



Dance- and Movement-Based Interventions for Mental Well-being in Iran: A Scoping Review

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Abstract

Context: Dance, as a universal cultural expression, contributes to physical and mental health, as well as quality of life. It is also used in dance/movement therapy (DMT). Despite growing international evidence, research on this topic in Iran remains limited. This study aimed to map the existing literature on dance interventions for mental well-being in Iran.

Evidence Acquisition: This scoping review followed the Joanna Briggs Institute (JBI) methodology and the PRISMA-ScR guidelines. Searches were conducted in PubMed, Cochrane, PsycINFO, Google Scholar, SID, MagIran, and Irandoc for studies published from January 2015 to October 2025. English and Persian keywords related to dance, movement, therapy, dance/movement therapy (DMT), rhythmic movement, psychological well-being, mental health, and Iran were used.

Results: Of the 271 records identified, seven studies met the inclusion criteria. Overall, 71.43% of the studies focused on pediatric populations and primarily used quasi-experimental pretest-posttest designs. *Sample sizes* ranged from 14 to 55 participants, and intervention durations ranged from 6 to 12 weeks. Interventions implemented in Iran were classified into two main types: 1) rhythmic movement and exercise-based programs and 2) cognitive-motor and executive function-focused interventions. Mental disorders and cognitive functioning were the most frequently assessed outcomes.

Conclusions: Dance- and movement-based interventions in Iran are emerging and are primarily framed as exercise or cognitive-training approaches rather than as formal DMT. The available evidence remains preliminary and heterogeneous. Future research should develop culturally adapted and theoretically grounded models while maintaining sensitivity to the sociocultural context.

Keywords: Dance Movement Therapy, Rhythmic Movement, Mental Well-Being, Scoping Review, Non-Pharmacological Interventions, Iran

1. Context

Mental disorders represent a major global health burden. Approximately one-quarter to one-third of the Iranian population has experienced symptoms or received a diagnosis of a mental disorder at various times, and this trend is increasing (1-5).

Dance is a non-pharmacological, low-cost, enjoyable, and feasible intervention in a variety of therapeutic and social settings and has demonstrated beneficial effects for individuals (6). Dance therapy has evolved over the decades and is now increasingly used in modern medicine. Since the 1950s, researchers have explored its

potential health benefits and shown how dance can contribute to overall physical, mental, and social well-being (6). Studies have also reported positive effects on mental and social health, including reduced anxiety, improved stress management, and reduced social isolation (7-9). Dance, a fundamental art form that combines body movement and music, is a universal cultural expression that transcends time and space and has been used in all human societies for celebration, mourning, religious rituals, and strengthening social bonds (6, 10). The combination of music and body movement activates multiple brain regions simultaneously, engages sensorimotor, emotional, and cognitive processes, and increases the likelihood of

neuroplasticity, which is widely studied in neuropsychological research today (11-14).

Marianne Chace was the first to use dance in therapeutic settings, particularly in the field of mental health. She and other early therapists used dance not for aesthetic purposes or the precise execution of movements but as a means of therapeutic communication and an opportunity for patients to express themselves. Chace believed that “dance is a form of communication” and helped patients feel seen and understood by developing the mirroring technique, in which the therapist reflects the patient’s movements. Her approach was organized around four main axes: body action, symbolism, the therapeutic movement relationship, and rhythmic group activity. These axes play a fundamental role in facilitating the expression of unconscious emotions and strengthening communication and remain central components of dance/movement therapy (DMT) (15).

Another style of dance therapy, termed “authentic movement,” was introduced by Mary Whitehouse. In this approach, individuals move freely and without restraint, revealing their feelings and unconscious content through nonverbal expression. By using concepts such as active imagination and the release of repressed emotions through movement, this approach helps individuals explore their deepest thoughts and feelings (15). The group therapy approach, pioneered by Irvin Yalom, is also used in dance therapy. In this approach, individuals share their experiences with others in similar situations. This interaction can lead to the formation of supportive relationships, reduce feelings of isolation, and enhance hope for recovery (15).

Since the 1940s, Western societies have gradually elevated dance from an artistic and ritual activity to a psychotherapeutic tool, developing dance therapy, or DMT, as a professional and standardized branch of clinical intervention. The American Dance Therapy Association (ADTA) defines DMT as “the psychotherapeutic use of movement as a process that enhances the emotional, social, cognitive, and physical integration of the individual” and emphasizes the bidirectional connection between movement and emotion (13, 14). Research has focused on the therapeutic potential of DMT, demonstrating its positive effects on various conditions, including depression, autism spectrum disorder, trauma, psychiatric illness, personality disorders, and intellectual disabilities, with improvements observed in both short-term and long-term outcomes (16). However, the researcher of the present study found only a limited number of

systematic reviews in Iran across educational, clinical, and social settings that have examined its effects.

This scoping review aimed to map dance- and movement-based interventions related to mental well-being in Iran, with an emphasis on intervention types, populations, outcomes, methodological features, and evidence gaps.

The research questions were as follows:

- 1) What types of dance- and rhythmic movement-based interventions for mental well-being have been studied in Iran?
- 2) Which populations and mental health outcomes have been addressed?
- 3) How have these interventions been described and conceptualized in Iranian research?
- 4) What methodological features define existing Iranian studies?
- 5) What gaps exist in the Iranian literature on dance- and rhythmic movement-based interventions for mental well-being?

2. Evidence Acquisition

This scoping review followed Joanna Briggs Institute (JBI) guidance (17) and the PRISMA-ScR reporting principles (18). The review was designed to map evidence rather than synthesize effectiveness.

2.1. Eligibility Criteria

In this scoping review, the inclusion and exclusion criteria were defined using the population, concept, and context (PCC) framework.

2.1.1. Inclusion Criteria

The population (P) included children, adolescents, and adults living in Iran. The concept (C) included dance-based or rhythmic movement interventions aimed at improving psychological outcomes, such as reducing stress, fatigue, anxiety, and depression, or improving body image and general psychological well-being. Interventions did not need to be formal DMT. Studies were eligible regardless of whether they included a comparison group. The context (C) included interventions delivered in healthcare, educational, or community settings within Iran.

Eligible study designs included empirical, peer-reviewed studies published in English or Persian, including quantitative studies (randomized controlled trials, non-randomized controlled trials, before-and-after studies, interrupted time series, and cohort

studies) and qualitative studies (interviews, focus groups, and ethnographies).

Additional inclusion criteria included publications indexed in recognized bibliographic databases, such as PubMed/MEDLINE, Scopus, or Web of Science, or published in peer-reviewed journals.

2.1.2. Exclusion Criteria

The exclusion criteria were as follows: 1) studies reporting only physical health outcomes without measures of psychological well-being; 2) studies in which dance was combined with other concurrent interventions and the effect of the dance component could not be disaggregated, although studies that separated and reported dance-specific effects were eligible; and 3) review articles, dissertations, conference abstracts, and non-peer-reviewed reports.

2.2. Search Strategy

A comprehensive search was conducted in PubMed, Cochrane, PsycINFO, Google Scholar, SID, MagIran, and Irandoc. English and Persian search terms related to dance, dance therapy, DMT, rhythmic movement, psychological well-being, mental health, and Iran were combined using database-appropriate Boolean operators. The search covered studies published from January 2015 to October 2025 and was completed on 23 October 2025.

The English search strategy was as follows:

("dance therapy" OR "movement therapy" OR "dance movement therapy" OR "dance intervention" OR "rhythmic movements") AND (Iran OR Iranian) AND ("psychological well-being" OR "mental health" OR "psychological health" OR "emotional health" OR "mental disorder")

2.3. Study Selection

All identified records ($n = 271$) were imported into Mendeley and screened in several stages. After duplicate removal, titles and abstracts were screened, followed by full-text assessment of potentially eligible articles. The final number of included studies was determined after full-text review (Diagram 1). Title/abstract screening, full-text screening, and data extraction were conducted by the same author. When eligibility was uncertain, the full text was reassessed against the predefined inclusion and exclusion criteria before a final decision was made.

Diagram 1. PRISMA flow diagram.

2.4. Data Extraction

A structured data-charting form was used to extract study characteristics. Extracted items included the title, author, publication year, study design, intervention details, population characteristics, outcomes, measures, and reported findings.

2.5. Quality Appraisal

The quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT) (19) to provide a descriptive overview of study quality. Because this was a scoping review, the appraisal was used to inform interpretation rather than to exclude studies or rank evidence, as in a systematic review. Quasi-experimental and before-and-after designs were evaluated using the MMAT criteria for non-randomized quantitative studies. The MMAT provides a rigorous and standardized framework for assessing methodological quality and ensures consistency and reliability throughout the evaluation process. This tool includes different dimensions of research quality, such as study design, sampling, data collection, data analysis, and interpretation. Therefore, in this study, five MMAT criteria were judged for each study according to the design type, using the response options "yes," "no," and "uncertain." A descriptive summary of overall quality is reported in Table 1.

2.6. Data Analysis

The methodological quality of the included studies was assessed using the MMAT (Hong et al., 2018) (19), and seven articles ultimately entered the next stage. The author conducted a descriptive analysis of the results across all article dimensions using a spreadsheet matrix for coding. Features extracted from the review, such as populations, settings, and theories, were used to construct the matrix and to code inferentially, while remaining open to other relevant points. This matrix increased the transparency, consistency, and reliability of the systematic approach to data analysis. The matrix was subsequently used to summarize and present the findings in Table 2.

3. Results

The search identified 271 records. After duplicate removal ($n = 58$) and screening, seven studies were included in the final review.

The methodological quality of the eight included studies was assessed using the MMAT (Table 1). Five studies were rated as good to very good quality. Most included studies used quasi-experimental pretest-posttest designs. The measurement instruments used in

Table 1. Assessment of Study Quality with MMAT (Hong et al., 2018) (19)^a

Studies	Study Types	Criterion 1: Suitability of the Design to the Question	Criterion 2: Sampling/Allocation	Criterion 3: Description of the Intervention	Criterion 4: Reliability of Tools	Criterion 5: Statistical Analysis	Summary of Quality
Zaemenei Motlagh et al. (2025) (20)	Quasi-experimental	Yes	Yes	Yes	Yes	Yes	Good 4/5
Elyasi et al. (2023) (21)	Quasi-experimental	Yes	Yes	Yes	Yes	Yes	Good 4/5
Sadat-Hoseini (2016) (22)	Quasi-experimental	Yes	Yes	Yes	Yes	Yes	Very good 5/5
Ghorbanzadeh (2015) (23)	Quasi-experimental	Yes	Yes	Yes	Yes	Yes	Good 4.5/5
Ebadinejad et al. (2015) (24)	Quasi-experimental	Fairly good	Weak	Yes	Yes	Yes	Average 3.5
Ebadinejad et al. (2017) (25)	Quasi-experimental	Fairly good	Weak	Yes	Yes	Yes	Average 5/3.5
Nayeb Hoseinzadeh et al. (2020) (26)	Quasi-experimental	Yes	Yes	Yes	Yes	Yes	Very good 5/5

^a Explanation: Very good = 5 criteria met (5/5); good = 4 to 4.5 criteria met (4 - 4.5/5); average = 3 to 3.5 criteria met; poor = ≤ 2.5 criteria met.

all articles were valid and standardized, including the Beck Depression Inventory (BDI), Pittsburgh Sleep Quality Index (PSQI), Wechsler scales, Montreal Cognitive Assessment (MoCA), and the Matson Evaluation of Social Skills.

Sample sizes ranged from 14 to 55 participants, and intervention durations ranged from 6 to 12 weeks. Regarding study populations, 71.43% of the included studies were conducted in pediatric populations. Of the total studies, 57.14% specifically focused on children aged 7 to 12 years. The remaining pediatric studies included preschool children or children with specific conditions, including chronic illnesses or special needs. Older adults and young women were represented in a small number of studies (Table 2).

3.1. Types of Interventions

None of the included studies explicitly reported the use of a standardized DMT psychotherapeutic framework. Intervention durations ranged from 6 to 12 weeks.

The included interventions were described using different terms but could be grouped into two main categories: rhythmic movement/exercise-based programs and cognitive-motor rhythmic training. None of the studies reported a formal DMT psychotherapeutic framework. For example, Elyasi et al. (21) used rhythmic movement-based approaches, whereas Zaemenei Motlagh et al. (20) used cognitive-motor rhythmic training.

3.2. Mental Health and Cognitive Outcomes

Mental disorders, including depression, anxiety, and aggression, and cognitive functioning, including executive function and attention, were the most frequently assessed outcomes ($n = 3$, 37.5%; $n = 3$, 37.5%, respectively), followed by sleep ($n = 1$). Across studies, statistically significant improvements were reported in the targeted psychological and cognitive outcomes.

3.3. Methodological Characteristics

All studies used a quasi-experimental pretest-posttest design. Sample sizes ranged from 14 to 55 participants (mean = 35). The characteristics of the populations participating in the various interventions are presented in Table 3. The characteristics of the interventions are presented in Table 4.

3.4. Interpretation of Findings

This scoping review mapped dance- and movement-based interventions studied in Iran and showed that the literature remains limited and conceptually diverse. The findings are interpreted below in direct response to the five research questions guiding this review.

The findings of this study shed light on the types of dance- and movement-based interventions implemented in Iran (Research Question 1). The findings indicate that interventions implemented in Iran can be categorized into two main types: 1) rhythmic movement and exercise-based programs and 2) cognitive-motor and executive function-focused interventions, rather than formal DMT. Most studies employed structured rhythmic movement or aerobic-rhythmic exercise formats, such as those used by Elyasi et al. (21) and Sadat-

Table 2. Characteristics of Dance/Movement-Based Intervention Studies

Row	Title	Author(s), Year of Publication	Research Design	Population (Age Range, Country)	Intervention	Specific Mental Health Outcomes and Measurements	Effectiveness of Dance/Movement Interventions
1	Comparing the effects of dual-task training and rhythmic movement training on executive functions in older adults with mild cognitive impairment	Zaemeni Motlagh et al. (2025) (20)	Pretest-posttest quasi-experimental design with two randomly assigned intervention groups	40 elderly people with mild cognitive impairment (≥ 65 years), selected from geriatric centers and the Alzheimer's Association of Shiraz, Iran	Two interventions: 1) dual-task training combining physical and cognitive tasks; 2) rhythmic movement training, including dance-like movements synchronized to music/beat. Both interventions were performed for 12 weeks, 3 sessions per week, with each session lasting 60 minutes.	Cognitive/executive functions were assessed using the MoCA test, the Wisconsin Card Sorting Test (WCST), and the Tower of London Test (ToL).	Rhythmic movement training and dual training enhanced executive functions in elderly people with MCI.
2	The effect of rhythmic movements on the attention of students with intellectual disability	Elyasi et al. (2023) (21)	Quasi-experimental, pretest-posttest design with a control group and random assignment	20 male students with intellectual disabilities in the second and third grades of a special school in Tehran, Iran; two groups of 10	The intervention included games and rhythmic movement exercises in 8 weekly 60-minute sessions conducted by a teacher with special education expertise; the control group received the usual school program during this period.	Attention, including sustained, selective, shifting, and divided attention, was measured using subtests of the Wechsler Intelligence Scale, including deletion and encoding, deletion test, encoding test, and symbol search.	The intervention significantly improved some aspects of attention.
3	Effects of rhythmic aerobic exercises on sleep quality in sedentary young women	Sadat-Hoseini (2016) (22)	Quasi-experimental, pretest-posttest design with a control group and random assignment	24 inactive young women; 12 in the exercise group and 12 in the control group; Iran	Balanced aerobic training for 8 weeks, 3 sessions per week. Each session included 5-10 minutes of warm-up, including stretching and slow running; 50-60 minutes of balanced aerobic exercise at an intensity of 60%-80% of maximum heart rate; and 5-10 minutes of cool-down. Intensity was calculated and controlled using the target heart rate formula. The control group did not participate in the training program.	Sleep quality was measured using the Pittsburgh Sleep Quality Questionnaire (PSQI) in 7 components: mental quality, sleep latency, sleep duration, sleep efficiency, sleep disorders, medication use, and daily functioning impairment.	Rhythmic aerobic training had a positive effect on the sleep quality of inactive young women.
4	The effect of aerobics on mild depression in children with cancer	Ebadinejad et al. (2015) (24)	Quasi-experimental with a control group	31 children with cancer, school-age range, Iran	6 group sessions of 45 minutes with the implementation of aerobics in the playground	The results showed that the mean depression score in children significantly decreased after the intervention (8.64 ± 1.63) and three weeks later (8.35 ± 2.11) compared with before the intervention (11.71 ± 1.94) ($P < 0.001$).	The aerobics intervention reduced mild depression in children with cancer.
5	Effect of rhythmic movement on executive function in children with educable intellectual disability	Ghorbanzadeh and Lotfi (2015) (23)	Quasi-experimental with a control group	20 educable children with intellectual disabilities in special schools; age range, 7-12 years; Iran	Structured rhythmic movement practice for children with intellectual disabilities; 18 sessions, 2 sessions per week, each session lasting 45 minutes, with music and movement. Details of duration and exercise intensity were provided in the article.	Main outcome: executive functioning, measured using the Children's Executive Functioning Questionnaire/tests.	Significant improvement was observed in executive function.
6	The effect of rhythmic movements on mild anxiety in children aged 7 to 12 years with cancer	Ebadinejad et al. (2017) (25)	Semi-experimental	31 children aged 7-12 years with cancer admitted to the oncology department of a children's hospital who had mild anxiety based on the Spielberger Anxiety Questionnaire	Children engaged in hip-hop-style rhythmic movements accompanied by music, which were performed in the playground for 45 minutes over 6 sessions.	The results showed a significant difference in mean anxiety ($P < 0.05$) before the intervention, at the end of the sixth day, and three weeks after the intervention.	Rhythmic movement reduced mild anxiety.
7	Effectiveness of mother-child rhythmic movement games training on the reduction of verbal and nonverbal aggression in children	Nayeb Hoseinzadeh et al. (2020) (26)	Quasi-experimental pretest-posttest design with a control group and two-month follow-up	18 girls and boys aged 2 to 3 years attending Shahid Beheshti University kindergarten, randomly divided into experimental and control groups	After screening for aggression, mothers and children in the experimental group received 10 sessions of rhythmic movement games training, while the control group received no intervention.	General aggression ($F = 6.68$, $P = 0.02$), verbal-invasive aggression ($F = 16.59$, $P = 0.001$), physical-invasive aggression ($F = 14.16$, $P = 0.002$), and relational aggression ($F = 22.36$, $P = 0.000$) were assessed in the post-test and follow-up phases.	There was a significant difference between the experimental and control groups in terms of general aggression.

Table 3. Population Characteristics

Age Group (y)	Studies Number	Total Participants	Main Conditions
Children (2-12)	5	110	Depression, intellectual disability, anxiety, aggression
Adults (25-45)	1	24	Sleep
Elderly (≥ 65)	1	40	MCI

Hoseini (22). These interventions were generally delivered in educational or rehabilitation settings and emphasized physical coordination and rhythmic engagement. A second group focused on cognitive-motor integration, targeting executive functions and attention, such as the studies by Ghorbanzadeh et al. (23) and Zaemeni Motlagh et al. (20). Notably, none of the included studies reported adherence to standardized DMT psychotherapeutic frameworks, as described in the international literature by Meekums et al. and Karkou et al. (27, 13). This suggests that

movement in Iranian research is predominantly conceptualized as structured exercise or neurocognitive training rather than embodied psychotherapy.

Iranian culture is rich in ritual, religious, and local dances that have played a central role in celebrations, mourning rituals, and collective rituals and could serve as a valuable resource for designing indigenous DMT protocols. However, religious and legal restrictions after the revolution marginalized dance in the public arena, causing much of this heritage to continue in private spaces or in modified forms, such as “rhythmic

Table 4. Intervention Characteristics Conducted in the Included Studies

Type of Interventions	Studies Number	Duration (wk)	Sessions/Week	Session Duration (min)
Rhythmic movements	4	6 - 12	1 - 4	45 - 60
Rhythmic aerobic exercise/aerobics	3	6 - 8	1 - 3	45 - 80
Total	7	6 - 12	1 - 4	45 - 80

movements,” aerobics, and rhythmic gymnastics. This situation has, on the one hand, created an obstacle to the institutionalization of dance therapy within the formal structures of education and treatment and, on the other hand, created specific cultural and religious sensitivities regarding any dance-based clinical intervention (28, 29).

The populations targeted in these interventions (Research Question 2) were primarily children (21, 23-26). These included typically developing children as well as children with intellectual disabilities or medical conditions such as cancer. The predominance of pediatric populations suggests that movement-based interventions in Iran are primarily situated within educational and developmental frameworks rather than adult mental health psychotherapy contexts. In contrast, international DMT research frequently targets trauma, depression, and severe mental illness in adult populations, as shown in studies by Bradt et al., da Silva et al., Koch et al., Tao et al., and Huang et al. (29-33).

In response to Research Question 3, which asked what mental health and cognitive outcomes have been examined, the findings show that mental health and cognitive function were the most frequently assessed psychological outcomes in Iran (20, 21, 23, 25). Executive function and attention were evaluated in both children and older adults (20, 21, 23). Additional outcomes included sleep quality (22). The emphasis on measurable cognitive and behavioral outcomes reflects a tendency toward quantifiable indicators of improvement. However, emotional regulation processes, relational functioning, trauma-related symptoms, and embodied self-awareness, which are central constructs in DMT theory, were largely absent. International evidence indicates that DMT can influence affect regulation and interpersonal processes (27, 31), suggesting a gap in outcome conceptualization within the Iranian context.

The findings related to Research Question 4 showed that most studies employed quasi-experimental pretest-posttest designs with relatively small sample sizes. Randomized controlled trials were limited, and long-term follow-up assessments were rarely reported. Although methodological quality was rated as good

using the MMAT framework (19), several studies lacked detailed reporting on intervention fidelity, facilitator qualifications, and adherence to theoretical models. Compared with international systematic reviews demonstrating increasing methodological rigor in DMT research, such as those by Koch et al., Tao et al., and Huang et al. (31-33), Iranian studies appear to remain in an early developmental phase. Strengthening study design, increasing sample sizes, and incorporating long-term outcome assessments would enhance the evidence base.

Several gaps were identified in response to Research Question 5, including limited use of randomized controlled designs, lack of standardized DMT protocols, minimal integration of psychotherapeutic theoretical frameworks, absence of neurobiological or psychophysiological outcome measures, and underrepresentation of adult clinical psychiatric populations. Furthermore, although Iran possesses rich traditional dance practices, their structured integration into psychotherapeutic frameworks remains limited. Future research should aim to develop culturally adapted DMT models grounded in international theory while remaining sensitive to sociocultural contexts.

3.5. Limitations

The main limitation of this study was the single researcher-reviewer study-selection process, which may have increased the risk of selection bias. This scoping review was limited to selected databases and publications from 2015 to 2025, and grey literature was not included. Consistent with Joanna Briggs Institute guidance, the aim was evidence mapping rather than effect synthesis; thus, conclusions about efficacy remain tentative.

4. Conclusions

Dance- and movement-based interventions in Iran remain limited, and the evidence base is preliminary and heterogeneous. Existing studies primarily describe exercise-based or cognitive-motor programs rather than formal DMT. Future research should strengthen methodological rigor, clarify conceptual boundaries,

and develop culturally grounded interventions that are theoretically coherent and contextually appropriate.

Footnotes

AI Use Disclosure: For the purpose of Translation, the Gapgpt was used Moderate in the Introduction section.

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References

1. Taheri Mirghaed M, Abolghasem Gorji H, Panahi S. Prevalence of psychiatric disorders in Iran: A systematic review and meta-analysis. *Int J Prev Med*. 2020;**11**(1):21. [PubMed ID: 32175061]. [PubMed Central ID: PMC7050223]. https://doi.org/10.4103/ijpvm.IJPVM_510_18.
2. Biddle SJH, Ciacconio S, Thomas G, Vergeer I. Physical activity and mental health in children and adolescents: An updated review of reviews and an analysis of causality. *Psychol Sport Exerc*. 2019;**42**:146-155. <https://doi.org/10.1016/j.psychsport.2018.08.011>.
3. Abdollahi A, Abu Talib M. Self-esteem, body-esteem, emotional intelligence, and social anxiety in a college sample: The moderating role of weight. *Psychol Health Med*. 2016;**21**(2):221-225. [PubMed ID: 25726711]. <https://doi.org/10.1080/13548506.2015.1017825>.
4. Bornioli A, Lewis-Smith H, Slater A, Bray I. Body dissatisfaction predicts the onset of depression among adolescent females and males: A prospective study. *J Epidemiol Community Health*. 2021;**75**(4):343-348. [PubMed ID: 33288655]. <https://doi.org/10.1136/jech-2019-213033>.
5. Moshe I, Terhorst Y, Philipp P, Domhardt M, Cuijpers P, Cristea I, et al. Digital interventions for the treatment of depression: A meta-analytic review. *Psychol Bull*. 2021;**147**(8):749-786. [PubMed ID: 34898233]. <https://doi.org/10.1037/bul0000334>.
6. Alpert PT. The health benefits of dance. *Home Health Care Manag Pract*. 2011;**23**(2):155-157. <https://doi.org/10.1177/1084822310384689>.
7. Garg A, Tripathi K, Goyal S, Behera L, Dutt V. The impact of Odissi dance on stress, anxiety, and depression levels among young adults. Proceedings of the 16th International Conference on Pervasive Technologies Related to Assistive Environments. 2023. p. 754-759.
8. Margolin I. *Breaking free: One adolescent woman's recovery from dating violence through creative dance*. Cham: Springer; 2022. p. 31-53. https://doi.org/10.1007/978-3-031-19451-1_4.
9. Connolly MK, Quin E, Redding E. Dance 4 your life: Exploring the health and well-being implications of a contemporary dance intervention for female adolescents. *Res Dance Educ*. 2011;**12**(1):53-66. <https://doi.org/10.1080/14647893.2011.561306>.
10. Menezes AC, Drumond G, Shigaef N. Dance therapy and cognitive impairment in older people: A review of clinical data. *Dement Neuropsychol*. 2022;**16**(4):373-383. [PubMed ID: 36530760]. [PubMed Central ID: PMC9745973]. <https://doi.org/10.1590/1980-5764-DN-2021-0103>.
11. Karkou V, Meekums B. Dance movement therapy for dementia. *Cochrane Database Syst Rev*. 2017;**2**(2):CD011022. [PubMed ID: 28155990]. [PubMed Central ID: PMC6464250]. <https://doi.org/10.1002/14651858.CD011022.pub2>.
12. Ren J, Xia J. Dance therapy for schizophrenia. *Cochrane Database Syst Rev*. 2013;**2013**(10):CD006868. [PubMed ID: 24092546]. [PubMed Central ID: PMC1440587]. <https://doi.org/10.1002/14651858.CD006868.pub3>.
13. Karkou V, Aithal S, Zubala A, Meekums B. Effectiveness of dance movement therapy in the treatment of adults with depression: A systematic review with meta-analyses. *Front Psychol*. 2019;**10**: 936. [PubMed ID: 31130889]. [PubMed Central ID: PMC6509172]. <https://doi.org/10.3389/fpsyg.2019.00936>.
14. Jiménez J, Bräuninger I, Meekums B. Dance movement therapy with older people with a psychiatric condition: A systematic review. *Arts Psychother*. 2019;**63**:118-127. <https://doi.org/10.1016/j.aip.2018.11.008>.
15. Hemanth LK. Dance movement therapy: Is there scope in modern medicine? *Asian Res J Arts Soc Sci*. 2020;**11**(4):1-5. <https://doi.org/10.9734/ARJASS/2020/v11i430174>.
16. Du M, Hancox JE, Hooper O, Sandford R, Huang C. Dancing towards wellbeing: A scoping review of dance interventions for therapeutic purposes in educational settings. *Int Rev Sport Exerc Psychol*. 2025:1-37. <https://doi.org/10.1080/1750984X.2025.2471759>.
17. Peters MDJ, Marnie C, Tricco AC, Pollock D, Munn Z, Alexander L, et al. JBI manual for evidence synthesis. *JBI Manual for Evidence Synthesis*. 2020;**18**(10):2119-2126. [PubMed ID: 33038124]. <https://doi.org/10.11124/JBIES-20-00167>.
18. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *Int J Surg*. 2021;**88**: 105906. [PubMed ID: 33789826]. <https://doi.org/10.1016/j.ijsu.2021.105906>.
19. Hong QN, Fàbregues S, Bartlett G, Boardman F, Cargo M, Dagenais P, et al. The mixed methods appraisal tool (MMAT) version 2018 for information professionals and researchers. *Educ Inf*. 2018;**34**(4):285-291. <https://doi.org/10.3233/EFI-180221>.
20. Zaemenei Motlagh M, Ghadiri F, Bahram A, Arsham S. Comparing the effects of dual-task training and rhythmic movement training on executive functions in older adults with mild cognitive impairment. *Sci J Rehabil Med*. 2025;**14**(1):56-71. <https://doi.org/10.32598/SJRM.14.1.3280>.
21. Elyasi M, Kashani Vahid I, Akbari Jafroudi K. [The effect of rhythmic movements on the attention of students with intellectual disability]. *J Child Ment Health*. 2023;**10**(3):100-113. FA. <https://doi.org/10.61186/jcmh.10.3.8>.
22. Sadat-Hoseini K. [Effects of rhythmic aerobic exercises on sleep quality in sedentary young women]. *RJMS*. 2016;**23**(149):18-27. FA.
23. Ghorbanzadeh B, Lotfi M. [Effect of rhythmic movement on executive function in children with educable intellectual disability]. *Journal of Health Promotion Management*. 2015;**4**(4):22-31. FA.
24. Ebadinejad Z, Rassouli M, Payandeh A, Zahed G, Ilkhani M, Fathollahzade E, et al. [The effect of aerobics on mild depression in children with cancer]. *Medical-Surgical Nursing Journal*. 2015;**4**(3):29-35. FA.
25. Ebadinejad Z, Rassouli M, Payandeh A, Zahed G, Dashtgard A, Sarvari MH. The effect of rhythmic movements on mild anxiety in children of 7 to 12 years old with cancer. *Supportive & Palliative Care in Cancer*. 2017;**1**(1). <https://doi.org/10.22037/spc.viii.16005>.
26. Nayebeh Hoseinzadeh S, Aghaziarati A, Hematipouya S, Karavan Borjardi K. [Effectiveness of mother-child rhythmic movement games training on the reduction of verbal and nonverbal aggression

- in children]. *J Child Ment Health*. 2020;7(3):234-247. FA. <https://doi.org/10.52547/jcmh.7.3.19>.
27. Meekums B, Karkou V, Nelson EA. Dance movement therapy for depression. *Cochrane Database Syst Rev*. 2015;2016(6):CD009895. [PubMed ID: 25695871]. [PubMed Central ID: PMC8928931]. <https://doi.org/10.1002/14651858.CD009895.pub2>.
 28. Guzmán-García A, Hughes JC, James IA, Rochester L. Dancing as a psychosocial intervention in care homes: A systematic review of the literature. *Int J Geriatr Psychiatry*. 2013;28(9):914-924. [PubMed ID: 23225749]. <https://doi.org/10.1002/gps.3913>.
 29. Bradt J, Shim M, Goodill SW. Dance/movement therapy for improving psychological and physical outcomes in cancer patients. *Cochrane Database Syst Rev*. 2015;1(1):CD007103. [PubMed ID: 25565627]. [PubMed Central ID: PMC7204197]. <https://doi.org/10.1002/14651858.CD007103.pub3>.
 30. Silva LSD, Lima GMSS, Santos ES, Cajueiro CAG, Costa ACSMD, Santana LS, et al. Effects of dance therapy on the rehabilitation of patients with cancer: A systematic review. *Research, Society and Development*. 2023;12(2). e5212236836. <https://doi.org/10.33448/rsd-v12i2.36836>.
 31. Koch SC, Kunz T, Lykou S, Cruz R. Effects of dance movement therapy and dance on health-related psychological outcomes: A meta-analysis. *Arts Psychother*. 2019;63:1-13.
 32. Tao D, Awan-Scully R, Ash GI, Pei Z, Gu Y, Gao Y, et al. The effectiveness of dance movement interventions for older adults with mild cognitive impairment, Alzheimer's disease, and dementia: A systematic scoping review and meta-analysis. *Ageing Res Rev*. 2023;92. 102120. [PubMed ID: 37944706]. [PubMed Central ID: PMC11262040]. <https://doi.org/10.1016/j.arr.2023.102120>.
 33. Huang CS, Yan YJ, Luo YT, Lin R, Li H. Effects of dance therapy on cognitive and mental health in adults aged 55 years and older with mild cognitive impairment: A systematic review and meta-analysis. *BMC Geriatr*. 2023;23(1). 695. [PubMed ID: 37880590]. [PubMed Central ID: PMC10601250]. <https://doi.org/10.1186/s12877-023-04406-y>.