

## **THE EFFECTIVENESS OF THERAPY THROUGH SAMAN ACEHNESE DANCE IN IMPROVING ADHD CHILDREN'S LEARNING CONCENTRATION**

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### **Abstract**

Concentration is one of the most important cognitive aspects of the learning process. But not everyone has good concentration, especially with ADHD, which is one of the symptoms is a lack of concentration. One treatment for increasing concentration is brain gym. In Aceh, they have the same movement as the brain gym movement, namely the Saman dance. The aim of this study is to look at more dances to improve the ability of concentration in ADHD children. The research method used is a technique with a pre-posttest control group design. There were two groups, namely the experimental group given dance therapy, and the group that was not given Saman dance therapy. The research subjects in each group were four people. Before and after being given dance therapy, a concentration test was carried out. The results showed that there were no differences in the levels before and after giving freedom in the experimental group. Significance value of 0.103 or ( $p > 0.05$ ). Likewise, with the results of the test differences between groups and groups, there was no difference between groups and groups, the significance value was 0.971 or ( $p > 0.05$ ).

**Keywords:** Level of Concentration, ADHD, Saman Dance Therapy

### **INTRODUCTION**

Learning is a natural activity that is generally carried out by humans. Learning activities in schools are the most fundamental activities. The success of the learning process depends on how the learning process is experienced by students in their schools (Aji, 2013). Students who are capable of learning will be easy without difficulty because they are born with good conditions but for some cases the conditions of students who have difficulty learning. They will have difficulty following study material at school.

Learning can be done anywhere and anytime. Learning is to fill the imagination and intellectual space, sharpen intelligence and social sensitivity. School is the right place to channel human needs to develop imagination, intellectual and social sensitivity. Therefore schools are present to facilitate children's learning needs.

Today some teachers and parents often complain about the condition of children in elementary schools who find it difficult to receive learning materials properly. Even some students have very bad grades and have inappropriate behavior. This happens not only to students who have intelligence levels below average but also occur in some students with a level of intelligence above average. Difficulties in receiving material are related to the ability to concentrate. Some cases have occurred in several primary schools in Banda Aceh (cases in SD Negeri 25 2015) there are some students who find it difficult to take part in learning activities accompanied by impulsive behavior. So that this disturbs cognitive, socialization behavior, and communication of the child with the teacher and his friends.

At present, there are no definite figures for cases of concentration learning disorder in Indonesia. Although cases of concentration difficulties that are accompanied by disorders of hyperactive behavior have occurred a lot. Sometimes a child is only labeled "stupid",

"naughty", or "stubborn". This condition occurs because of a lack of attention and understanding of children with disorders of hyperactive behavior so that the handling is not appropriate. At school, the teacher has not been able to handle it properly. As a result, there arises both physical and verbal violence by teachers or parents due to a lack of understanding of this problem.

Children with attention disorders and hyperactivity in DSM IV called ADHD (Attention Deficit Hyperactive Disorders) are characterized by very typical behavior, such as, daydreaming children, often losing items or being left behind in school, often having minor mistakes when performing tests or exams at school, if called must be repeatedly, and generally they are intelligent children but achievement in school is not optimal (Ulfa, 2012). Cases like this occur in several schools in Banda Aceh, so this is an interesting issue to discuss and study. This child with a hyperactive or ADHD disorder when treated appropriately, and getting treatment that suits his needs from the teacher and parents, will be a great and successful child. Because basically, every child has different potential.

In the case of children with ADHD, various therapeutic techniques are needed, both occupational therapy and sensory integration, as a basis for a therapy to reduce hyperactive behavior. The form of occupational therapy is a series of activities commonly carried out by children with good movement coordination such as jumping, walking and other functional activities that support therapeutic effects for the child itself. One of them is gymnastics. Basic gymnastic movements by doing cross movement on gymnastics which is often known as the brain gym. Movement in the brain gym is also a basic part of therapy that is usually given to ADHD children.

Brain gym that developed in the United States has 26 basic movements that are very good for practicing functions related to the development stage in children, one of which is to improve children's learning concentration skills (Ulfa, 2012). At the brain gym or commonly called brain gymnastics, the basis is to activate the left brain and right brain optimally. The principle of this exercise is to do deviant movements through the middle of the so-called corpus callosum. By doing crossing movements regularly for some time, it is hoped that there will be harmonization between the left brain and the right brain.

Mild movements in brain exercise through hand and foot can provide stimulation or stimulus to the brain. Movement that produces stimulus that can improve cognitive abilities (alertness, concentration, speed, perception, learning, memory, problem solving and creativity), harmonizing the ability to move and think at the same time, improve balance or harmonization between emotional control and logic, optimize five sensory performance functions, maintaining flexibility and balance of the body, increasing memory and repetition of letters / numbers, increasing hearing and visual acuity, reducing reading, memory, and comprehensive abilities in groups with language impairments, to be able to improve response to visual stimuli . Therefore brain exercise can be done for children with special needs who experience interference in various aspects (Chamdany, 2010).

Aceh has a variety of cultures and its natural conditions have considerable potential as a therapeutic medium for children with special needs. one of them is the saman dance. Saman dance is a dance played by men who have unique movements. The movement that prioritizes hand movements with various motives is carried out at different speeds. The Saman dance danced by this group of people has a distinctive philosophy of motion and rhythm. The movements in the saman dance and the rhythm in the Saman dance must be appropriate, this is one of the unique Saman dances. This movement in the Saman dance is

the same as the concept of movement in brain gym exercises, namely cross movement even though the saman dance pattern or formation is done by sitting (Juaini, 2014).

Based on this background, the focus of the problem in this study was the effectiveness of Saman Dance as a therapeutic medium in the handling of ADHD children to improve their concentration in learning. Thus, this study aims to see the effectiveness of the saman dance for ADHD children to improve their concentration in learning.

## **LITERATURE REVIEW**

### **Attention Deficit Hyperactive Disorders (ADHD)**

Hyperactivity is a behavioral disorder in children. We often find children unable to sit quietly while working on an activity, or even very difficult to concentrate on a job so that children act as they wish. Such behavior is characterized by attitudes that do not want to be silent, uncontrolled, not paying attention and impulsivity (Soefandi, 2009). Hyperactive behavior in a child who refers to an attitude that is not able to control this is usually not realized by themselves, but their actions are very disturbing and raise reactions for others, such as teachers or friends.

Hyperactive behavior disorder or commonly known as ADHD in children occurs due to several factors such as parenting patterns that are inconsistent or lacking in discipline. This has an impact on the emergence of excessive child behavior. The National Neurodevelopmental II Conference in 2006 stated that ADHD is the inability of children to focus attention. So that some children with ADHD disorder find it difficult to receive learning material well. In 1902 three neurology professors from the Netherlands AP Aldenkamp, WO Reiner and LME Smit presented a study in a book entitled *Neurologische aspecten van ontwikkelingsproblemen bij kinderen*, stated that newborn children experience brain infection or inflammation when they are 4-5 years old have a hyperactivity disorder (Tiel, 2012). But to detect children with hyperactive disorders caused by brain damage itself is still very difficult because brain imaging technology is not very modern.

The condition of indulgent parenting is less disciplined and inconsistent which can lead to the emergence of hyperactive behavior is also not one factor. So it is necessary to know the behavioral criteria for hyperactive children during their school years (Soefandi, 2009) including:

- Having difficulties in focusing attention so that the child cannot complete the task he is given well
- Be apathetic towards the other person
- Easily affected by stimuli that come from outside him.
- Cannot sit quietly even within a time limit, and always seem nervous
- Frequently asking non-meaningful questions to the teacher during the lesson
- Having trouble playing with friends because he doesn't have good attention.
- Easily disturbed by external stimuli
- Waiting for trouble waiting for his turn to play with his friend
- Often loses everything needed for tasks or activities at school or at home
- Often does not seem to listen to everything that is said to him
- Having difficulty following instructions from others

The difficulty of a teacher in dealing with hyperactive students in the classroom is in the learning process, where usually children with hyperactive disorders are difficult to learn in the classroom by understanding the many instructions from the teacher. So that teachers

feel overwhelmed to teach, this is also because hyperactive students have a low attention span so that concentration in focusing attention quickly disappears and children cannot receive information. As a result, if asked by a teacher in a child's class it is difficult or even unable to answer, when in fact the child is actually capable and knows the answer. The assistance of the accompanying teacher or the so-called shadow teacher will greatly help the teacher to direct hyperactive students to be able to study well and be able to answer questions from the class teacher.

According to Alden Kamp, et al. (Tiel, 2012) ADD/ADHD is divided into several subtypes:

- 1) Attention disorder, a disorder that causes failure to select attention. Where he is not able to distinguish which aspects need to get attention and which ones do not.
- 2) Impaired executive functions that govern planning (cognitive function), with its main characteristic being an increase in impulsivity. Impulsivity is an inhibitory disorder behavior, which usually results in complications for psychological and social problems.
- 3) Motoric hyperactivity; motoric forms that never calm down also appear as a result of inhibition disorders.
- 4) ADHD with other disorders that directly appear together; the emergence of cognitive disorders and, sleep disorders.
- 5) Comorbidity disorder that does not appear immediately with ADHD but often appears, namely stemming disorder, fear, opposition Deviant disorder (ODD) and conduct disorder (CD).

Children with hyperactivity/ADHD disorders in the view of some experts there is nothing that can be ascertained equally between one child and another child, there are those who at the age of childhood ADHD but at an age, that shows quite good development. So it should be noted more thoroughly and thoroughly about the diagnosis of hyperactivity because this will greatly affect the handling process and the type of therapy that will be given. Therefore according to neurologists and psychiatrists in the Netherlands to determine the form of treatment, it is necessary to look at the type/grouping of children with this hyperactive disorder.

Type 1 ADHD with symptoms of maturity problems, this type includes late psychomotor development, language, and speech, etc. The problem that arises here is attention disorder, while hyperactivity and impulsivity are not very visible. Type 2 ADHD with the most prominent disorders is hyperactivity and impulsivity. This form is pure ADHD. Type 3 ADHD with more severe symptoms, namely attention disorders also also hyperactivity with comorbidities in the form of cognitive function disorders (e.g. impaired planning function, memory disorders, and disruption of view space, for cases in school usually the most prominent problem is difficulty in numeracy learning ) In this type of sleep disorders also accompany and fear with stemming disorders. Type 4 ADHD with very severe conduct disorder or behavior disorder in the form of aggressiveness, antisocial behavior followed by oppositional defiant disorder, the main symptoms in the form of high impulsivity and hyperextension, can be due to brain trauma during the birth process.

From the several descriptions above, DSM IV divides the type of ADD / ADHD into three types, namely:

- Type 1 types of hyperactive and impulsive (often nervous, talkative, often chaotic, unable to wait their turn, often convoluted, always on the go, answering questions before questions are over, often interrupting other people's talks)
- Type 2 type inattentive
- Type 3 combination types

Handling ADHD, in general, can be done by medication, counseling, and therapy. These three types must be carried out according to the needs of ADHD children. One type of therapy that is good for children with ADHD is music therapy and motion. Music and motion therapy is a form of therapy that aims to improve physical and mental quality with sound stimuli consisting of timbre, melody, form, and style that are organized in such a way as to create music that is beneficial for physical and mental health (Ulfah, 2012).

### **Saman Dance**

Saman dance is a culture of the people of Aceh, precisely from the Gayo region, this traditional artistry grows and develops in the Gayo Lues district. Saman was discovered by a cleric named Sheikh Saman, he developed this Saman Dance from a traditional Pok-Pok Ane game by clapping his hands while singing. Pok-Pok Ane was composed by tapping pat on the chest, thigh with the right and left alternately while singing so that the Saman Dance appeared (Juiani, 2014). Saman dance performed in this sitting position does not have a definite date when it appears, but some researchers estimate that the Saman Dance is around the sixteenth century.

Saman Gayo dance is one of the traditional arts that has been so entrenched in the Gayo community because this dance is always inherited from generation to generation. For the Gayo people themselves, saman dancing is something that must be done for every man, if there is someone who cannot dance, there will be a feeling of shame in the community. So it is not surprising that all the boys in the Gayo area are all able to dance to Saman, even from an early age even the boys in Gayo have been taught to pat and pat their chests while they are poetry (Henniwati, 2012).

This poem or song sung in the accompaniment of the Saman dance is much influenced by Arabic and Acehnese. By religious leader, Sheikh Saman himself cleverly and skillfully utilizes this art to instill monotheism and matters relating to devotion to Allah. The words of the tauhid sentence such as "la illaaha illallahu" are pronounced solemnly as part of the poem in this Saman dance. The filling of the elements of Islamic monotheism into the Saman dance has given birth to a separate theme in the song and poetry sung while playing Saman. This is because the beginning of the saman dance roots is in the Samamniyah Order. The Sammaniyah Congregation is a path that was born in Medina in the XVIII century M. This date continued to develop until the Acehnese archipelago. The influence of the Sammaniyah attraction in the Saman dance is very strong, this can be felt in the form of remembrance with the word Hu and loud voice (Henniwati, 2012).

In the Saman Gayo dance, there are several types of voices without words, cannot be translated and sound like buzz (Juaini, 2014). This has very deep philosophical meanings such as:

1. Sek, a high voice floats which express the feelings contained in the heart of the person who voices it.
2. Redet, namely the sound of singing that accompanies Saman, which is carried out at the beginning containing "greetings" (assalamualaikum) and "tabi" or apologies submitted to the enlargement authorities, traditional leaders and all attendees.
3. Jangin, namely singing in the form of sentence sentences and rhymes that are born spontaneously from the mouth of the shaykh who leads the appearance and in accordance with the sound of the rhythm of the saman.
4. Saur, singing performed by saman players after the shaykh recites it.
5. Ring, every song that is sung.

### *The Functions of Saman Dance*

This saman dance functioned as a medium for the propagation of Islamic religion that entered the land of Aceh. This was brought by the religious leader Sheikh Abd Al Samad Al Palimbani who came from Palembang. In addition, the function of the Saman dance is a media for customs regulation that needs to be known and obeyed by the community and in the social relations of the community. Because of this saman practice is usually done in the lower room of Menasah which is a place of worship for Muslims so that after the prayer time they practice the saman dance.

Furthermore, this Saman Dance functions in a number of community activities, entertainment functions that are often exhibited at weddings, apostolic circumcision, celebrations of Islamic holidays such as the birthday of the great prophet Muhammad, etc. Another typical function of this saman dance is the birth of brotherhood between the group saman players and other groups (Kesuma, 1992).

### *The Variety of Motion of the Saman Dance*

Saman, which is played only by men, is danced in groups with a relatively large number of dancers between 10 and 15 and some up to the 30s because the saman will be more vibrant if done with a large number of players. In the small group, Saman Dance can be played by 10-12 people, even though the integrity of Saman is actually danced with the number of dancers from 15-17 dancers.

This saman dance only relies on hand movements, body, and head. The integration of these three elements gave birth to a variety of Saman Dance movements, but the foot remained fixed on a pattern of one horizontal line. Therefore, Tari Saman only has one horizontal straight line pattern.

The composition of the elements of the motion of the Saman dance has a variety of motions consisting of:

1. The motion is always (makeshift motion), namely the movement of a combination of simple clapping hands with alternating movements crossed with the position of the body sitting kneeling, which gently swings (right front left rear) movement at the beginning of appearance.
2. Cover, which is a motion with a pat that is burning, tapping the chest and the slapping of the hand on the thigh, with the position of the body sitting kneeling or standing on the knee.
3. Rattles, are shaky movements, a combination of body movements and clapping of hands against the chest in high-quality movements and high energy. Rattles usually occur in the position of the body standing on the knees (kneeling)
4. Surang filter, is the pattern of alternating or alternating movement both for the upper position (up and down) and alternating hose forward to back, and in the motion of the singkeh (right side slant)

### **Research Objectives**

The purpose of this study was to see the effectiveness of using Saman Dance as a therapeutic medium in the handling of ADHD children to improve the concentration of learning. By using Saman dance media, it is hoped that later it will become a new alternative media that uses the local wisdom of Acehnese culture, to overcome the disruption of children's learning difficulties, especially in elementary school children.

This research can be used as a reference and learning concept for an additional alternative to the subject of art subjects in schools, where each school can apply Saman Dance as an alternative medium in increasing the concentration of learning in elementary school children who experience impaired concentration in learning.

The application of Saman Dance as a subject for additional lessons can foster the pride and love of children in Aceh culture.

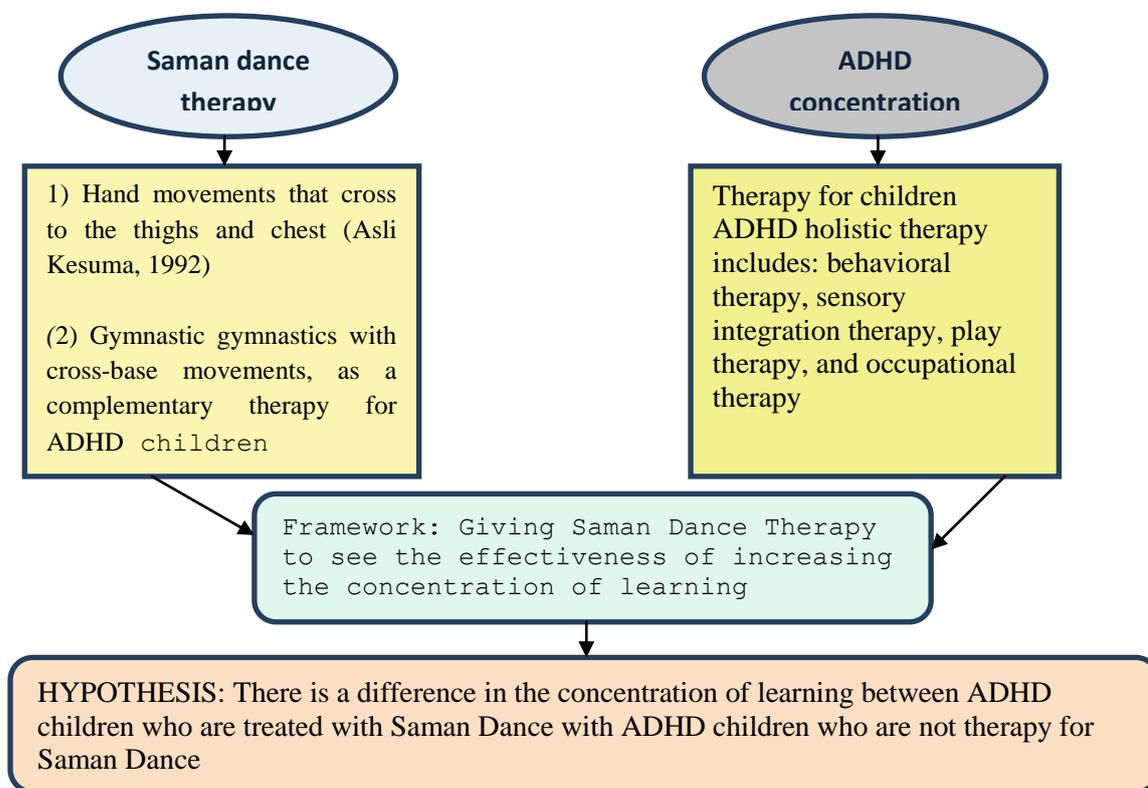


Figure 1. Concept research map

## METHODS

### Research Design

This study uses an experimental method, with a pre-experimental design of the pre-test-post-test control group design. In this design, there are two research groups randomly selected according to the sample criteria. In this experimental design two measurements were taken in two groups (control and experiment), namely before being given treatment and after being given treatment (Latipun, 2015). The first group is called the experimental group (the treated group) and the second group is called the control group. Both groups will be given a pretest and posttest, but for the control group not given Saman dance therapy treatment, only the treatment group is given saman dance therapy (Latipun, 2015).

Design

Klp 1 : R. O1 X O2

Klp 2 : R. O3 O4

The flow of experimental research:

1. After the sample is selected and initial observations are made, the sample is assessed.
2. Eight (8) research subjects selected according to the criteria of the study sample are children who have ADHD symptoms according to DSM IV criteria.

3. After the subject is selected, given a test in the form of "listening and writing tests", the researcher will give 2 assignments, the first task is to rewrite the sentence dictated by the researcher. The first task is given 15 questions. The second task, the researcher gives 1 story after that 5 questions are given which must be answered briefly by the subject.
4. Test results are collected for analysis.
5. 8 people were divided into two groups, the experimental group, and the control group. Each group consists of 4 people.
6. In the control group, the study subjects were not given any treatment.
7. In the experimental group, the research subject will be given therapy/saman dance practice a week 3 times with the duration of each session is 1 hour. The exercise is carried out for 1.5 months.
8. The research subjects were given therapy/saman dance training together with the children from the studio, so the subjects of the dance training study together with the children in the studio.
9. During the saman dance therapy process, children continue to attend regular school as usual.
10. After 1.5 months of dance therapy, Saman was given another post test for the subject person. The form of the test given is the same as the pretest.
11. Test results are collected and assessed.
12. Measured by using a different formula t-test statistical formula.

### **Time and Place of Research**

The research was conducted in the city of Banda Aceh. The place of therapy is done at Bayinah Elementary School. The study was conducted from June to December 2017.

### **Population and Sample**

The population in this study were elementary school children diagnosed with ADHD disorders by doctors or psychologists, and studying in regular elementary schools in the city of Banda Aceh.

Based on uncertain data about the number of children with ADHD disorders, and the possibility is still very limited, the sample used in this study amounted to 8 people, with the sampling technique used was non-random sampling using purposive side techniques, namely with certain considerations (Sugiyono , 2015). To determine the appropriate sample in this study, the sample criteria are:

- Boy
- 9-12 years old
- Attend regular elementary schools in the city of Banda Aceh
- Diagnosed with ADHD type 1 or mild category (DSM V)
- Have undergone a therapy process for at least 1 year

### **Data Collection Techniques**

Researchers take research data using primary data sources, data taken through research in the field and secondary data, data taken from literature is in the form of previous research results that are still related to the focus of this research.

In addition to using experimental techniques, researchers also use methods of observation and interviews to complement the information needed to be related to research. Observations were made every time a meeting was held in the Saman Dance therapy technique. Whereas interviews will be conducted with therapists, parents and Saman Dance coaches.

### Research Instruments

The instrument used in this study was an observation guide and a child behavior questionnaire to assess ADHD symptoms in children, and the assignment sheet for pre and post-tests.

### Data Analysis Techniques

Data analysis was carried out after the study was completed by conducting a t-test statistical test to test the differences between before and after treatment and differences between the two groups, namely the experimental group and the control group (Latipun, 2015).

### Stages of Research

1. Preparation Phase (observation of children attending regular schools with teacher reports that have indications of ADHD, psychological assessment is carried out by psychologists to see for sure children with ADHD, preparation for Saman dance trainers).
2. Implementation (Research data analysis and analysis process).
3. Settlement (Report Writing).

## RESULTS AND DISCUSSION

### Results

This study examined the differences between groups given saman dance therapy (experimental group) and groups not given saman dance therapy (control group). Pre and Post Test Different Test Results before and after saman therapy.

**Table 1.** Statistical results differences in mean values

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre-test Eksperimen	4.25	4	5.965	2.983
	Post-test Eksperimen	5.75	4	5.560	2.780
Pair 2	Pre-test Kontrol	5.25	4	3.304	1.652
	Post-test Kontrol	5.00	4	3.559	1.780

**Table 2.** Results of paired sample t-test

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
Pair 1	Pre-test Eksperimen - Post-test Eksperimen	-1.500	1.291	.645	-3.554	.554	-2.324	3	.103
Pair 2	Pre-test Kontrol - Post-test Kontrol	.250	1.500	.750	-2.137	2.637	.333	3	.761

Based on the above results, it can be seen in table 1, there are differences in the value of the mean score of the concentration level in the experimental group between before and after being given saman therapy. In the pre-test 4.25 while the post-test increased to 5.75. While in the control group that was not given any treatment the mean score decreased from 5.25 to 5.00.

While the tests using the paired sample t-test in the experimental group between pretest and posttest showed a significance value greater than 0.05, namely 0.103 or ( $p > 0.05$ ). from these results indicate that there is no difference in concentration levels before and after being given saman dance therapy.

*Different levels of concentration test results at pretest time between the experimental group and control group*

**Table 3.** Statistical results differences in mean values

Group Statistics					
Pre-, post-, dan kelompok		N	Mean	Std. Deviation	Std. Error Mean
Tingkat Konsentrasi	Pre-test Kelompok Eksperimen	4	4.25	5.965	2.983
	Pre-test Kelompok Kontrol	4	5.25	3.304	1.652

**Table 4.** Results of statistics different tests in two different groups (control and experimental groups)

Independent Samples Test										
		Levene's Test for Equality of Variances		t-Test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
Tingkat Konsentrasi	Equal variances assumed	.969	.363	-.293	6	.779	-1.000	3.410	-9.343	7.343
	Equal variances not assumed			-.293	4.682	.782	-1.000	3.410	-9.946	7.946

In Table 3 there is a difference in the mean score value of the concentration level before Saman therapy is carried out between the experimental groups, namely 4.25 and the control group 5.25.

While in Table 4, the pretest difference using the Independent sample t-test between the experimental group and the control group showed a significance value greater than 0.05, which was 0.779 or ( $p > 0.05$ ). from these results indicate that there is no difference in the level of concentration at the time before being given saman dance therapy.

*Different levels of concentration test results during post-tests between experimental groups and control groups*

**Table 5.** Statistical results difference in mean values

Group Statistics					
Pre-, post-, dan kelompok		N	Mean	Std. Deviation	Std. Error Mean
Tingkat Konsentrasi	Post-test Kelompok Eksperimen	4	5.75	5.560	2.780
	Post-test Kelompok Kontrol	4	5.00	3.559	1.780

**Table 6.** Results of different test statistics at posttest (after saman dance therapy) in two different groups (control and experimental groups)

		Independent Samples Test								
		Levene's Test for Equality of Variances		t-Test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper	
Tingkat Konsentrasi	Equal variances assumed	.569	.478	.227	6	.828	.750	3.301	-7.327	8.827
	Equal variances not assumed			.227	5.105	.829	.750	3.301	-7.683	9.183

In Table 5 there is a difference in the mean score value of the concentration level after saman therapy between the experimental groups, namely 5.75 and the control group which is 5.00.

While in Table 6, the different posttest using the Independent sample t-test between the experimental group and the control group showed a significance value greater than 0.05, namely 0.227 or ( $p > 0.05$ ). from these results indicate that there was no difference in the level of concentration at the time after being given saman dance therapy.

*Pretest-posttest test results between experimental group and control group*

**Table 7.** Statistical results difference in mean values

**Group Statistics**

	Perlakuan kelompok	N	Mean	Std. Deviation	Std. Error Mean
Mean Konsentrasi pre-post	Kelompok Eksperimen	4	5.00	5.730	2.865
	Kelompok Kontrol	4	5.13	3.351	1.675

**Table 8.** Statistical results of the pretest-posttest test between the experimental group and the control group

		Independent Samples Test								
		Levene's Test for Equality of Variances		t-Test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper	
Mean Konsentrasi pre-post	Equal variances assumed	.844	.394	-.038	6	.971	-.125	3.319	-8.248	7.996
	Equal variances not assumed			-.038	4.837	.971	-.125	3.319	-8.744	8.484

In Table 7 there is a difference in the mean score of the concentration level after security therapy between the experimental groups, namely 5.00 and the control group which is 5.13

While in Table 8 the independent sample t-test between the experimental group and the control group shows a significance value greater than 0.05, which is 0.971 or ( $p > 0.05$ ). These results indicate that there were no differences in the concentration level in the two groups.

**Instrument validation test**

The instrument for conducting an initial examination or screening of children with ADHD disorders uses instruments that have been validated by the Indonesian Psychology Association (HIMPSI). As for the writing test, namely reading and dictation used as a pretest and posttest to measure the level of concentration of learning ADHD children use

reading material from the child's learning handbook from school. Previously, a school teacher validated it.

### **Discussion**

Based on the results of the study, it was found that there was no significant difference between the experimental groups, namely those treated by the Saman Dance treatment. These results showed no difference in concentration levels before and after saman therapy. The absence of differences was also shown in two different groups with a significance value greater than 0.05, namely 0.103 or ( $p > 0.05$ ) the experimental group between pretest and posttest was 0.103.

These results are related to the time and duration of the limited Saman Dance training, wherein the Saman Dance which consists of 8 movements can be mastered by training 60 times. The saman dance movement carried out in this study begins with a basic movement, in each movement requires at least 8 meetings to be able to move on to the next movement. However, in this study, the meeting was only conducted 20 times, so this made the constraints in the technique of mastering movements that were not maximal.

In addition to movements, there are also songs or Redet in saman dance, where players must harmonize between movements and singing. Besides that, Saman dance is carried out in groups, so it requires players to harmonize movements between fellow players. However, the Saman dance treatment performed on ADHD children was not given, because the researchers focus only on dance movements, which are the basis of a cross-movement to practice concentration. This is in accordance with the basic concept of hand movements that cross to the thighs and chest and are adjusted to the basis of cross-movement in Brain Gym.

There is no difference between the experimental group (with the Saman Dance treatment) and the control group other than because of the time also because of the small number of samples so that it cannot be generalized to the population. But even so, there is an increase in the number of mean or average values in this experimental group, seen from the pre-test value of 4.25 while in the post-test it increased to 5.75. This means that there are changes and effects of the treatment of Saman Dance on the concentration level even though it is very small. In saman dance one of the movements that are carried out is a crossing between the right and left side of the body. By doing crossing movements regularly for some time, it is hoped that there will be harmonization between the left brain and the right brain.

### **CONCLUSIONS**

Based on the description of the previous chapters, it can be concluded that this research runs according to the planned stages. The results of this study are saman dance which is one of the media to increase the concentration of learning for ADHD children has not significantly affected. Limitations in this study such as limited time, a small number of samples and differences in numerical anomalies in the study sample were too far different between one research subject and another. It is suspected that the Saman Dance treatment has no effect on the learning concentration of ADHD children.

For this study, the researchers' suggestions are:

- a. School: It is expected that schools will actively form extracurricular activities in schools in the form of traditional dance, besides being able to develop children's interests and talents it can also be useful for other supporting activities.

- b. Parents: Parents are expected to play a role in developing the advancement of children's education, especially for parents who have children with special needs
- c. Ministry of Education: It is expected to provide support in extracurricular programs so that school development can be seen by increasing student learning achievement.
- d. Next researchers: In order to continue the research by minimizing the limitations that exist.

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