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The Effectiveness of Group Counseling Using Dance Therapy Techniques to Improve Self-Regulation

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Abstract

This study aims to identify and describe respondents' levels of self-regulation before and after the intervention, as well as to examine the implementation of group counseling services using dance therapy techniques to improve self-regulation. Specifically, the study seeks to evaluate the effectiveness of these services and techniques in enhancing self-regulation among participants aged 18–29 years who exhibit low levels of self-regulation. This study employed a quantitative approach with a quasi-experimental, nonequivalent control group design involving pretest and posttest measurements. The research was conducted in Yogyakarta from October 2025 to March 2026 and involved 20 participants aged 18–29 years with low levels of self-regulation, who were assigned to experimental and control groups. Participants were selected using a nonprobability purposive sampling technique. Data were collected through observation and a self-regulation scale assessed for content validity through expert judgment. Five items were excluded following validity testing ($p \leq 0.05$), and the instrument demonstrated high internal consistency (Cronbach's alpha = 0.897). Data were analyzed using descriptive and inferential statistical methods, including nonparametric tests. The Wilcoxon signed-rank test was used to examine within-group differences, while the Mann–Whitney U test was employed to assess between-group differences. The results indicated a statistically significant difference between pretest and posttest scores in the control group, as demonstrated by the Wilcoxon signed-rank test ($p = 0.046$), although the magnitude of the observed change was relatively small.

INTRODUCTION

Self-regulation is the ability of individuals to manage their emotions, thoughts, and behaviors to achieve predetermined goals. Baumeister & Vohs, (2016) identify three main aspects of self-regulation: self-control, emotional regulation, and motivation management. As a component of emotional intelligence, which, according to Goleman (2014), encompasses the ability to recognize, understand, and manage emotions and interpersonal relationships, self-regulation enables individuals to manage stress, think rationally, and respond appropriately to different situations.

The role of self-regulation is evident in various aspects of life. (Indrawati, 2019) found that self-regulation contributes significantly to stress management among students, thereby reducing anxiety and burnout. Among young athletes, effective self-regulation positively influences performance and concentration during competitions (Rahmawati, 2020), while among older adults, it is associated with greater life satisfaction and better mental health (Fauzi, 2023). These findings demonstrate that self-regulation is a crucial factor in psychological well-being, academic achievement, and overall quality of life.

Conversely, low levels of self-regulation make it difficult for individuals to control impulses, regulate emotions, and maintain concentration, potentially leading to procrastination,

impulsive decision-making, and poor self-discipline. Limited self-regulation can also undermine motivation, as individuals may struggle to establish goals, maintain commitments, and monitor their progress, making them more likely to abandon their efforts (Adhiputra, 2015). Declining motivation may subsequently reinforce difficulties with self-regulation, creating a cycle that hinders personal development and the realization of individual potential. Despite its importance, difficulties with self-regulation remain prevalent. (Santoso, 2020) found that 63% of a sample of 400 college students in early adulthood demonstrated low levels of emotional regulation.

Most research on self-regulation has focused on students, particularly in the context of self-regulated learning. However, self-regulation is equally important for individuals in the general population, particularly in maintaining relationships with family members and colleagues, controlling excessive consumption, and managing personal finances. One potentially effective intervention is counseling, an interactive process that helps individuals or groups identify and address emotional, social, and psychological difficulties (Capuzzi & Stauffer, 2016). Group counseling was selected because it brings together individuals experiencing similar challenges, allowing them to share experiences, perspectives, and insights (Corey, 2016). This approach is particularly relevant to self-regulation, which encompasses the management of social relationships, because it provides opportunities for experiential learning, mutual support, and the development of interpersonal skills.

The effectiveness of group counseling also depends on the therapeutic techniques employed. This study selected dance therapy because it integrates bodily awareness, emotional recognition, and self-expression through movement, thereby addressing cognitive, affective, and behavioral dimensions simultaneously. Furthermore, dance therapy provides an alternative means of emotional expression for individuals who experience difficulties communicating their feelings verbally. Pioneered by Marian Chace in the 1940s, dance/movement therapy (DMT) has been widely applied in healthcare and therapeutic settings, although its integration into guidance and counseling services remains relatively limited in Indonesia. Dance therapy is also compatible with a behavioral approach, as repeated movements within a supportive environment, combined with positive social reinforcement from counselors and group members, may strengthen associations between physical activity and positive emotional experiences. Through this process, maladaptive behavioral responses, such as avoidance and social withdrawal, may gradually be replaced with more adaptive patterns of behavior.

To ensure cultural relevance within the Indonesian context, this study incorporates the Yogyakarta-style classical dance Sari Kusuma. This dance encompasses a broad range of fundamental movements that are relatively simple and accessible to beginners, making it suitable for participants from the general population who do not have professional dance experience. Conceptually, the dance reflects the philosophy of Joged Mataram, which emphasizes four fundamental principles: nyawiji (focused attention and self-awareness), greged (enthusiasm and determination in pursuing goals), sengguh (self-confidence accompanied by humility), and ora mingkuh (perseverance and responsibility). These philosophical principles align with essential dimensions of self-regulation, particularly emotional regulation, behavioral control, and sustained motivation.

The target population of this study comprises individuals in emerging adulthood. Arnett (2014) explains that this developmental stage generally extends from approximately 18 to 29 years of age, representing a transitional period during which individuals have moved beyond adolescence but may not yet have achieved full social, economic, and emotional stability. Arnett (2000) identifies five defining characteristics of emerging adulthood: identity exploration, instability, self-focus, feeling in-between adolescence and adulthood, and a sense of possibilities regarding the future. The developmental demands associated with decisions about careers, education, and interpersonal relationships may increase vulnerability to

fluctuations in self-control, psychological stress, and emotional tension. Consequently, self-regulation plays a particularly important role in supporting psychological adjustment and adaptive functioning during this developmental stage.

Based on these considerations, this study aims to experimentally examine the effectiveness of group counseling incorporating dance therapy techniques based on Sari Kusuma dance in improving self-regulation among individuals in emerging adulthood from the general population. Specifically, the objectives are to identify and describe participants' levels of self-regulation before and after the intervention and to examine the implementation of group counseling services incorporating dance therapy techniques to enhance self-regulatory abilities. This study is expected to contribute to the advancement of guidance and counseling practices by integrating local cultural heritage into therapeutic interventions while promoting greater awareness of the importance of self-regulation for psychological well-being and quality of life. From a practical perspective, the findings may provide a culturally responsive and potentially replicable intervention model for counselors and mental health practitioners working with emerging adults in community-based settings.

METHOD

Types of Research

This study employed a quantitative approach using a quasi-experimental design with a nonequivalent control group. This design was selected because random assignment was not feasible, as participants belonged to naturally occurring groups. The study examined the effectiveness of group counseling incorporating dance therapy techniques (independent variable) in improving self-regulation (dependent variable) (Sugiyono, 2019).

The study involved an experimental group that received group counseling incorporating dance therapy techniques and a control group that received no intervention. Both groups completed a pretest and a posttest using the same self-regulation instrument to assess changes following the intervention. The experimental group followed an O_1–X–O_2 design, whereas the control group followed an O_1–O_2 design, where O_1 represented the pretest, X represented the intervention, and O_2 represented the posttest. The study was conducted at nDalem Tirtodipuran, Yogyakarta, Indonesia, from October 2025 to March 2026. The intervention consisted of eight sessions, each lasting 90 minutes.

Population and Sample

The study population was 150 young adults aged 18–29 years old with diverse backgrounds. The sample was determined by nonprobability sampling through the purposive sampling technique, which is the selection of non-random samples based on special criteria set by the researcher (Johnson & Christensen, 2024). The sample criteria were 18–29 years old with a low level of self-regulation based on the results of scale screening. From these criteria, 20 people were obtained which were divided into 10 experimental groups and 10 control groups, according to the ideal number for the implementation of dance therapy group counseling.

Data Collection Techniques

Data were collected using two techniques, namely self-regulation scale as the main data and observation as supporting data.

The self-regulation scale is in the form of a closed questionnaire with positive and negative statements, compiled based on four aspects from Baumeister and Vohs (2007), namely standards, monitoring, strength, and motivation. Each aspect is described into indicators and statement items so that a grid of 35 items is formed (attached). The answer uses four alternatives, namely Very Appropriate, Appropriate, Not Appropriate, and Very Not Appropriate, with a score of 4, 3, 2, 1 for positive items and vice versa for negative items.

The validity of the content was tested through expert judgment in the fields of psychology, guidance and counseling, as well as dance therapy practitioners, on the suitability, relevance, and clarity of the items. The test in the group with similar characteristics was then analyzed with the Product Moment correlation through SPSS, and the items were declared valid if the correlation was positive with the r count of the ≥ r table at a significance level of 5% (Sugiyono, 2016). As a result, 30 of the 35 items were valid and five items (numbers 3, 6, 12, 18, and 27) were dropped. Reliability was measured with Cronbach's Alpha, and the instrument was declared reliable when $\alpha > 0.70$ (Creswell, 2014). Reliability levels were interpreted in the categories of very low (0.000–0.199), low (0.200–0.399), medium (0.400–0.599), fair (0.600–0.799), and high (0.800–1,000).

The self-regulation score is categorized in five levels based on 30 valid items. The highest score is $30 \times 4 = 120$ and the lowest is $30 \times 1 = 30$, so the class length = $(120 - 30)/5 = 18$, with the categories of very high (102–120), high (84–101), medium (66–83), low (48–65), and very low (30–47) (Guilford model).

Observation is structured, namely observation and recording that are carried out deliberately and systematically (Abdussamad, 2021; Sudijono, 2006), using observation guidelines during counseling sessions. Indicators observed include readiness to participate in sessions, self-adjustment in groups, involvement in activities, emotional regulation, attention regulation, and self-control and initiative.

Data Analysis Techniques

The analysis was carried out using nonparametric statistics using SPSS version 26, because the sample size was small and the study tested the difference in scores both in one group (pretest–posttest) and between groups. Before the hypothesis test, a Shapiro-Wilk normality test was performed (selected because the sample was less than 50; normal data when $p > 0.05$) and the Levene's Test homogeneity test (homogeneous variance when $p > 0.05$).

The difference in pretest and posttest scores in one group was tested with the Wilcoxon Signed Rank Test, while the difference between the experimental and control groups was tested with the Mann-Whitney U Test on the difference score (posttest minus pretest) so that the initial difference between groups was taken into account. In both tests, H_0 was rejected and H_1 was accepted when $p < 0.05$, which means there was a significant difference; conversely, H_0 was accepted when $p > 0.05$.

RESULTS AND DISCUSSION

Summary of Experimental and Control Class Research Data Increase

This is the result of data analysis based on the average value of each class in the experimental class and the control class.

Table 1. Summary of Experimental and Control Class Research Data Warnings

Yes	Classes	Sub Indicators	Mean Value	
1	Experimental Classes	Pretest	69,60	88,30
2		Postest	107,00	
3	Control Class	Pretest	67,70	74,90
4		Postest	82,10	

This is an overview of the results of data analysis through a bar diagram based on each experimental class and control class before and after being treated.

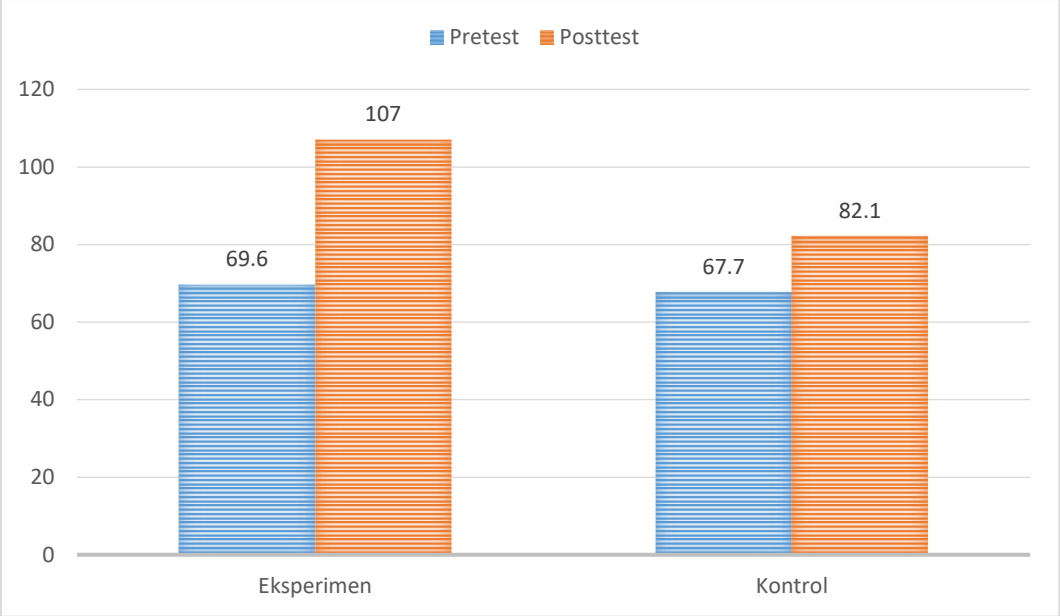


Figure 1. Summary Bar Diagram of Research Incremental Data Gain Experimental Class and Control Class

Figure 16 shows the average value of self-regulation in the experimental class and the control class before and after the treatment was distributed. In the experimental class, it was found that the average value after being given treatment increased higher compared to the average value of the pretest (107.00 > 69.60). This increase shows that group counseling services with dance therapy techniques had a significant impact on the increase in self-regulation of participants. In the control class, it was also seen that the average value of the posttest was greater than the average value of the pretest (82.10 > 67.70), but the increase was not the total that occurred in the experimental class. This indicates that the increase in self-regulation in participants who did not receive special treatment tended to be more limited. Thus, this data shows that participants who participated in group counseling with dance therapy techniques experienced a higher increase in self-regulation compared to participants in the control group who did not receive treatment.

Data Analysis Prerequisite Test Results

The prerequisite test is carried out before conducting data analysis. The requirements that must be completed are in the form of a normality test and a variance homogeneity test. This is the result of the normality test and the variance homogeneity test.

1. Normality Test

Checking the distribution of data in the normality test can be carried out through graphical and statistical methods, although the statistical approach has been proven to be much more objective and accurate. Given that the number of research subjects is under 50 people, the statistical testing in this research relies on the Shapiro-Wilk test., to make decisions in the Shapiro Wilk normality test is carried out simultaneously with the comparison of the Sig value, the significance used is α=0.05, The basis for decision-making is in the form of finding the probability number p, determined in the form of:

a. If the value of Sig, > 0.05 then the normality assumption is fulfilled
b. If the value of Sig, < 0.05 then the assumption of normality is not met

This is the result of the Normality test along with statistical analysis presented in the form of

Table 2. Control Normality Test Results

Groups	Statistic	df	Sig,
Pretest	0.914	10	0.313
Posttest	0.775	10	0.007

Based on the table above, the information obtained in the form of a pretest with a value of sig. is a total of 0.313 while in the posttest the value of sig. is a total of 0.007. Because the group has a value of sig. < 0.05, at the same time this is able to be disconnected if the data is not normally distributed, thus the test is continued with a non-parametric test

Table 3. Experimental Normality Test Results

Groups	Statistic	df	Sig,
Pretest	0.914	10	0.313
Posttest	0.832	10	0.036

Based on the table above, the information obtained if the pretest has a value of sig. The total is 0.313 while the posttest has a value of sig. The total is 0.036. Because one of the groups has a value of sig. < 0.05, at the same time it is able to break if the data is not distributed normally, thus the test is continued with a non-parametric test

2. Variance Homogeneity Test

The examination of the similarity of variance between data groups was carried out through a homogeneity test using the Levene's test method. The decision-making regulations in this test are determined by the acquisition of the Sig. value: the value of Sig. <0.05 indicates that the two groups have different variances, while the value of Sig. >0.05 indicates that the two groups have equal variance. Detailed information about the results of the homogeneity test is included in the Table in the form of

Table 4. Variance Homogeneity Test Results

Groups	Living Statisic	Df1	Qf2	Sig.
Pretest	0.033	1	18	0.858
Posttest	0.027	1	18	0.907

Based on the table, the acquisition of information if in the Pretest the value of sig. is 0.858 in total while in the Posttest the value is sig. The total is 0.907. Both have a value of sig. > 0.05 so that it is able to break homogeneous data.

Hypothesis Testing

The hypothesis testing in this study reads, "there is an effect of group counseling services with dance therapy techniques on the increase of self-regulation of research participants." In this study, the hypothesis testing step was carried out by utilizing non-parametric statistical tests, in the form of the Wilcoxon Signed Rank Test and the Mann-Whitney U Test.

1. Wilcoxon Test

The Wilcoxon test is a test that is carried out twice on the same subject or sample, this test is used when consuming the "Pretest-Posttest" design in an experimental study, The following are the hypotheses and the basis for decision-making in the form of,

Hypothesis

a. H0 = There is no difference between pretest and posttest
b. H1 = There is a difference between a pretest and a posttest

Decision Making Policy

c. If the value of Sig, < 0.05 then H0 is rejected and H1 is accepted
d. If the value of Sig, > 0.05 then H0 is accepted and H1 is rejected,

The following are the results of the Wilcoxon test which can be seen in the table in the form of:

Table 5. Wilcoxon Test Results Control

Control Variables		N	Mean Rank	Sum of Ranks	Sig.
Control Posttest - Control Pretest	Negative Ranks	0a	.00	.00	0.046
	Positive Ranks	4b	2.50	10.00	
	Ties	6c			
	Total	10			

Based on table 19, information was obtained that there were no negative ranks (0) which means that no respondents carried out value gain from pretest to posttest. On the other hand, there were positive ranks of 4 respondents with a total mean rank of 2.50, which indicates that there were respondents who experienced a decrease in score. Meanwhile, there were 6 respondents who had a fixed value (ties) between pretest and posttest. This indicates that the changes that occurred in the control group tended to lead to a decrease in self-regulation, even though the number of respondents who experienced changes was not too much. In addition, a significance value (Sig.) was obtained with a total of 0.046. This value was smaller than 0.05 ($0.046 < 0.05$), so it was concluded that there was a significant difference between pretest and posttest scores in the control group.

Overall, although there are statistically significant differences, these changes are not in the form of an increase but a decrease or no change, so that the conclusion is that without the division of treatment (group counseling with dance therapy techniques), self-regulation does not improve, and even tends to decrease.

Table 6. Experimental Wilcoxon Test Results

Experimental Variables		N	Mean Rank	Sum of Ranks	Sig.
Posttest Experiment - Pretest Experiment	Negative Ranks	0a	.00	.00	0.004
	Positive Ranks	10b	5.50	55.00	
	Ties	0c			
	Total	10			

Based on the table above, information was obtained if there were no negative ranks (0), it means that no respondents had a depreciation of the score. On the other hand, all respondents (10 people) were in positive ranks with a total mean rank of 5.50 and a total rank of 55.00, which indicates that all respondents increased in value from pretest to posttest. In addition, there was no equal value (ties = 0), so that the increase occurred consistently across all respondents. This result indicates that after being given treatment in the form of group counseling with dance therapy techniques, there was a significant and even increase in the level of self-regulation of the respondents.

Overall, it was concluded that group counseling using dance therapy techniques was significantly effective in increasing self-regulation, which was shown by the overall value increase of respondents without any depreciation or fixed value.

2. Mann Witney Test

The Mann Whitney test is used to understand whether there is an average differential between two unpaired samples, this test is in the form of a non-parametric statistical test where the test does not require a prerequisite test, this is a hypothesis and the basis for making a determination on the Mann Whitney test in the form of:

Hypothesis

a. H0 = There was no significant difference between the control and the experiment
b. H1 = There is a significant difference between control and experiment

Decision Making Policy

c. If the value of Sig. < 0.05, then H0 is rejected and H1 is accepted
d. If the value of Sig. > 0.05, then H0 is accepted and H1 is rejected

Based on the results of data analysis using the mann whitney test with the help of SPSS 26 software, the following results were obtained.

Table 7. Mann Witney Pretest Test Results

	Groups	N	Mean Rank	Sum of Ranks	Sig.
Pretest	Controls	10	10.50	105.00	1
	Experiments	10	10.50	105.00	
	Total	20			

Based on the acquisition of the information table if the mean rank value in both groups is the same, which is 10.50 in total, with a total of 105.00 each. This indicates that the distribution of data in the control group and the experiment is in an equal or balanced position. Based on the results of the Mann-Whitney test on the pretest value between the control group and the experimental group, the significance value (Sig.) is obtained in total 1,000. This value is much greater than 0.05 (1,000 > 0.05), so it can be concluded that there is no significant differentiator between the two groups before being given treatment.

At the same time, the conclusion is that the initial state (self-regulation) in the control and experimental groups is homogeneous or not significantly different. This is important because it indicates that the two groups have the same starting point, so that the differences that arise after the posttest will be able to be confident as a result of the treatment shared, namely group counseling with dance therapy techniques.

Table 8. Mann Witney Posttest Test Results

	Groups	N	Mean Rank	Sum of Ranks	Sig.
Pretest	Controls	10	5.90	59.00	0.000
	Experiments	10	15.10	151.00	
	Total	20			

Based on the table above, the information obtained if the mean rank value is obtained, the experimental group has a much higher value of 15.10 than the control group which only totals 5.90. This indicates that the level of self-regulation in the experimental group is significantly higher compared to the control group at the time of posttest. Based on the results of the Mann-Whitney test on the posttest value between the control group and the experimental group, a significance value (Sig.) was obtained with a total value of 0.000. This value is smaller than 0.05 (0.000 < 0.05), so the conclusion is that there is a very significant difference between the two groups after being given treatment. This considerable difference indicates that treatment in the form of group counseling using dance therapy techniques has a strong effect on the increase in self-regulation of respondents.

Overall, these results reinforce that there is a real difference between the groups that shared treatment and those that did not, so that the conclusion that group counseling with dance therapy techniques was effective in increasing self-regulation compared to the control group that did not receive treatment.

Overview of Participants' Self-Regulation Levels Before Treatment

Based on the results of data analysis, it can be seen that the average self-regulation score of participants before being given treatment (pretest) in the experimental class was 69.60, while in the control class it was 67.70. Both groups showed a relatively balanced average in the initial condition, with most participants in the moderate category. This indicates that before being given treatment, the participants' self-control skills were still at the level that needed to be developed, so intervention was needed to increase self-regulation more optimally.

The results of the categorization test in the pretest confirmed this finding, where 80% of participants were in the medium category, while the other 20% were in the low category. This condition indicates that most participants are able to manage themselves moderately, but there are still participants who have difficulty regulating emotions, behaviors, or self-responses in certain situations. In other words, the pretest data shows that there is a gap in self-regulation skills that needs to be considered before the treatment is carried out.

These initial conditions can be understood more deeply through the perspective of group counseling. According to Janice L. Delucia-Waaks (2023), group counseling utilizes interaction between members to support behavior change and the development of interpersonal skills. With the majority of participants in the medium category, group interaction is an important means to train their ability to recognize themselves, adjust behavior, and express emotions in a healthy manner. This is in line with the views of group counseling from Winkel (2007) and Tohirin (2013), which emphasize that group members learn to understand themselves, develop communication skills, and gain self-control through interpersonal experiences in the group.

In addition, this pretest data is also relevant if it is associated with the concept of dance therapy. Research by Sandy Tyas Nurma Islami & Dhestina Religia Mujahid (2022) indicates that before dance interventions, traditional dancers had suboptimal self-regulation, and dance practice was able to increase calmness, empathy, and self-control. Similar findings were shown by Rahmi et al. (2024), where participants with medium to high levels of anxiety before being given dance therapy showed the need for more intensive guidance. Thus, the average pretest score of 67.70 in this study confirms that participants are still at the beginning of self-regulation development, so the need for structured and real-experience-based interventions is very important.

Psychologically, these findings support the assumption that self-regulation develops through experience and practice, not just through verbal instruction. The pretest indicates that most participants are not fully able to integrate self-awareness, impulse control, and emotion management into daily activities. This is in line with the theory of interpersonal neurology in dance therapy (Setyoadi & Kushariyadi, 2011), which states that direct experience through physical movement and expression helps the integration of neurons and self-awareness, thus potentially improving the ability to self-regulate.

Thus, the average scores and distribution of the pretest category describe the participants' initial conditions before the intervention. Self-regulation skills are still at an intermediate level, with some participants experiencing significant difficulties. This underscores the need for a holistic, interactive, and real-life experience-based approach, so that interventions through group counseling and dance therapy can effectively support the development of participants' self-control, emotional adaptation, and interpersonal skills.

Overview of Participants' Self-Regulation Levels After Treatment

Based on the results of the data analysis, the average self-regulation score of participants after being given treatment (posttest) in the experimental class increased to 107.00, while in the control class it increased to 82.10. This increase in value showed a positive change in the participants' self-control ability after participating in the intervention. It is clear that the increase in the experimental class was higher compared to the control class, indicating that the treatment shared had an effect on the development of self-regulation of the participants.

The results of the categorization also showed that most of the participants were now at a higher level than the initial condition. In the experimental class, most of the participants seemed to move from the medium to the high category, and some even showed very high self-regulation skills. Meanwhile, in the control class, despite the increase, the majority of participants remained in the medium category, with a small percentage in the high category.

This indicates that although conventional learning has a positive effect, structured interventions such as those applied in the experimental class have a more significant impact.

This phenomenon can be understood through the perspective of group counseling. Janice L. Delucia-Waaks (2023) stated that interactions in groups can support behavior change and the development of interpersonal skills. With the application of dance therapy-based interventions in experimental classes, participants not only gained experience of self-control individually, but also through interaction with other group members. They learned to regulate emotions, observe the reactions of others, and adjust behaviors constructively. This is in line with the goals of group counseling from the views of Winkel (2007) and Tohirin (2013), which emphasize that group participants can develop self-control, communication skills, and empathy through structured interpersonal experiences.

In addition, the results of this posttest are in line with dance therapy theory which emphasizes direct experience as a means of developing self-regulation. Setyoadi & Kushariyadi (2011) explained that movement and physical expression in dance therapy help the integration of brain functions that support self-awareness and emotion regulation. The increase in posttest scores in the experimental class indicates that this intervention successfully facilitated participants to express emotions, control impulses, and regulate behavior more effectively compared to the conventional learning approach in the control class.

Furthermore, the development of this posttest score indicates that the intervention not only increases self-regulation quantitatively, but also expands the quality of the participants' self-control. Participants in the experimental class appeared to be more confident in dealing with situations that demand self-control, were better able to plan actions, and were more responsive to the needs of themselves and others. While participants in the control class showed progress, they were still limited to simple self-management and tended to rely on the teacher's direction.

Thus, the posttest picture confirms that interventions through dance therapy-based group counseling have a real effect on the increase in self-regulation. This increase can be seen from the shift in the participant category to a higher level, the increase in average scores, and the ability of participants to apply self-control more independently and adaptively. These findings also confirm the importance of an active, interactive, and experiential approach to develop optimal self-regulation, compared to the more passive conventional learning approach.

The Application of Group Counseling Using Dance Therapy Techniques as an Effort to Increase Self-Regulation in Participants

The application of group counseling using dance therapy techniques in this study was carried out systematically based on the implementation guidelines that have been prepared. Services are provided in the form of group counseling with a total of 10 participants, lasting for 8 sessions, with a duration of each session of ±90 minutes, and are carried out in a space that allows participants to move freely, safely, and comfortably. The main methods used include exploration of dance movements, verbal reflection, and group discussions, so that the process that takes place is not only physical, but touches the psychological and interpersonal aspects of the participants.

Each session follows the basic structure of Dance Movement Therapy which is composed of five stages, namely preparation, warm-up, development, integration, and closure. In the preparation stage, participants are directed to prepare their bodies and minds through breathing exercises and posture awareness. This stage is important to build body awareness and focus attention as the basis for self-regulation. Furthermore, in the warm-up stage, the initial interaction between members is built through simple movements, mirroring, and the repetition of a variety of basic classical dance movements. This phase not only functions as a physical warm-up, but also builds emotional connections and a sense of security in the group. The development stage is the core of the process, where participants express emotions,

experiences, and inner dynamics through a variety of directed and improvised Sari Kusuma Dance movements. After that, in the integration stage, participants are invited to reflect on their movement experiences verbally, connecting body sensations with personal feelings and meanings. The session is then closed through closure, namely cooling, affirmation of meaning, and symbolic closure together. This gradual structure indicates that the therapy process moves from bodily awareness to deeper psychological meaning.

This series of stages is also reflected in the focus on self-regulation development in each session which is designed to develop progressively. The initial session emphasizes the formation of a sense of security, trust, and self-awareness through basic breathing and movement, so that participants begin to recognize their body condition and emotions. The next session exercises impulse control and rhythm control through synchronous movement and mirroring, which requires participants to adjust to the tempo and movement of others. Entering the emotion exploration session, participants begin to associate movement symbols with specific feelings, so that emotion regulation skills are trained through body awareness. In the advanced sessions, improvisation and exploration of the meaning of movement are directed to behavioral regulation, social adaptation, and reflection on when participants feel able to regulate themselves. The final session serves as the culmination of the therapeutic experience, strengthening self-monitoring, a sense of personal success, and the transfer of regulatory abilities to daily life. Thus, each session has a different but continuous regulatory focus.

This structured process is evident in the results of observations during the implementation of services in the experimental class. At the initial meeting, some participants looked less focused, movements were not in harmony with the rhythm, and were still hesitant and embarrassed to express themselves. Some participants also had difficulty following instructions consistently and were easily distracted. From the emotional side, the responses that emerged tended to be flat or even excessive, for example laughing excessively or remaining expressionless when asked to reflect on their feelings. This condition indicates that in the early stages the participants were not able to control their attention, emotions, and behavioral responses stably, so it required a gradual training process.

Entering the middle session, changes began to be seen as participants became more accustomed to the activity pattern. Participants were better able to follow the flow of activities from start to finish without being distracted much. Movements became more coordinated, body rhythms were more in harmony with music, and they began to dare to perform full movements without embarrassment. In the experience-sharing session, participants also began to be able to express their feelings more clearly and listen to friends without interruption. These changes show that there are developments in the aspects of attention control, behavior control, and emotion regulation as the main components of self-regulation.

At the end of the session, the changes seemed to be stronger and more consistent. Participants seemed calmer, less rushed to move, and were able to maintain concentration during the activity. When movement mistakes occurred, they no longer showed excessive frustration, but tried to improve more patiently. In reflection, some participants said that they felt more relaxed, more able to control themselves, and better understand their own feelings. Interactions between members also seemed more supportive, gave each other space, and did not laugh at each other. This shows the development of self-control as well as social awareness as part of self-regulation.

In contrast to the experimental class, observations in the control class showed changes that were not as strong. Participants did participate in the activity, but emotional involvement and self-expression were limited. Concentration easily decreased when the activity lasted longer, the response to mistakes still showed impatience, and the interaction between members tended to be passive. The process of deep self-reflection also did not appear much, so the self-control exercise was less than optimal.

The observation findings are in line with the theory of Delucia-Waack (2023) explaining that group counseling utilizes interpersonal relationships as a means to encourage behavior change, increase self-awareness, and then develop interpersonal skills. The process seen in the experimental class starts from participants learning to wait their turn, adjusting their movements with others, to daring to express feelings indicates that group dynamics really function as a space for self-control training. This is in line with the opinion of Winkel (2007) that through group counseling, individuals learn to understand themselves and develop the ability to regulate themselves in a social context. Tohirin (2013) also emphasized that the purpose of group counseling is in the form of developing more directed feelings, thoughts, and attitudes, controlled behavior, which in this study appears to be a change in participants' responses that are calmer and less reactive in the final sessions.

In terms of dance movement therapy, these changes can be understood as a result of the body's involvement in psychological processes. Setyoadi and Kushariyadi (2011) explained that movement therapy helps physical, emotional, and cognitive integration through direct body experiences. Rhythmic movements, breath regulation, and awareness of posture play a role in lowering tension and helping individuals control impulses. This condition can be seen in experimental class participants who are initially easily distracted and less emotionally stable, then become more focused, patient, and directed in following activities. The nonverbal approach in dance therapy also provides space for participants to express emotions that were previously difficult to express verbally, so that the process of emotional regulation takes place more naturally through movement.

The results of this observation are also in line with previous research by Hanif Sandya E.P. (2020) which found that music and movement therapy have a significant effect on increasing anger emotional control in school-age children, as shown by the higher mean posttest of the experimental group compared to the control group. These findings reinforce that movement-based interventions are effective in practicing emotional control. Research by Sandy Tyas Nurma Islami and Dhestina Religia Mujahid (2022) also indicates that classical dance practice helps improve self-calmness, empathy, and self-control in traditional dancers. In addition, Rahmi, Manurung, and Sinaga (2024) prove that group counseling services with dance therapy techniques are effective in helping students manage academic anxiety, which is characterized by a more stable emotional state after the intervention.

When compared to the control class, the difference in developmental patterns is quite clear. In the experimental class, the change appears to be gradual in terms of focus, emotional stability, and more supportive social interaction. Meanwhile, the control class indicates more limited involvement and less in-depth self-reflection. This reinforces that the experience of structured movement in a group atmosphere makes a real contribution to the development of self-regulation. Thus, the application of group counseling using dance therapy techniques in this study not only shows visible behavioral changes, but also reflects the process of strengthening self-regulation through integrated bodily experiences, emotions, and social relationships.

The Effectiveness of Group Counseling Services with the Dance Therapy Approach in Increasing Self-Regulation in Participants who are individuals in the adolescent to adult stage and experience difficulties in self-control

Based on the results of the data analysis, the effectiveness of group counseling services with a dance therapy approach in improving self-regulation can be seen from the change in the average value of participants before and after treatment and their comparison with the control group. In the experimental class, the average pretest score was 69.60 in total, an increase of 107.00 in the posttest. This increase indicates a clear development in participants' ability to control themselves after participating in a series of movement-based group counseling sessions.

Participants became better able to manage emotions, manage attention, and suppress impulses in various situations.

On the other hand, in the control class the average value increased from 67.70 to 82.10. Although there was progress, the increase was not the total that occurred in the experimental class. This condition indicates that the changes in the control class were more general, while in the experimental class there was a stronger development due to a structured intervention. The difference in final results between the two groups showed that group counseling services with dance therapy techniques had a more pronounced effect on the increase in self-regulation.

If it is associated with the age stage of participants who are in the range of late adolescence to young adulthood, these findings become even more meaningful. In this phase, individuals are in a period of role adjustment, the demands for responsibility begin to increase, but emotional stability and impulse control are not fully mature. Many individuals at this stage are still learning to recognize their own feelings, manage social pressure, and regulate responses when facing conflict or stress. The initial condition of the participants who are categorized as being in the middle category indicates that they are not fully skilled in solid self-regulation. This can be seen in the initial observation of the experimental class, where some participants seem easily distracted, lack focus on following movement instructions, and show unstable emotional responses during reflection sessions.

Through dance therapy, these developmental needs are facilitated directly. Movements that require rhythm harmony, posture control, and breath awareness make participants learn to slow down responses, pay attention to the body, and then adjust actions. In the observation of the mid- and final sessions in the experimental class, participants appeared to be calmer, able to follow the flow of activities without haste, and more patient when making movement mistakes. They also began to be able to express their feelings more clearly and listen to other members without interrupting. These changes showed the development of attention control, emotion management, and social behavior adjustment, which are the core of self-regulation at this age.

In contrast, observations in the control class showed less deep involvement than in the experimental class. Participants did participate in the activity, but concentration decreased more easily and emotional expressions tended to be flat or less directed. Responses to mistakes also still showed a lack of patience. This condition shows that without a structured and reflective movement experience, self-control exercises do not develop optimally.

These findings are in line with the view of Setyoadi and Kushariyadi (2011) that movement therapy helps physical and emotional integration that supports impulse control. In the context of group counseling, Delucia-Waack (2023) emphasizes that group interactions encourage individuals to learn to regulate themselves through interpersonal experiences. Also supported by the research of Hanif Sandya E.P. (2020) and Rahmi, Manurung, and Sinaga (2024), the results of this study indicate that a movement-based approach in a group setting is effective in helping individuals in adolescence to young adulthood develop more mature self-regulation. At the same time, the larger increase in the experimental class not only shows a change in numbers, but also reflects the development process of self-control in accordance with the needs of the participants' age stages.

Differences in increased self-regulation between participants who participated in dance therapy and control groups who received other treatments

Based on the results of the data analysis, it is understood that there is a significant difference in the increase in self-regulation between participants who follow Yogyakarta-style classical dance therapy through group counseling services and control groups who receive other treatments. This is shown from a significance value of less than 0.05 ($0.000 < 0.05$). This means that the interventions provided play a direct role in helping participants develop self-control skills. The therapy process that involves gestures, rhythm, appreciation of feelings, and

interactions in groups makes participants learn to regulate attention, restrain impulses, manage emotions, and adjust behavior more consciously. Structured and expressive movement experiences provide space for participants to feel the process of self-control directly, not just understand it conceptually, so that the changes that occur are more profound and appear in a calmer, more directed, and able attitude to better place themselves in social situations.

This difference can also be seen from the change in the average score of the two groups. In the experimental class, the average pretest score was 69.60 and increased by 107.00 in the posttest. Meanwhile, in the control class, the average score increased from 67.70 to 82.10. Although the two groups simultaneously increased, the difference in the increase in the experimental class was much larger. This indicates that the increase in self-regulation ability in the experimental group is related to the intervention given during the group counseling process with dance therapy techniques.

The higher increase in the dance therapy group can be understood from the process experienced by the participants during the session. The dance movements that are carried out are not just physical activities, but require body awareness, breath regulation, tempo control, and appreciation of taste. Each variety of movements trains participants not to move impulsively, but to be directed, balanced, and in harmony with the rhythm. This process involves attention control, the detention of spontaneous responses, and the management of emotions that arise during the activity. Through repeated exercises and reflection after moving, participants learn to recognize their condition before acting, so that the ability to self-regulate develops gradually.

These results are strengthened by observational findings in the experimental class. In the initial session, some participants seemed less focused, movements were not stable, and still hesitant to express themselves. However, in the later sessions, quite clear changes were seen. Movements became more coordinated, participants were calmer, were able to follow the activity to completion without being easily distracted, and were more open when expressing their feelings. When they made mistakes, they no longer showed excessive reactions, but tried to improve more patiently. This shows progress in the aspects of controlling emotions, attention, and behavior. On the other hand, in the control class, participants tended to be more passive, self-expression was limited, and concentration decreased more easily when the activity lasted longer.

These findings are in line with the view that movement-based therapy helps connect body and emotional experiences to support impulse control and emotional stability (Setyoadi & Kushariyadi, 2011). In the context of group counseling, interaction between members allows individuals to learn to understand themselves and adjust behaviors through interpersonal experiences that take place within the group (Delucia-Waack, 2023). A number of studies also indicate that dance therapy is effective in improving self-regulation because it combines movement expression, emotional awareness, and social support in one complete process.

Thus, the difference in increased self-regulation between the two groups indicates that Yogyakarta-style classical dance therapy in a group counseling setting provides more optimal results. Structured, reflective, and meaningful movement experiences are an effective means to help participants develop self-control more maturely than treatments that do not use this approach.

Research Limitations

This study still has a number of limitations that need attention in interpreting the research results. The relatively limited number of participants causes the findings of this study to not be able to generalize widely to the overall young adult population. In addition, the characteristics of the sample that tend to be homogeneous in certain contexts also have the potential to limit the external validity of the study.

External variables such as physical condition, mood, stress level, and participants' personal experiences outside of the intervention session cannot be completely controlled. These factors can affect the level of involvement, emotional response, and dynamics during the counseling process.

The limited duration of the intervention, which was eight sessions, was not sufficient to observe changes in self-regulation in depth and continuously. Changes in aspects of self-regulation generally take longer to be seen stably, so further research with a longer intervention period is needed.

Measurement instruments that use self-report questionnaires have the potential to be subjective biases, including the tendency to share socially expected answers (social desirability bias) and differences in understanding between participants on question items. This can affect the level of accuracy of the data obtained.

The implementation of research in one location with relatively conducive spatial conditions and supporting movement activities is also a limitation in itself. These conditions allow for differences in outcomes if the intervention is applied to an environment with different facilities or situations.

Participants' limited time also has the potential to affect the consistency of attendance and engagement during intervention sessions. The busyness of young adult individuals, both in academic and work contexts, can lead to variations in participation rates that ultimately impact the effectiveness of interventions.

Dance therapy techniques, especially those that integrate elements of traditional dance, are still relatively rarely used in the context of research and psychological intervention practice in Indonesia. This condition can affect the level of familiarity, comfort, and readiness of participants to follow the intervention process, while limiting the availability of empirical references as a comparison.

This study also did not in-depth consider variations in cultural backgrounds, dance experiences, and individual preferences for movement-based activities. These differences have the potential to affect the effectiveness of interventions, but have not been specifically analyzed.

Along with weighing these many limitations, it is hoped that it will be able to be the starting basis for the next comprehensive research, with a desire for reinforcement, a total sample of patience, and then more adequate interventions.

CONCLUSION

The results indicated that, before the intervention, participants demonstrated moderate and relatively inconsistent levels of self-regulation. The mean pretest scores were 69.60 for the experimental group and 67.70 for the control group, suggesting relatively comparable baseline levels of self-regulation. Participants continued to experience difficulties maintaining attention, regulating emotions, and controlling behavioral responses. Following the intervention, self-regulation scores increased in both groups, with a greater improvement observed in the experimental group receiving dance therapy. The mean posttest score increased to 107.00 in the experimental group, compared with 82.10 in the control group. Group counseling incorporating dance therapy techniques was implemented through structured sessions integrating movement, body awareness, emotional expression, and group reflection. The intervention progressed from breathing exercises and self-awareness activities to rhythmic movement exploration and verbal reflection on personal experiences. Throughout the sessions, participants who initially demonstrated hesitation, limited concentration, and discomfort gradually exhibited greater confidence, improved movement control, and an enhanced ability to recognize and express their emotions.

The effectiveness of the intervention was reflected in substantial improvements in self-regulation scores and observed behavioral changes among participants in late adolescence and emerging adulthood. Participants demonstrated greater emotional stability, improved impulse control, and increased awareness of their behavioral responses. These findings suggested that movement-based and experiential approaches may be appropriate for addressing the developmental needs of individuals in this age group. Statistical analysis using the Wilcoxon signed-rank test revealed significant differences between pretest and posttest scores in both the experimental group ($p = 0.004$) and the control group ($p = 0.004$), indicating significant within-group changes in self-regulation. Furthermore, the Mann–Whitney U test revealed no statistically significant difference between the groups at pretest ($p = 1.000$), whereas a significant difference was observed at posttest ($p < 0.001$). These findings suggested that group counseling incorporating dance therapy techniques was associated with greater improvements in self-regulation than those observed in the control group.

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CONFLICT OF INTEREST

The author states that there is no conflict of interest in the preparation of this article.

AUTHOR CONTRIBUTIONS

All authors contributed to conceptualization, search and synthesis of literature, interpretation of results, manuscript preparation, and critical review of manuscripts. All authors have read and approved the final version of the manuscript.

GENERATIVE AI STATEMENT

The authors declare that Generative Artificial Intelligence (Generative AI) was used solely to assist with language refinement, grammatical correction, and improvement of manuscript readability. All scientific concepts, interpretations, literature synthesis, analyses, and conclusions were developed by the authors. All AI-assisted content was carefully reviewed, verified, and revised by the authors, who take full responsibility for the accuracy, integrity, and final content of the manuscript.

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