and health, and is a universal value and expectation for all people; mental health is closely related to all aspects of life. National mechanisms must be aware that various social, economic, cultural and political factors may affect or hinder people's access to mental health (Zhang Jue, 2013). Wu Zhenzhuo (2000) believes that mental health is a state in which a person obtains moderate satisfaction, feels happy, works hard, and improves efficiency; however, focusing only on the individual will ignore the importance of the environment, and mental health can only be achieved through harmony with the environment.

According to Zhang Chunxing's (2006) definition of mental health, mental health refers to a state of good adaptation to life, and meets the following conditions: (1) Emotional stability, no long-term anxiety or psychological conflict; (2) Satisfaction with your work , and demonstrate your skills at work; (3) be able to establish a harmonious relationship with others and be willing to interact with others; (4) have a correct understanding of yourself and accept your own attitude; (5) have a correct understanding of the living environment, be able to Deal effectively with problems and solve them without running away. Galderisi et al (2015) argue that mental health aims to overcome traditional views based on ideal norms or theories of hedonism and well-being, in favor of an inclusive approach, free from restrictive and cultural constraints as much as possible, and approach human lived experience. The process can be happy, sad, sick, or scary; it can also be satisfying, challenging, or unsatisfying. George (2012) argues that mental health has many human strengths rather than weaknesses, which can be conceptualized as maturity, dominance of positive emotions, high social emotional intelligence, subjective well-being, and flexibility. Wang Yingfen and Lian Tingjia (2012) believed that mental health should include two levels. People with relatively healthy mentality can think that life is meaningful, feel the abundance of life, and gain happiness from life; those with unhealthy

mentality are not only easily defeated by setbacks or anxiety in life, but also easily fall into the whirlpool of depression.

Traditional mental health research mostly focuses on negative and negative definitions, that is, to study the negative psychological components of various mental diseases such as physical and mental disorders, depression, tension, anxiety, and stress. It is precisely because of the rapid development of humanism that in Western countries, especially the rise of positive psychology, the emphasis has shifted from focusing on human behavior to helping individuals find their inner psychological energy to build and help those in need maintain it. Mental health, which is called positive mental health, is a positive indicator that focuses on good life adaptation, sound physical function, and psychological resilience (Li Xinmin, 2004). Keyes (2006) also believes that psychological Health should refer to the individual's positive feelings about life and the degree to which life is functioning well. Based on this, mental health should be reflected as a positive overview of a person's spiritual world. In its meaning, health should refer to a specific positive and healthy mental state.

To sum up, combined with scholars' views on mental health, we can know that the definition of mental health has changed with the times, from passive prevention to active creation, and also emphasizes the interaction between the individual and the environment. Mental health from a positive perspective is a long-term, continuous state of mind.

2.2 Related theories of Mental Health

Maslow (1968), the main representative of humanism, proposed a hierarchy of needs theory, namely, physiological, safety, social needs, esteem needs, and self-actualization. Among them, the highest level of growth needs is the need for self-actualization. Self-actualization refers to the individual's realization of all life ideals and the spiritual realization of the unity of truth, goodness and beauty. Individuals who have reached the realm of self-realization have good mental health. They usually have independent personalities, natural emotional responses, high creativity, high self-identity, and more positive evaluations of others (Zhang Chunxing, 2006).

3.2.3 Mental Health Measuring Tools

Scholars at home and abroad have their own opinions on the standards of mental health measurement. Now, the common mental health measurement tools are described as follows:

Symptom Checklist (SCL-90), The scale contains 10 factors: psychosis, somatization, depression, anxiety, obsessive-compulsive symptoms, interpersonal sensitivity, hostility, terror, paranoia, and others. Using a 1-5 scale scoring system: 1 point (none), 2 points (mild), 3 points (moderate), 4 points (severe), 5 points (serious). Individual factor score ≥ 3 is divided into obvious psychological symptoms. The higher the score of the subject on this scale, the worse their mental health status is. Recently, most schools in China are using SCL-90 as a tool for mental health screening. However, SCL-90 is used in Western countries as a measurement tool to identify the symptoms of insight and the severity of symptoms in patients with mental illness. Most of them are used in hospitals, and are used to screen school groups, especially the mental health of students. The state is definitely inappropriate (Yu Guoliang, Dong Yan, 2012).

Adolescent Mental Health Scale, Compiled by Huang Zhengchang and Lu Jiwei (2008), it uses the psychopathological "quality-stress model" as the basis for compilation. This scale is suitable for adolescents from junior high school to senior vocational school, and uses screening assessment instead of diagnostic assessment. The purpose of the restriction is

to screen out the objects that need high care. The scale has 110 items in total, including six subscales of depression tendency, mental distress, self-injury tendency, impulsive behavior, anxiety degree tendency and validity index. The first five items are used to detect the potential psychological characteristics of adolescents, and the last one It is used to check whether the subjects answered honestly. The higher the value obtained by the subject on this scale, the higher the degree of unhealthy mental health.

General Health Questionnaire (GHQ-12), Revised by David Goldberg (1988), Yang Tingzhong Yang Tingzhong (2003). The questionnaire is designed to measure the general composition of individuals. Each item has 4 response options. According to the individual's score on each item, the overall health score can be obtained to evaluate the individual's mental health.

To sum up, from the commonly used scales, we can find that most of the currently used scales are developed abroad. If there is no localization adaptation, it is not suitable for measuring the mental health in mainland China. Therefore, this study intends to use The General Health Questionnaire (GHQ-12) was used to measure the mental health level of the subjects in this study.

China is a multi-ethnic and culturally diverse country. In terms of ethnicity, differences in different ethnic cultures may lead to psychological problems such as individual depression, anxiety, fear, and interpersonal barriers (Chen Xiyan, 2011; Hai Liqiguli, Wu Fuer , 2017), then acculturation has become an important factor affecting the mental health of college students (Zhang Qiang, 2016), and the culture involves regional culture, ethnic culture, religious culture, language culture, etc. (Guo Yangdong, 2017). Acculturation refers to the cultural change caused by continuous and direct contact with the values, customs and behavior norms of two completely different cultures. Luo Kanglong, 2005).

From the perspective of process, acculturation usually goes through four stages: euphoria stage, cultural shock stage, anomie stage, and assimilation or adaptation stage. In the euphoric stage, individuals are full of curiosity and longing for foreign cultures; in the stage of culture shock, as individuals learn more about foreign cultures, they begin to have more and more sense of difference and strangeness, often accompanied by negative emotions psychological discomfort; in the abnormal stage, although individuals begin to recognize the differences between different cultures, they feel sympathetic towards themselves due to the sense of alienation from the mother culture and the increase in the gap with the mainstream culture; in the assimilation or adaptation stage, Due to the familiarity and habit of the foreign culture, the individual begins to realize self-growth in the process of acceptance.

Although acculturation can occur between any two or more different cultural groups, it is more manifested as the adjustment and adaptation of members of minority or disadvantaged groups to the mainstream culture. For Chinese minority college students, the acculturation is mainly Adapt to the mainstream culture of the Han nationality (Zhang Jingling, Zhang Qinglin, 2007). Studies have shown that the mental health level of ethnic minorities is significantly lower than the national mental health norm (Ren Guangxiang, Jiang Wentao, Shu Zhengju, Cao Xianming, 2016). Some studies have shown that the mental health level of students with left-behind experience is significantly lower than that of students without left-behind experience (Wen Yiyuan, Zeng Jianguo, 2010; Xie Qili, 2017). In terms of family economic status, studies have shown that family economic status has a significant impact on students' mental health. The poorer the economic conditions, the lower the students' mental health (Chen Jun, Zhou Shaoxian, 2012).

Research Hypothesis

Based on the above research overview, the research hypotheses of this study are deduced:

Dance therapy has a significant impact on the mental health of Chinese vocational students.

Research Methods

This study adopted a variety of methods, including literature analysis, experimentation and questionnaire survey.

Document analysis. Firstly, look up domestic and foreign periodicals, books and other related literature on dance therapy and psychology, including domestic and foreign periodicals searched on network data resource databases such as CNKI, VIP, Wanfang, and Guizhou Provincial Digital Library, as well as purchases from physical bookstores and books borrowed from the Guizhou Provincial Library. The materials that are highly relevant to this study are selected and sorted out to establish a research framework and theoretical basis for this study.

Experimental Method. This study will set up two groups, the experimental group and the control group, with about 50 students in each group. The experimental group is divided into two classes, and the course content is the same. The control group did not receive any intervention and lived as usual. Before the experimental intervention, both groups performed the front side of psychological quality, and after the experimental intervention, the two groups also performed the rear side of mental health. By comparing and analyzing the difference between the pre-test and post-test data of the two groups, the results of the impact of therapeutic dance courses on the mental health of higher vocational students are obtained, the effect of the experiment is analyzed, and then summarized.

Questionnaire. After reviewing the literature, this study used the "Psychological Resilience Scale" compiled by Liang Baoyong in 2012, the "Self-Acceptance Scale" compiled by Gao Wenfeng in 1999, the "Gratefulness Scale" compiled by Mc Cullough (2002), and the "Resilience Scale" compiled by Yang Tingzhong. General Mental Health Scale. Before officially starting the research, do a pre-test to test the applicability of the questionnaire, and modify it in time if the scale is not applicable. Tests were carried out before and after the experiment was completed to investigate the changes and differences between the experimental group and the control group before and after the experiment.

Research Results

This study will conduct an independent sample mean T-test between the four groups of data to explore the impact of dance therapy courses on the mental health of higher vocational students. The control group was tested before and after, and the experimental group was tested before and after.

Pretest between experimental group and control group.

Before the intervention of dance therapy courses, the experimental group and the control group were pre-tested on the mental health scale. After the independent sample mean T test (see Table 7.1 for details), the experimental group and the control group had higher scores on the overall mental health scale and There was no significant difference in negative mental health dimensions and positive mental health dimensions.

Table 1: Table of mental health differences between the experimental group and the control group before the pre-test

	Group (M ± SD)		t□	p□
	test group(n=50)	control group(n=50)		
Mental Health Scale	2.79±0.51	2.75±0.45	.471	.639
Negative Mental Health Dimensions	3.11±0.66	3.12±0.64	-.052	.959
Dimensions of positive mental health	2.47±0.56	2.38±0.62	.822	.413

Post-test between experimental group and control group.

After the dance therapy course intervention, the experimental group and the control group were subjected to a post-test of the mental health scale. After the independent sample mean T test (see Table 4.31 for details), the experimental group and the control group performed better on the overall mental health scale and The differences in negative mental health dimensions were all significant. The difference in the dimensions of positive mental health did not reach significance.

Table 2: Table of differences in mental health between the experimental group and the control group after the post-test

	Group (M ± SD)		t□	p□
	test group(n=50)	control group(n=50)		
Mental Health Scale	3.00±0.44	2.71±0.43	3.303	.001**
Negative Mental Health Dimensions	3.48±0.48	3.05±0.55	4.111	.000***
Dimensions of positive mental health	2.52±0.71	2.36±0.48	1.261	.210

Note: M is mean; SD is standard deviation; **p < .01, ***p < .001

The control group was tested before and after.

After the intervention of the therapeutic dance course, the independent sample mean T-test was performed on the pre- and post-test data of the control group (see Table 4.32 for details). The difference in negative mental health dimension and positive mental health dimension did not reach significance.

Table 3: Table of mental health differences between pre-test and post-test in the control group

	Group (M \pm SD)		t	p
	control group pretest(n=50)	control group posttest(n=50)		
Mental Health Scale	2.75 \pm 0.45	2.71 \pm 0.43	.434	.666
Negative Mental Health Dimensions	3.12 \pm 0.64	3.05 \pm 0.55	.530	.597
Dimensions of positive mental health	2.38 \pm 0.62	2.36 \pm 0.48	.121	.904

The experimental group was tested before and after.

After the dance therapy course intervention, the independent sample mean T-test was performed on the pre- and post-test data of the experimental group (see Table 4.33 for details). The differences in the health dimensions were all significant, but the differences in the positive mental health dimensions were not significant.

Table 4: Table of differences between pretest and posttest mental health of the experimental group

	Group (M \pm SD)		t	p
	Experimental group pre-test(n=50)	Experimental group posttest(n=50)		
Mental Health Scale	2.77 \pm 0.40	2.36 \pm 0.35	2.174	.032*
Negative Mental Health Dimensions	2.63 \pm 0.60	2.31 \pm 0.44	3.242	.002**
Dimensions of positive mental health	2.91 \pm 0.50	2.40 \pm 0.49	.338	.736

Note: M is mean; SD is standard deviation; *p < .05, **p < .01

Conclusion and Recommendations

The above research results show that therapeutic dance courses can promote the mental health of higher vocational students. It may be because the process of therapeutic dance courses can help them release their emotions, express their emotions through dance, and allow students to identify, accept and release their inner emotions. This can reduce emotional stress and negative emotions, make students emotionally stable, have a correct understanding of the living environment, be able to effectively deal with problems and solve problems, establish harmonious relationships with others, be willing to interact with others, trust each other, and correctly understand themselves, Thus promoting the mental health of vocational students Ratcliffe, S., Harrop, E., & Finlay, W. M. (2021).

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