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Embodied Regulation: Feasibility-Oriented Action Research on Integrating Dance into a High School Mental Health Curriculum for Emotion Management

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Abstract: *Drawing on embodied cognition theory and selected principles of Dance Movement Therapy (DMT), this action research developed and pilot-tested a "dance + psychology" emotion-management curriculum for high school students. The study included two phases. First, a self-developed questionnaire was administered to 120 students in Grades 10-12 to identify emotional needs, participation preferences, and psychological boundaries. Second, a three-session curriculum (45 minutes per session) was implemented with 45 students from a non-exam-grade class. The needs assessment indicated high levels of emotional suppression (M=4.15) and marked concerns about public display, bodily embarrassment, physical contact, and privacy. These findings informed two design principles: non-performance orientation and strong privacy protection. The resulting modules focused on body-mind awareness, emotional externalization, and interpersonal empathy. Pilot feedback suggested that students perceived the curriculum as safe and useful. Reported anxiety scores declined from 7.2 to 3.5 on average, and approximately 80% of students reported trying at least one embodied regulation technique during daily study breaks. Because the pilot used a single-group design without a control condition, these findings should be interpreted as preliminary evidence of feasibility, acceptability, and perceived usefulness rather than as causal evidence of intervention effectiveness. The study offers a locally adapted model for integrating embodied activities into school-based mental health education while respecting adolescents' psychological boundaries.*

Keywords: *dance movement therapy; embodied cognition; emotional management; high school students; action research; mental health education; curriculum design*

1. Introduction

Anxiety is a common negative emotion that, when excessive and persistent, can impair an individual's social functioning and reduce quality of life (Li & Li, 2024)[1]. High school students are in a critical period of physical and mental development during adolescence, facing major emotional disturbances such as academic anxiety, interpersonal conflicts, and self-identity confusion (Yang et al., 2015)[2]. Academic stress and emotion regulation issues directly affect high school students' learning and psychological well-being (Jiang, 2025)[3]. Current curricula are predominantly delivered through traditional verbal counseling or lecture-based formats (Li, 2015)[4], lacking experiential and embodied approaches. Adolescents in high school tend to have strong psychological defenses and often find themselves trapped in a dilemma of "being unwilling to talk" or "unable to articulate clearly" when under pressure. To overcome the limitations of verbal counseling, this study explores the integration of elements from Dance/Movement Therapy (DMT) into high school emotion management curricula (Li & Li, 2024; Zhang, 2018)[1][5].

This study addresses a practical gap in high school mental health education: emotion-management courses often depend on verbal disclosure, although many adolescents are reluctant or unable to articulate distress directly. A "dance + psychology" model may offer a low-verbal and experiential pathway for emotional awareness and regulation. The aim of this study was therefore not to test a fully validated therapeutic protocol, but to design and examine the feasibility of an embodied curriculum that could be used within ordinary school mental health classes.

Specifically, the study asked three questions: (1) What emotional needs and participation concerns do high school students report when invited to engage in embodied activities? (2) How can DMT-informed activities be adapted into a low-skill, non-performance-oriented classroom curriculum?

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(3) How do students perceive the safety, acceptability, and short-term usefulness of the pilot curriculum?

2. Literature Review

2.1. Psychological Mechanisms of Dance-Based Stress Reduction and Emotion Regulation in Adolescents

Dance/Movement Therapy (DMT), as a psychological intervention centered on bodily movement and emotional expression, demonstrates significant advantages in alleviating anxiety and stress among adolescents. Existing research indicates that the core psychological and physiological mechanisms through which dance-based stress reduction exerts its effects are primarily reflected in the following dimensions:

Prior studies suggest that rhythm, breathing, and coordinated movement may support stress regulation through autonomic and affective pathways. For example, dance-based activities have been associated with changes in psychological well-being and physiological regulation in previous research (Koch et al., 2019)[6]. In the present study, however, physiological indicators such as heart-rate variability or cortisol were not measured. These mechanisms are therefore used as a theoretical rationale for curriculum design rather than as outcomes established by the pilot.

In terms of embodied cognition and emotional expression, adolescent anxiety is often characterized by repetitive "ruminative thinking." Based on embodied cognition theory, dance guides individuals to redirect their attention toward bodily sensations, helping them perceive and release the somatic imprints of tension (e.g., shoulder and neck stiffness) in which emotions are stored, thereby interrupting negative thought rumination. Furthermore, techniques such as improvisational movement provide individuals with a safe, non-judgmental expressive outlet, allowing them to freely externalize repressed emotions and avoid emotional exhaustion.

Previous empirical reviews have reported beneficial associations between DMT or dance-based interventions and anxiety, stress, emotional distress, positive affect, and self-efficacy across different populations (Bräuninger, 2012; Koch et al., 2014; Strassel et al., 2011)[7][8][9]. These findings support the plausibility of embodied approaches. At the same time, they do not remove the need to examine whether such approaches can be adapted safely and acceptably for ordinary high school classrooms.

2.2. Current State of Curriculum Design for Emotion Management in High Schools

Currently, mental health curricula targeting academic stress and social anxiety among high school students are predominantly delivered through traditional lecture-based counseling or talk-based group guidance. However, conventional psychological interventions often rely heavily on high-level cognitive and verbal expressive abilities. For adolescents in high school, when faced with emotional distress, they frequently exhibit a resistant mindset characterized by "being unwilling to talk" or "unable to articulate clearly," often accompanied by somatic symptoms, resulting in traditional curricula lacking experiential and embodied qualities. Some scholars have begun to explore the application of "artistic interventions" in psychological counseling, but most of these efforts are confined to painting therapy or music listening. In contrast, dance therapy integrates breathing training, mindfulness practice, and movement expression, capable of addressing both physiological regulation and cognitive adjustment, thus possessing more comprehensive intervention potential.

2.3. The Compatibility of Dance Intervention with High School Students' Psychological Traits and Identified Research Gaps

High school students experience significant academic stress, which can easily generate a fear of losing control. The "rhythmic guidance" and "mirroring interaction" strategies in dance intervention can help rebuild physical confidence by guiding individuals to accomplish small movement goals, thereby weakening their sense of helplessness and forming a positive cycle of "movement mastery—emotional stability—enhanced self-efficacy." Meanwhile, interactive rhythmic activities in a group setting promote empathy and trust among members, expanding social support as a crucial buffering resource against anxiety.

Despite the notable effectiveness of DMT, existing research still has significant shortcomings in

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terms of "cross-population adaptation" and "standardization of intervention protocols." This is particularly evident in the high school context, where adolescents exhibit highly sensitive self-esteem and strong "body shame," making them prone to psychological resistance toward public performance and physical contact. There is an urgent need in the academic community to address the challenge of balancing "dance expression" with "high school students' psychological boundaries."

In summary, there is a lack of a standardized dance-based psychological curriculum that is "de-performance-oriented, low-skill, and high-privacy-protection" for non-arts-specialized high school students. To fill this gap, this study attempts to localize and adapt dance therapy elements to the specific developmental stage of high school students, designing a 45-minute standard session curriculum that respects their psychological boundaries, with the aim of providing an embodied new pathway for high school mental health education.

3. Research Design

3.1. Research Participants

The research subjects of this study were selected differentially across two stages: "questionnaire survey" and "pilot teaching practice." In the preliminary questionnaire survey stage, in order to comprehensively capture the overall developmental trends and general characteristics of emotional stress at the high school level, a stratified random sampling survey was conducted among students from Grades 10 to 12 at the school (covering both male and female students). However, in the subsequent pilot teaching practice stage, in order to reduce the risks of academic progression conflicts and participation resistance that might arise from the initial introduction of the "dance + psychology" curriculum, the practice sample was strictly selected to exclude test-preparation grades. Instead, the focus was placed on non-test-preparation grades (Grades 10 and 11), specifically students in arts-specialized classes or those affiliated with the school's psychological counseling office/psychology club, thereby ensuring the effectiveness and feasibility of the practical implementation.

A total of 120 valid questionnaires were collected, including 40 students from each of Grades 10, 11, and 12 (33.3% per grade), with 60 male students (50%) and 60 female students (50%). In the subsequent pilot teaching stage, one voluntary non-exam-grade class participated during regular mental health curriculum time, with a total of 45 students.

3.2. Research Instruments

This study primarily employs a combination of quantitative questionnaires and qualitative interviews as data collection tools:

(1) The self-designed Student Needs and Psychological Boundaries Questionnaire used a five-point Likert format. It collected demographic information and assessed four dimensions: emotional distress, curriculum needs and preferences, participation concerns and psychological resistance, and willingness to participate. The overall Cronbach's alpha was 0.62. The four dimensions yielded alpha values of 0.64, 0.64, 0.59, and 0.98, respectively. These values indicate that the instrument was usable for exploratory needs assessment, but the relatively low reliability of some dimensions means that the results should be interpreted cautiously. Future work should refine the item pool and conduct additional validity testing before using the questionnaire for confirmatory evaluation.

(2) A semi-structured interview protocol was developed for frontline mental health teachers. The interviews focus on in-depth exploration of the practical difficulties in current emotion management instruction, with particular emphasis on investigating the limitations of traditional verbal counseling that relies heavily on linguistic expression. Furthermore, implementation suggestions and precautions for the proposed "dance-integrated" curriculum are solicited to ensure that the curriculum, in terms of time allocation, movement design, and sharing formats, fully accommodates the safe psychological boundaries of high school students.

3.3. Research Approach

This study adopts action research as its core research paradigm, following the cyclical path of "needs assessment—curriculum design—teaching practice—reflection and optimization":

(1) Needs Assessment: By distributing student questionnaires across all grade levels and conducting

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teacher interviews, frontline data were rapidly collected to precisely identify the needs characteristics of students across different grades (e.g., extreme academic pressure in Grade 12) and genders (e.g., females' preference for soothing activities, males' preference for high-energy release), while strategically avoiding participation trigger points (e.g., shame).

(2) Curriculum Design: Based on the preliminary assessment results and professional dance knowledge, a teaching framework consisting of three 45-minute standard sessions was established, and detailed lesson plans centered on "stress-relieving rhythmic movement, emotional externalization, and group improvisation" were developed, strictly adhering to the principles of "non-performance" and "anonymous sharing."

(3) Teaching Practice: In collaboration with school mental health teachers to assist in facilitation, pilot teaching was conducted in selected non-test-preparation classes, with a focus on documenting student participation engagement, behavioral changes in involvement, and levels of emotional relaxation through classroom observation.

(4) Reflection and Optimization: Based on the adaptation issues revealed during the pilot teaching and anonymous post-class questionnaire feedback, the curriculum was promptly adjusted (e.g., increasing the duration of individual practice, reducing the sense of collective exposure), completing the theory-to-practice feedback loop and synthesizing a highly adaptable embodied emotion management program.

3.4. Data Analysis and Ethical Considerations

Questionnaire results were summarized descriptively using means and standard deviations. Gender- and grade-related patterns were used to inform curriculum design, but no inferential claims are made from these descriptive comparisons. Pilot outcomes were interpreted through anonymous student feedback, emotion record cards, and classroom observation. Because the pilot used a single-group pre-post design and did not include a control group, the study cannot establish causal effects. Participation was voluntary, and the course design emphasized anonymity, non-performance, and avoidance of unwanted physical contact.

4. Needs Assessment and Curriculum Development Logic

4.1. Analysis of High School Students' Receptivity to a Dance-Based Psychological Curriculum

In the early stage of designing the interdisciplinary "dance + psychology" curriculum, this study conducted a comprehensive investigation into high school students' receptivity, preference needs, and psychological resistance through a combination of quantitative questionnaire distribution and qualitative interviews with mental health teachers.

4.1.1. Survey Findings: Differentiation of Curriculum Preferences Based on Stress and Gender

Descriptive analysis of the questionnaire data indicated different preference patterns by gender. Female students reported a stronger preference for soothing stress-relief activities (M=4.42, SD=0.51), whereas male students reported lower receptivity to this type of activity (M=2.35, SD=0.48). In contrast, male students showed a stronger preference for energetic release activities (M=4.35, SD=0.72 for males; M=3.25, SD=0.64 for females). Because inferential tests were not reported, these patterns should be treated as design-relevant descriptive findings rather than confirmed group differences.

4.1.2. Key Pain Points: Empirical Data on Psychological Resistance to Embodied Activities

The questionnaire findings were consistent with frontline teachers' observations that high school students often maintain strong psychological boundaries when participating in embodied activities. Students reported high emotional suppression (overall M=4.15, SD=0.75), which aligned with the practical problem of being reluctant or unable to verbalize distress. Participation concerns were especially evident in items related to embarrassment about public performance and fear of being laughed at because of physical stiffness. Male students reported high scores on these two items (Q9: M=4.65, SD=0.50; Q10: M=4.55, SD=0.55). Students also expressed strong reliance on anonymous sharing, especially female students (M=4.85, SD=0.35), and notable rejection of intimate physical contact (overall M=3.70, SD=1.12; male students: M=4.60, SD=0.50). These results indicate that public performance and physical contact would likely reduce participation safety and should therefore be avoided in curriculum design.

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4.2. Curriculum Design Principles

Based on the precise identification of high school students' resistance points through the quantitative data above, this study localized and adapted the traditional Dance/Movement Therapy protocol to the specific developmental stage of high school students, establishing the following two core design principles:

4.2.1. Principle 1: Non-Performance Orientation (De-Skilling)

To eliminate the severe "body shame" reflected in the questionnaire data (particularly the extremely high resistance among male students, with M>4.5), the curriculum fundamentally strips away the "artistic performance" attributes of dance. Movement design adheres to the principles of simplicity, naturalness, and low threshold, with absolutely no pursuit of professional technique or physical aesthetics. In classroom guidance, teachers are required to emphasize throughout that "there is no right or wrong in movement, only attention to one's own feelings." At the same time, all forms of individual solo performance or group presentations are strictly eliminated, and the original final showcase is replaced with "in-place parallel improvisation" for all participants.

4.2.2. Principle 2: Safe Boundary Protection (High-Privacy Protection)

Given students' extreme rejection of physical contact (M=3.70), the curriculum design must strictly avoid large-scale outward-reaching, exaggerated, or overly intimate interactive movements (such as forced hand-holding, hugging, etc.). Meanwhile, in response to the extremely high demand for anonymity (female students: M=4.85), the post-class reflection and sharing session completely abandons public oral feedback, adopting an "anonymous sharing" mechanism (such as unsigned submissions into a cardboard box, sticky notes on an emotion wall, blind paper airplane tossing, etc.), ensuring that students engage in emotional expression within an protected psychological boundary.

4.3. Curriculum Module Design and Implementation Logic

Based on the aforementioned principles of "non-performance" and "safe boundaries," this study, aligned with the standard 45-minute class period in high schools, constructed a 3-session intervention module with a progressive core logic of "body-mind awareness—emotional externalization—interpersonal empathy." The "anonymous sharing" mechanism fully replaces traditional oral feedback, directly responding to the extremely high privacy protection needs identified in the earlier quantitative survey. (Figure 1)

Module 1 (Body-Mind Awareness: Alleviating Physical Tension and Academic Anxiety): Targeting the most prominent test anxiety and somatic manifestations among high school students, this first module serves as the entry point, with individual practice accounting for 60% of the session. Through thematic rhythmic movement themed "shedding burdens" combined with abdominal breathing, the module is intended to help students reduce sympathetic nervous system excitability. The "slow soothing movements" in this module align well with the high receptivity observed among female students in the preliminary survey (M=4.42, SD=0.51).

Module 2 (Emotional Externalization: Interrupting Rumination and Emotional Catharsis): After establishing initial body awareness, the second module adopts an "in-place parallel improvisational catharsis" strategy instead of individual public performance, guiding students to freely externalize their inner emotions through music. This high-energy cathartic design responds to the strong preference for "energetic release" among male students identified in the survey (M=4.35, SD=0.72).

Module 3 (Interpersonal Empathy: Rebuilding Social Support and Safe Connections): After the first two modules achieve self-regulation, the third module ultimately addresses the restoration of peer relationships. In response to the high "boundary concerns" reflected in the questionnaire data, this module strictly avoids intimate physical contact such as hand-holding, replacing it with lower-pressure interactive forms such as "mirroring" and silent "body dialogues." This design aims to establish a sense of "seeing and responding" through physical coordination within a safe physical distance, thereby enhancing the sense of social support and expanding buffering resources against anxiety.

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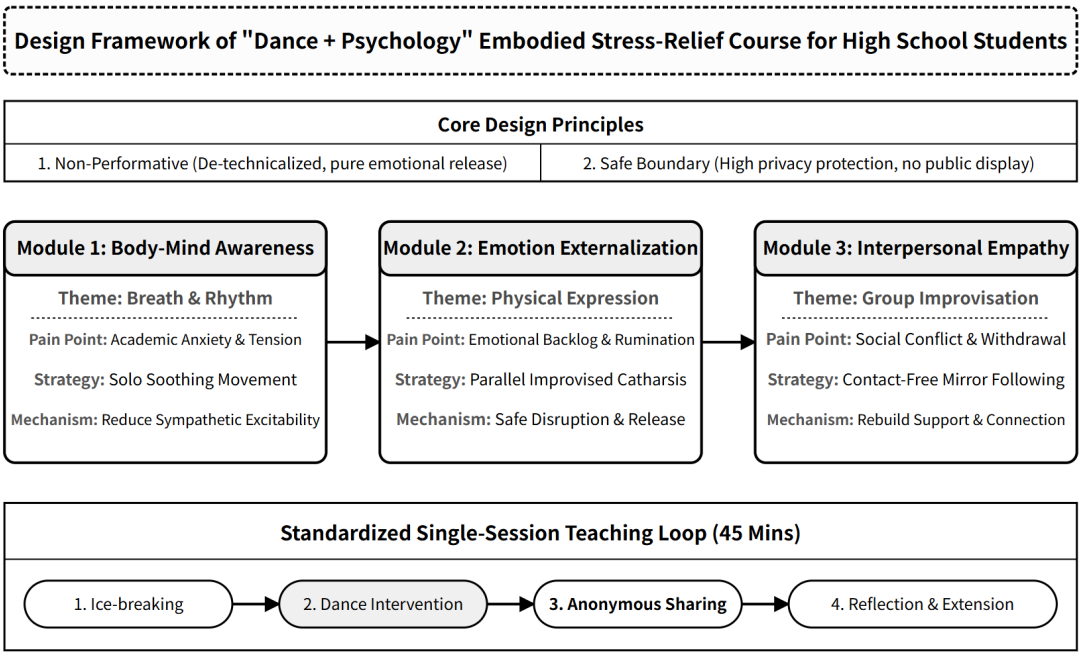

Figure 1. Embodied stress-relief course framework for high school students: Integrating dance and psychology

5. Curriculum Implementation and Effectiveness Analysis

Based on the preliminary research and module design, this study conducted a pilot teaching practice of the embodied stress reduction curriculum in a high school, comprising three sessions (45 minutes each). The practice participants were primarily high school students exhibiting tendencies toward academic anxiety, accumulated negative emotions, and interpersonal confusion. This stage adopted the action research method, with collaborative guidance from mental health teachers, and conducted a comprehensive analysis of the curriculum's effectiveness through classroom observation (formative evaluation) and anonymous feedback (summative evaluation).

5.1. Implementation Process and Collaborative Mechanism

During the three pilot sessions, each class strictly implemented a standardized closed loop of "ice-breaking introduction—dance intervention—anonymous sharing—summary and extension," with the principle of "high privacy protection" consistently upheld throughout. With the collaborative guidance of mental health teachers, the classroom setting discarded traditional lecturing and public performance, ensuring that students engaged in movement exploration and emotional awareness within a non-judgmental environment.

5.2. Outcome Evaluation and Analysis

5.2.1. Formative Evaluation: Classroom Observation and Behavioral Transformation

Through three consecutive sessions of classroom observation, the researcher recorded a significant shift in students' participation engagement and behavioral performance, from initial restraint to increasing involvement: During the free movement segment of Session 2 (Physical Expression), the teacher observed a marked reduction in students' avoidant attitudes toward negative emotions. Some students spontaneously performed high-energy movements such as stomping and hand-swinging under the guidance of music, achieving embodied catharsis of negative emotions. In Session 3 (Group Improvisation), due to the avoidance of mandatory intimate contact, the quality of students' interpersonal interactions significantly improved. During the "body dialogue" exercises, students gradually learned to naturally express their psychological boundaries through non-verbal movements (such as stepping back, turning sideways, and nodding), greatly enhancing their sense of interpersonal safety and empathic ability.

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5.2.2. Summative Evaluation: Subjective Perceptions and Data Feedback

The post-class anonymous questionnaire and emotion record cards provided preliminary evidence of perceived stress reduction and acceptability. Students' self-reported anxiety scores declined from 7.2 to 3.5 on average after the intervention. Students also described the anonymous mechanisms, including paper-airplane sharing and the emotion wall, as safe ways to express emotions without public exposure. Representative comments included "I didn't know I could understand others without speaking" and "I could feel connected without being close." Approximately 80% of students reported that they tried the "abdominal breathing + raising hands and relaxing shoulders" exercise during daily study breaks. These findings suggest that the curriculum was acceptable and perceived as useful in the pilot setting. However, because the pilot class used a single-group pre-post design and no control condition, the observed score reduction cannot be attributed solely to the curriculum. Future studies should report sample-level variability, conduct paired-sample or non-parametric tests when raw data are available, and compare the curriculum with usual mental health instruction.

5.3. Reflections on Curriculum Practice and Recommendations for Optimization

Based on the pilot teaching feedback, the curriculum appears feasible for school-based emotion-management instruction when psychological boundaries are explicitly protected. Several implementation refinements are still needed for routine use. The emotional externalization segment in Session 2 could be extended to 15 minutes, and instructional language should be standardized. Teachers should avoid evaluative expressions such as "well done" or "beautiful movement" and use neutral prompts such as "I notice that..." or "How do you feel?" Future implementation should also diversify music options and use a post-class practice check-in sheet or long-term anonymous feedback box to monitor whether students continue to use embodied regulation strategies.

6. Conclusion and Discussion

6.1. Research Conclusions

Based on the questionnaire survey data and pilot teaching feedback, this study draws the following three core conclusions:

First, the "dance + psychology" curriculum is a feasible supplementary approach for high school emotion-management education. The needs assessment indicated that students often experience emotional suppression and may hesitate to express distress verbally (Q4 overall M=4.15). For students who resist direct verbal disclosure, embodied activities may provide a lower-pressure expressive pathway.

Second, the pilot results suggest potential short-term usefulness for perceived stress reduction. Students reported a decline in average subjective anxiety scores from 7.2 to 3.5 after the intervention, and many reported using at least one technique outside class. These results should be treated as preliminary because the study did not include a control group or statistical testing based on raw pre-post data.

Third, implementation in high school settings should be built on explicit respect for students' psychological boundaries. The needs assessment showed notable concerns about intimate physical contact (M=3.70) and public display. The pilot curriculum responded by using zero-contact activities and anonymous reflection, which likely contributed to student acceptance.

6.2. Practical Reflections and Optimization Strategies

Despite the encouraging pilot feedback, routine implementation of dance-informed mental health curricula still faces several challenges. These challenges include privacy protection, teacher language, student willingness, and the need for stronger evaluation designs.

First, privacy protection refinement based on gender differences in defensiveness. The defensiveness of male students is concentrated in "embarrassment about public performance" (M=4.65) and "fear of being laughed at due to physical stiffness" (M=4.55); female students, on the other hand, are more sensitive to privacy exposure and show an extremely high reliance on "anonymous sharing" (M=4.85). In movement sessions, a relatively high proportion of individual practice should be maintained, with collective in-place parallel movements used to eliminate performance anxiety; in

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sharing sessions, an absolutely anonymous feedback mechanism must be permanently preserved.

Second, the shift in instructional language from "artistic performance" to "embodied stress reduction." Another difficulty in interdisciplinary integration lies in removing the "artistic evaluation" attribute of dance. Teachers involved in the curriculum must strengthen training in "non-judgmental language," avoiding evaluative terms such as "well done" or "beautiful movement," and instead adopting neutral emotion-guiding expressions like "I notice that..." or "How do you feel?" to ensure that the curriculum returns to the psychological essence of emotional release.

6.3. Limitations and Future Research

This study has several limitations. First, the pilot used a single-group design, so the observed reduction in subjective anxiety cannot be interpreted as causal evidence. Second, the pilot sample was small and came from one voluntary class, which limits generalizability. Third, the questionnaire was self-developed, and some reliability coefficients were modest. Fourth, the study relied mainly on self-report, classroom observation, and anonymous feedback rather than validated clinical or physiological measures. Future research should use a larger sample, include a comparison group, refine and validate the questionnaire, report complete pre-post statistics, and examine whether students continue to use embodied regulation strategies over time.

6.4. Prospects for Long-Term Mechanisms of Interdisciplinary Collaboration

The successful implementation of this curriculum is inseparable from the deep integration of professional dance movement design and psychological expertise. To ensure the normalized and standardized implementation of such embodied stress-reduction curricula in secondary school settings, a stable collaborative model of "university professional support + secondary school implementation" could be established in the future. Universities (such as schools of dance and psychology) would provide professional Dance/Movement Therapy theories, technical support, and professional talent, regularly offering embodied intervention skills training for secondary school mental health teachers. Secondary schools would provide authentic practice settings and real-world student pain-point cases, with both sides jointly refining lesson plans and establishing routine teaching-research exchanges. Through such cross-sector collaboration, the curriculum can be ensured to possess both a solid professional theoretical foundation and full alignment with the actual teaching contexts and genuine needs of high schools.

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