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The Effect Of Culturally Based Dance Movement Therapy On Adolescents' Emotional And Mental Health

I Nengah Sumirta¹, I Wayan Candra², Ni Wayan Cening Setiari Gayatri³, I Gusti Ayu Harini⁴, Ni Luh Gede Ari Kresna Dewi⁴, Asih Devi Rahmayanti⁵

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Abstract

Adolescent emotional and mental health problems are a pressing issue that significantly influences various aspects of life. These difficulties not only affect current psychological well-being but also pose long-term consequences for academic performance, social functioning, physical health, and overall quality of life in the future. Early prevention and effective management are therefore crucial, particularly when employing youth-friendly approaches that are culturally relevant. This study aimed to investigate the effectiveness of an art-based intervention, namely dance movement therapy, in improving adolescents' emotional and mental health outcomes, specifically anxiety, depression, and stress. A quasi-experimental design with a pre-post test non-equivalent control group approach was applied. The total sample consisted of 110 adolescents, divided equally into intervention and control groups (55 participants each), selected through proportional random sampling. Data were collected using the Self-Reporting Questionnaire-20 (SRQ-20). The intervention was conducted once per week over eight weeks, with each session consisting of two dance phases of 25 minutes each, interspersed with a 10-minute rest. The findings revealed significant improvements in the intervention group compared to the control group ($p = 0.000$). These results demonstrate that culturally grounded dance movement therapy is effective in promoting emotional and mental health among adolescents. The study provides valuable evidence for developing culturally sensitive policies and practices to address adolescent mental health issues.

Keywords: Dance; Emotional Mental Health; Adolescents

Corresponding author: mirtakumara@gmail.com

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INTRODUCTION

Adolescence is a critical transitional period characterized by biological, psychological, and social changes. During this phase, adolescents are vulnerable to various emotional and mental health problems such as anxiety, stress, depression, and adjustment disorders. According to the World Health Organization (WHO), 1 in 7 children aged 10-19 years experience mental health problems (WHO, 2024). Data from the I-NAMHS (Indonesia National Adolescent Mental Health Survey) in 2022 showed that 15.5 million or around 34.9% of adolescents experienced mental health problems, where 1 in 20 adolescents (2.45 million) experienced mental health disorders. WHO also reports that around 10-20% of adolescents worldwide experience mental-emotional disorders, and only a small proportion receive adequate health services (WHO, 2021).

The results of the Indonesian National Health Survey in 2023 reported that 9.8% of adolescents aged 15 years and over experienced mental emotional disorders, and 87.3% of people with mental disorders did not receive professional treatment. In addition, one in twenty adolescents (5.5%) had one mental disorder in the past 12 months (Kementerian Kesehatan Indonesia, 2023). In the adolescent age range of 10-19 years, the prevalence of emotional disorders increased significantly compared to previous years. Social media and social pressure are the main contributing factors (Kemenkes RI, 2021). Bali, as one of the provinces with a rich cultural heritage, faces similar challenges, especially among adolescents. Kemenkes RI, (2021) about 9.8% of the adolescent population in Bali experience mental emotional disorders, which include anxiety, stress, and mild to severe depression. Adolescents aged 12-20 years old in Bali

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Province are a vulnerable group because they are in the stage of identity vs. confusion, which is often associated with social pressure and low self-confidence. The negative influence of social media is also one of the causes of psychological well-being disorders, especially adolescent depression and anxiety (Melani, et al., 2023).

One non-pharmacological approach that has gained attention is dance movement therapy (DMT). International studies have demonstrated that DMT is effective in reducing symptoms of depression and anxiety as well as enhancing emotional regulation in adolescents (Koch et al., 2019). Dance serves not only as a physical activity but also as a medium for self-expression, emotional processing, and identity strengthening during adolescence. Dance movements can channel negative emotions, improve self-confidence, and foster social

relationships with peers. Moreover, dance therapy has greater potential when combined with local cultural traditions. Traditional dances often embody philosophical values, spirituality, and communal bonds. In Bali, traditional dance is not only a form of entertainment but also a reflection of cultural identity and collective pride. Integrating culturally based traditional dance into mental health interventions can increase acceptance, motivate participation, and strengthen adolescents' sense of identity.

Evidence shows that DMT significantly improves quality of life and reduces symptoms of depression and anxiety ($d = 0.81$, $p < 0.001$) (Koch et al., 2019). Culturally grounded dance therapy has been shown to reduce stress levels among adolescents and enhance psychological well-being (Kusumawati, 2021; Nabila, 2023). A systematic literature review (SLR) using the

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PRISMA model, which analyzed nine relevant articles, reported that DMT effectively reduces stress and anxiety while improving adolescents' emotional well-being. Social support and emotional readiness were also identified as factors influencing the effectiveness of DMT interventions (ADTA, 2024). Other studies demonstrated that DMT with a traditional dance approach can serve as an effective intervention for reducing stress among adolescents (Selma, 2024). Similarly, Novita (2019) found that *Rejang Renteng* traditional dance practice significantly reduced stress levels among women in community groups ($p = 0.001$).

These findings align with the holistic perspective in mental health nursing, which views humans as integrated beings encompassing body, mind, emotions, social aspects, culture, and spirituality. Therefore,

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investigating the influence of culturally based dance therapy on adolescents' emotional and mental health is crucial to provide an evidence-based foundation for developing promotive and preventive interventions that are culturally relevant and applicable in the community.

METHODS

This study employed a quasi-experimental design with a pre-post test non-equivalent control group approach. In this design, participants were divided into two groups: the intervention group and the control group, with measurements taken before and after the intervention.

The research was conducted at three senior high schools (SMA) in Bali Province: SMAN 1 Manggis (Karangasem Regency), SMAN 1 Semarapura (Klungkung Regency), and SMAN 1 Mengwi (Badung Regency).



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The study population consisted of adolescents aged 16–24 years. A total of 110 participants were recruited and divided equally into two groups: 55 in the intervention group and 55 in the control group. Sampling was carried out using proportional random sampling, following the inclusion and exclusion criteria.

The inclusion criteria were: willingness to participate in the study (indicated by signing informed consent), age 16–20 years, and having basic dance skills. The exclusion criteria were: inability to participate in the full intervention program or withdrawal during the research process.

The intervention was administered once weekly for eight consecutive weeks. The intervention group received culturally based dance movement therapy, consisting of one session per week. Each session included two

phases, each lasting 25 minutes, separated by a 10-minute rest period. The control group only participated in standard extracurricular activities without dance therapy. The traditional Balinese dance used in the intervention was based on *tari wali* (ritual dances performed in religious ceremonies), chosen for its relevance to artistic expression and dance movements.

Emotional and mental health outcomes were measured using the Self Reporting Questionnaire-20 (SRQ-20), a validated instrument for assessing adolescents' emotional and mental health, with 88% sensitivity and 81% specificity. The SRQ-20 consists of 20 yes/no questions, and respondents are considered to have mental health problems if they answer “yes” to six or more items.

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Data normality was tested using the Kolmogorov–Smirnov and Shapiro–Wilk tests. Differences between groups were analyzed using the Mann–Whitney U test, with a significance level set at $p < 0.05$.

The study adhered to ethical research principles, including obtaining ethical approval from relevant institutions, providing complete information to participants, obtaining written informed consent, maintaining the confidentiality of participants' identities and data, and ensuring that no harmful risks were imposed on the participants.

RESULT

The demographic characteristics of the study participants are presented in **Table 1**. Demographic characteristics of the participants

Description	Intervention group		Control group	
	f	%	f	%
Age (years)				
18	46	83,6	42	80
19	9	16,4	13	20
Total	55	100	55	100
Age of parents/guardians (years)				
25-44	2	3,6	2	3,6
45-44	45	81,8	48	87,3
55-65	8	14,6	5	9,1
66-74	0	0	0	0
75-90	0	0	0	0
Total	55	100	55	100
Educational level of parents/guardians				
No Schooling	2	5,5	6	10,9
Primary	10	18,2	11	20
Secondary	38	69,1	38	69,1
Higher	5	9,1	2	3,6
Total	55	100	55	100
Occupation of parents/guardians				
Employed	53	96,4	51	92,7
unemployed	2	3,6	4	7,3
Total	55	100	55	100

The majority of participants in both groups were 18 years old: 46 participants (83.6%) in the intervention group and 42 participants (80%) in the control group. Most parents or guardians were aged 45–54 years: 45 participants (81.8%) in the intervention group and 48 participants (87.3%) in the control group. In both groups, the majority of

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parents' education level was secondary (82.7%) in the intervention group and secondary (69.1%) in the control group. Most parents were employed: 53 participants (96.4%) in the intervention group and 51 participants (92.7%) in the control group.

Table 2. Test of Data Distribution Using Kolmogorov–Smirnov and Shapiro–Wilk Tests

Group	Kolmogorov-Smirnov			Shapiro-Wilk			Media	Skor Min	Skor Maks
	Statistik	df	sig	Statistik	df	sig			
Before intervention									
Intervensi	.187	55	0,000	,947	55	,016	11,00	6	15
Control	,283	55	0,000	,705	55	,000	10,00	2	13
After intervention									
Intervensi	,229	55	0,000	,879	55	,000	3,00	1	7
Control	,164	55	0,001	,937	55	,006	10,00	2	14

Table 2 shows significance test values (p) < 0.05. In the intervention group before the treatment, the median score was 11, with a minimum of 6 and a maximum of 15. In the control group, the median score was 10, with a minimum of 2 and a maximum of 13. After the intervention, the intervention group had a median score of 3, with a minimum of 1 and

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and a maximum of 14.

Results of the SRQ-20 pre-test and post-test: The intervention group showed a significant decrease in the median SRQ-20 score, from 11 (pre-test) to 3 (post-test), with $p < 0.001$. The control group, however, did not show any significant changes, with the median score remaining at 10 both before and after the intervention ($p = 0.954$).

Table 3.

Differences in Median Scores, Standard Deviations, and Values Before and After Intervention

Group	Before intervention					After intervention				
	n	Median	Std Deviasi	Nilai Minimal	Nilai Maksimal	n	Median	Std Deviasi	Nilai Minimal	Nilai Maksimal
Intervensi	55	11,0	2,059	6	15	55	3,00	1,647	1	7
Control	55	10,0	5,530	2	13	55	10,00	2,793	2	14
Statistic value	Z = -6,468, Asymp. Sign (2-tailed) = 0,000					Z = -0,58, Asymp. Sign (2-tailed) = 0,954				



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Table 3 shows that in the intervention group, before treatment: median = 11, SD = 2.059,

and after treatment: median = 3, SD = 1.647,

indicating a substantial decrease in the median value (from 11 to 3). In the control group, before treatment: median = 10, SD = 5.530, and after treatment: median = 10, SD = 2.793, the median value remained the same.

The Mann-Whitney U test analysis in the intervention group showed: $Z = -6.468$, $p = 0.000$ (< 0.05), indicating a significant difference between before and after treatment. In the control group: $Z = -0.58$, $p = 0.954$ (> 0.05), there was no significant difference between before and after treatment.

This finding demonstrates that art therapy in the form of dance has a significant effect in reducing mental-emotional symptoms in the intervention group compared to the control group.

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Table 4.

Effects of Dance Movement Therapy on
Adolescents' Emotional and

Statistical test	Before intervention	After intervention
Mann-Whitney U	917.000	147.500
Wilcoxon W	2457.000	1687.500
Z	-3.649	-8.219
Significance (2-tailed)	0.000	0.000

Table 4 shows that the Mann-Whitney U test value was higher before treatment (917.000) compared to after treatment (147.500), indicating a significant difference in the distribution of data between the two conditions. The smaller U value after treatment suggests that the data post-treatment tend to be more concentrated, or that there was a clearer change in the distribution compared to before treatment.



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The larger Wilcoxon value before treatment (2457.000) indicates that there were more paired data points with similar or slightly changed values. The smaller W value after treatment (1687.500) suggests that the changes between pre- and post-treatment were more pronounced, meaning there were many significant differences between the two groups. This indicates a significant effect of art therapy in the form of dance on the mental-emotional health problems experienced by the subjects.

The negative Z value indicates the direction of the difference (where post-treatment values were lower than pre-treatment values). The greater the Z value, the larger the difference between pre- and post-treatment conditions. The Z value of -8.219 after treatment shows a greater difference compared to the Z value of -3.649 before treatment. Since $p\text{-value} < 0.05$ (for both conditions), the null hypothesis is rejected, and it is concluded that there was a significant

difference between pre- and post-treatment conditions. The very small p-value (0.000) indicates that the observed difference between pre- and post-treatment is very large and highly unlikely to have occurred by chance.

Culturally based dance art therapy is effective in reducing symptoms of mental-emotional disorders in adolescents. The decrease in SRQ-20 scores in the intervention group indicates a reduction in stress, anxiety, and depression levels. The traditional Balinese dance used in this therapy not only provides a medium for emotional expression but also incorporates cultural elements that promote self-identity, self-confidence, and a sense of togetherness.

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Discussion

The findings of this study revealed significant differences in median scores, standard deviations, and minimum and maximum values between the intervention and control groups both before and after the intervention. The Mann–Whitney U test confirmed that dance movement therapy had a statistically significant effect in reducing emotional and mental health symptoms among adolescents in the intervention group ($Z = -6.468, p < 0.001$), while no significant change was observed in the control group ($Z = -0.58, p = 0.954$).

These results align with previous evidence. Koch et al. (2019) reported that Dance Movement Therapy (DMT) significantly reduces symptoms of depression and anxiety and improves quality of life ($d = 0.81, p < 0.001$). Moreover, DMT has been shown to enhance emotional responses and reduce symptoms such as

paranoia and psychosis in adolescents with mild depression, reflecting its effectiveness in clinical populations. Similarly, Karkou et al. (2019) highlighted that DMT operates through somatic connections and deep cognitive processing, enabling individuals to access repressed emotions. Through a holistic approach, DMT supports nervous system regulation and mind–body integration (Trauma Research Foundation, 2024).

A meta-analysis of 41 controlled intervention studies also found that DMT produced medium-to-large effects ($d = 0.53–0.85$) on quality of life, interpersonal skills, and the reduction of depression and anxiety. Importantly, these effects were sustained up to 22 weeks post-intervention (Koch et al., 2019). Positive psychology theories similarly emphasize the importance of culturally grounded activities to foster emotional well-being (Samuels, 2018).

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Cultural relevance further strengthens therapeutic outcomes. Balinese traditional dances, with their symbolism and rhythmic movements, provide participants with opportunities to express emotions that may be difficult to verbalize. Yue (2020) also demonstrated that culturally based intervention strategies have a positive impact on managing emotional disorders due to their relevance to participants' local context. In the present study, the control group that only participated in standard extracurricular activities did not show significant changes in SRQ-20 scores, highlighting that unstructured activities without specific therapeutic elements are insufficient to address adolescent mental health problems.

The results of this study underscore the importance of structured, culturally relevant art-based interventions in improving adolescent mental health. Dance movement therapy can be integrated into school health promotion and prevention programs to

Corresponding author: mirtakumara@gmail.com

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support adolescents' emotional well-being. Additionally, this approach contributes to preserving local Balinese cultural heritage while simultaneously addressing contemporary mental health challenges.

Despite its promising findings, this study has several limitations. First, the quasi-experimental design without random assignment limits the ability to establish causal relationships and control for confounding variables such as participants' prior mental health status, personality traits, or family environment. Second, the relatively short intervention duration (eight weeks) may not capture long-term effects or sustainability of the therapeutic benefits. Lastly, the absence of follow-up measurements after the intervention prevents assessment of whether the improvements were maintained over time.

Future studies are encouraged to employ randomized controlled trial (RCT) designs with larger and more diverse samples



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to strengthen the validity and generalizability of findings. Longitudinal studies with follow-up assessments would be valuable in determining the lasting effects of culturally based dance movement therapy. Incorporating qualitative approaches, such as interviews or focus group discussions, could provide deeper insights into participants' subjective experiences and cultural meanings associated with dance. Moreover, future research should explore the integration of physiological measures (e.g., cortisol levels, heart rate variability) to provide objective indicators of stress reduction. Finally, comparative studies across different cultural dance forms could help identify universal and culture-specific therapeutic components that enhance emotional and mental well-being.

CONCLUSION

This study demonstrates that culturally based Balinese dance movement therapy significantly improves adolescents' emotional and mental health. The intervention group that received dance movement therapy experienced a substantial reduction in symptoms of stress, anxiety, and depression compared with the control group.

These findings affirm that culturally grounded dance movement therapy is an effective approach for addressing adolescent mental health problems. Furthermore, it can be integrated into health and educational programs to promote emotional well-being while simultaneously preserving local cultural traditions.

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