



## Modification of Papercraft Play Therapy Combined with Music Therapy on the Social-Emotional Development of Preschool Children

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### A B S T R A C T

The prevalence of emotional development disorders in children is still quite high. Thus, stimulating children's social-emotional development is critical. This paper evaluates whether children's social-emotional development improves after receiving papercraft play therapy combined with music therapy. This study used a quasi-experimental pretest-posttest design. The population was preschool children (5–6 years old) at TK Kristen Dharma Mulya. The sample was 60 children selected using a purposive sampling technique. It was divided into three groups: two intervention groups and one control group—Group A: papercraft play therapy; Group B: papercraft play therapy combined with music therapy; and Group C: routine play activities. The research instruments were the Emotion Regulation Checklist (ERC). Statistical analysis used ANOVA, with  $\alpha \leq 0.05$ . In Group A, the social-emotional development of children in the pre-test was in the poor category at 70%. Meanwhile, in the post-test, it improved to the good category at 55%. In Group B, social-emotional development in the pre-test was in the poor category at 55%. In the post-test, it increased to the adequate category at 45%. In Group C, 65% of children were in the poor category at the pre-test, and 50% remained in the poor category at the post-test. ANOVA analysis showed significant differences among the three groups ( $p=0.001$ ). Post hoc tests indicated that Group B showed greater improvement in children's social-emotional development than the other groups. In conclusion, papercraft therapy combined with music therapy is more effective for social-emotional development in preschool children than papercraft therapy alone or routine play activities.

## INTRODUCTION

Children's social life develops in accordance with their age. The social development of children aged 3–6 years occurs gradually, regarding how to become part of society (Aurora, Meiranny and Susilowati, 2024). Socialization ability is the effort to engage in interactions and relationships with others, whether within the family, with peers, or with society (Anzani and Insan, 2020). At the preschool age, children are expected to distinguish between what is good and what is not, and to interact with peers. One aspect of children's psychological development is the development of intelligence (Nisa *et al.*, 2021). Children's socio-emotional development influences intellectual development. The socio-emotional development of preschool children is an important aspect in preparing them to face future life challenges. However, many preschool children experience difficulties in developing socio-emotional skills, such as controlling emotions, sharing toys with friends, and interacting with others. According to Paramita's (2023) study, one factor contributing to children's inability to control their emotions is the use of gadgets (Ferenç and Turda, 2021). The lack of motor stimulation in children is also associated with their ability to regulate emotions, as when they are unable to complete a task, they are more likely to become emotional (Urayani, Adriani

and Susmini, 2025). This phenomenon can cause preschool children to have difficulty adapting to the social environment, which, in turn, may affect their quality of life in the future (Putra, 2024).

The prevalence of emotional developmental disorders in children is still quite high. The World Health Organization (WHO) reports that 5–25% of preschool-aged children experience emotional development disorders. The National Institute of Mental Health (NIMH) also states that the prevalence of emotional disorders among preschool-aged children is around 10–15% worldwide (Nisa *et al.*, 2021). The Ministry of Health of the Republic of Indonesia reported that 400,000 toddlers (16%) in Indonesia suffer from developmental disorders (Wadley and Stagnitti, 2024). The East Java Health Office explained that in 2021, as many as 62.02% of children under five experienced socio-emotional developmental disorders (Amanda and Hidayat, 2024). Children's emotional development can be influenced by several factors, including the closeness of relationships, such as parenting style; individual factors; peer interaction; self-maturity; emotions; social status; intelligence; and the presence of parents in children's activities. The emotional development of children is not always stable; their ability to manage emotions also helps them discover their identity and role in real life (Yang and Zhang, 2025).

Children's emotional development is the main factor in their self-control and future success. By teaching emotional skills, children can be better prepared to face future problems and challenges (Nisa *et al.*, 2021). The impact of a lack of socialization skills in preschool children is that they become inferior, hesitant, and fearful of their surroundings and of interacting with peers (Novi *et al.*, 2024). A preliminary study conducted in early February 2025 among preschool children aged 5–6 years at TK Kristen Dharma Mulya, based on observations of 20 children, found that most were unable to control their emotions. It was evident during classroom activities: some children were unable to focus on the teacher's instructions, suddenly became angry, refused to queue during mealtime, and still often fought over toys and refused to give in. Based on these problems, efforts that can be made include providing stimulation or activities that can train children to regulate their emotions. Stimulation activities carried out at TK Kristen Dharma Mulya include coloring, drawing, beading, cutting, and pasting. However, some children still tended to play alone, run around, get angry, and cry when asked to share scissors or beads with friends. Stimulation for children must be delivered in engaging ways, such as through play therapy. Play therapy can simultaneously stimulate children's skills in diverse ways, such as through busy jars, origami, playdough, puzzles, Lego, and more (Ndari, Vinayastri and Masykuroh, 2019). Not only can play therapy improve socio-emotional development, but music therapy can also improve children's focus. In addition, a study by Alvi *et al.* (2020) explained that Mozart music therapy can increase emotional intelligence in elementary school children (Clark and Kingsley, 2020). Music therapy is an effective form of stimulation for children (Khoerunnisa, I, and R., 2023).

Thus, this paper evaluates whether children's social-emotional development improves after receiving papercraft play therapy combined with music therapy at TK Kristen Dharma Mulya. The urgency of this research is to modify papercraft play therapy by adding music therapy to improve children's social-emotional development. The expected outcome of this study is to develop more innovative and interesting play therapy that can be easily applied by teachers and preschool children in general, including children with special needs. The outcome is to produce a golden generation with good character in the context of national development.

## METHOD

This study used a quasi-experimental pretest-posttest design, with two intervention groups and one control group. This research was conducted from June to November 2025 at TK Kristen Dharma Mulya, Jl. Raya Dukuh Kupang Barat No. 50, Surabaya. The population was preschool children (5–6 years old) at TK Kristen Dharma Mulya. The sample was 60 children selected using a purposive sampling technique. It was divided into three groups: two intervention groups and one control group—Group A: papercraft play therapy; Group B: papercraft play therapy combined with music therapy; and Group C: routine play activities, as carried out at TK Kristen Dharma Mulya. The research instruments were the Emotion Regulation Checklist (ERC). Scoring  $\geq 75\%$  was Good,  $50\% - 74.99\%$  was Adequate, and less than  $50\%$  was Poor. Before interventions, The Authors assessed social-emotional development with the instrument (pre-test). Interventions were conducted three times a week for four weeks, with each session lasting 45 minutes. After the interventions, post-tests were conducted using an instrument to analyze social-emotional development. Data analysis consisted of univariate and bivariate analyses. Univariate analysis was conducted to describe the frequency distribution of respondents' characteristics. Bivariate analysis determined the influence of independent and dependent variables. Statistical analysis in this study used ANOVA. Statistical significance was determined at  $\alpha \leq 0.05$ . If  $p \leq \alpha$ , then  $H_0$  was rejected and the hypothesis accepted. It means that papercraft play therapy combined with music therapy affected the social-emotional development of preschool children. This research was reviewed by the Ethics Committee of STIKes William Booth and received a certificate number: 01-Dosen/STIKES-WB/ETIK/VII/2025.

## RESULT

Table 1 shows that most children in Groups A (65%), B (70%), and C (60%) are 5 years old. Most children in Groups A and B are boys (75% and 60% respectively), while Group C is predominantly girls (60%). Parents' ages are mostly between 31 and 35 years in all groups. In Groups A and C, mothers' education is predominantly Senior High School, while in Group B, most have higher education. In

Group A (80%) and Group C (65%), most mothers do not work, whereas in Group B, the distribution between working and non-working mothers is equal (50%).

**Table 1. The Characteristics of Respondents**

| Characteristics of Respondents | Group A (Papercraft Play) |     | Group B (Papercraft Play & music) |     | Group C (Control) |     |
|--------------------------------|---------------------------|-----|-----------------------------------|-----|-------------------|-----|
|                                | f                         | %   | f                                 | %   | f                 | %   |
| Child's Age (Years old)        |                           |     |                                   |     |                   |     |
| 5                              | 13                        | 65  | 14                                | 70  | 12                | 60  |
| 6                              | 7                         | 35  | 6                                 | 30  | 8                 | 40  |
| Gender                         |                           |     |                                   |     |                   |     |
| Girl                           | 5                         | 25  | 8                                 | 40  | 12                | 60  |
| Boy                            | 15                        | 75  | 12                                | 60  | 8                 | 40  |
| Mother's Age (Years old)       |                           |     |                                   |     |                   |     |
| 25-30 years                    | 4                         | 20  | 1                                 | 5   | 4                 | 20  |
| 31-35 years                    | 13                        | 65  | 16                                | 80  | 13                | 65  |
| ≥35 years                      | 3                         | 15  | 3                                 | 15  | 3                 | 15  |
| Mother's Education             |                           |     |                                   |     |                   |     |
| Senior High School             | 12                        | 60  | 9                                 | 45  | 11                | 55  |
| Diploma/University             | 8                         | 40  | 11                                | 55  | 9                 | 45  |
| Mother's Occupation            |                           |     |                                   |     |                   |     |
| Working                        | 4                         | 20  | 10                                | 50  | 7                 | 35  |
| Not Working                    | 16                        | 80  | 10                                | 50  | 13                | 65  |
| Total                          | 20                        | 100 | 20                                | 100 | 20                | 100 |

In Group A, before papercraft play therapy, the children's social-emotional development was in the poor category (70%). Meanwhile, after the intervention, socio-emotional development improved to the good category at 55%. In Group B, before papercraft play therapy combined with music therapy, social-emotional development was in the poor category at 55%. After intervention, it improved to the adequate category at 45%. In Group C, before routine play activities, 65% of children were in the poor category, while after the intervention, 50% remained in the poor category (Table 2).

**Table 2. Frequency Distribution and Percentage of Pre-test and Post-test**

| Group                                   | Social-Emotional Development |          | Frequency (n) | Percentage (%) |
|-----------------------------------------|------------------------------|----------|---------------|----------------|
| Group A<br>(Papercraft<br>Play)         | Before                       | Good     | 0             | 0              |
|                                         |                              | Adequate | 6             | 30             |
|                                         |                              | Poor     | 14            | 70             |
|                                         | After                        | Good     | 11            | 55             |
|                                         |                              | Adequate | 1             | 5              |
|                                         |                              | Poor     | 8             | 40             |
| Group B (Papercraft<br>Play<br>& music) | Before                       | Good     | 0             | 0              |
|                                         |                              | Adequate | 9             | 45             |
|                                         |                              | Poor     | 11            | 55             |
|                                         | After                        | Good     | 8             | 40             |
|                                         |                              | Adequate | 10            | 50             |
|                                         |                              | Poor     | 2             | 10             |
| Group C (Control)                       | Before                       | Good     | 2             | 10             |
|                                         |                              | Adequate | 5             | 25             |
|                                         |                              | Poor     | 13            | 65             |
|                                         | After                        | Good     | 3             | 15             |
|                                         |                              | Adequate | 7             | 35             |
|                                         |                              | Poor     | 10            | 50             |

ANOVA was used to determine whether there were significant differences in the mean post-test results among the three groups: Group A (Papercraft), Group B (Papercraft + Music Therapy), and Group C (Control).

Table 3. Homogeneity Test Results

| Levene Statistic | df1 | df2 | Sig.  |
|------------------|-----|-----|-------|
| 4.120            | 2   | 57  | 0.021 |

The significance value was  $0.021 < 0.05$ , indicating that the data were not homogeneous (i.e., the variance between groups differed significantly). Therefore, in the post hoc test, the Games-Howell interpretation was more appropriate than Bonferroni (Table 3).

Table 4. ANOVA Test Results

| Source of Variation | SS (Sum of Squares) | df | MS (mean Square) | F     | Sig.  |
|---------------------|---------------------|----|------------------|-------|-------|
| Between Groups      | 2127.233            | 2  | 1063.617         | 8.406 | 0.001 |
| Within Groups       | 7212.500            | 57 | 126.535          |       |       |
| Total               | 9339.733            | 59 |                  |       |       |

ANOVA analysis showed significant differences among the three groups ( $p=0.001$ ). Post hoc test results indicated that Group B (papercraft play therapy combined with music therapy) had greater improvement in children's social-emotional development than the other groups (Table 4).

## DISCUSSION

### Social-Emotional Development of Preschool Children at TK Dharma Mulya Before and After Receiving Papercraft Play Therapy Combined with Music Therapy

Based on the research results, it was found that before receiving papercraft play therapy, the socio-emotional development of children was in the poor category at 70%. Meanwhile, after the intervention, socio-emotional development improved to the good category at 55% (Table 2).

Social development is the individual's ability to interact with others, while emotional development is the ability to manage and express feelings through actions, such as facial expressions or other activities. Children's socio-emotional development can be influenced by several factors, including heredity (inherited traits from parents), family environment, socioeconomic status, family integrity, attitudes and habits of parents, educators, gender, age, and peers (Aurora, Meiranny and Susilowati, 2024). Early childhood, often called the golden age, is a critical period of growth and development. The stage of socio-emotional development in children involves the development of behaviors that require children to adapt to social rules and norms and to learn to conform to the morals and traditions of a group. Preschool children still have high egocentrism, which can be influenced by the family environment and affect children's socialization (Anzani and Insan, 2020). Socio-emotional skills can be seen in how children socialize with peers. Children who can adapt to the environment and recognize their social-emotional states will not face obstacles when playing with peers (Nisa *et al.*, 2021).

Socio-emotional skills can be developed through play and art. Papercraft play therapy is a form of therapy that assesses children's creativity as they shape an art pattern, combining creativity, expression, emotion, and fine motor skills (Ferenç and Turda, 2021). Activities such as folding, pasting, and cutting in papercraft therapy stimulate fine motor skills. These activities, which require concentration and fine motor activity, can affect children's emotional abilities when creating artwork. The development of fine motor skills often reflects children's ability to control emotions and to engage in social activities (Urayani, Adriani and Susmini, 2025).

According to the authors, the dominant factors influencing socio-emotional development are environmental influences and peer interaction. The environment, especially the family, plays a crucial role in providing stimuli that enable children to socialize and regulate emotions during interactions with peers.

### **Socio-Emotional Development of Preschool Children at TK Dharma Mulya Before and After Receiving Papercraft Play Therapy Combined with Music Therapy**

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### **Social-Emotional Development of Preschool Children at TK Dharma Mulya Before and After Receiving Papercraft Play Therapy Combined with Music Therapy**

Based on the results, before receiving papercraft play therapy combined with music therapy, social-emotional development was in the poor category at 55%. After intervention, it improved to the adequate category at 45% (Table 2).

Family, educators, the environment, and peers can contribute to poor social-emotional development in children. Andika's research showed that parental roles significantly affected social-emotional development. The study reported that parental interaction was a major determinant of children's ability to interact and socialize (Putra, 2024). Play therapy is often used as an intervention for preschool children because it is enjoyable and can have positive effects (Wadley and Stagnitti, 2024). Papercraft play therapy is similar to origami, involving cutting and forming patterns by pasting pieces together. These activities coordinate concentration, finger movement accuracy, and peer cooperation. Such activities train children's emotions while shaping patterns into a product, and they also teach social skills through collaboration (Amanda and Hidayat, 2024).

Music therapy is another intervention to address limited socialization in preschoolers. The use of rhythm, melody, and improvisation makes music an effective therapeutic approach in early childhood education, helping children to socialize and regulate emotions (Yang and Zhang, 2025). Combining play therapy and music provides a stimulating environment for social-emotional development. Music helps children complete play tasks calmly and comfortably, increases concentration, and fosters positive emotions. Positive emotions help children self-regulate while completing papercraft patterns, ultimately stimulating emotional development (Novi *et al.*, 2024).

The authors argue that combining papercraft play therapy with music therapy improves social-emotional development, as papercraft play therapy sharpens children's concentration while music therapy evokes positive emotions. Both work together to enhance preschool children's emotional regulation.

### **Social-Emotional Development of Preschool Children at TK Dharma Mulya Before and After in The Control Group**

The findings in the control group showed that, before the intervention, 65% of children had poor social-emotional development, while after the intervention, 50% remained in the poor category (Table 2).

Social-emotional development can be optimally achieved if stimulation is appropriate to the developmental stage and provided consistently. Stimulation must suit children's needs and involve peers

to encourage emotional regulation. Negative emotions can hinder children's socialization (Ndari, Vinayastri and Masykuroh, 2019). Occupational therapy can also serve as an activity-based intervention to stimulate socio-emotional development, where engaging in play-based activities helps children regulate emotions during interactions (Clark and Kingsley, 2020). If play therapy is not structured, it can hinder children's developmental responses. Therefore, the type of play therapy chosen should be appropriate to provide a significant impact. Activities involving the small muscles of the fingers (such as cutting and pasting) can improve concentration, focus, and positive emotions—examples include puzzle play (Khoerunnisa, I, and R., 2023). Group play techniques also enhance emotional regulation and socialization by helping children understand peers' feelings and control negative emotions while playing together (Nurmilasari, Afiati and Conia, 2021).

The authors argue that inappropriate play therapy fails to provide a meaningful impact. In the control group, unstructured play therapy did not significantly enhance socio-emotional development due to limited emotional and social interaction.

### **The Effect of Papercraft Play Therapy Combined with Music Therapy on the Social-Emotional Development of Preschool Children at TK Dharma Mulya**

The results showed significant differences in post-test scores among groups ( $p=0.001$ ). Post hoc tests revealed that the papercraft play therapy combined with music therapy group improved significantly more than the other groups (Table 4).

These findings align with Kuswanto's study (2022). It reported that papercraft therapy affected children's motor development. Papercraft therapy involves cutting, pasting, and pattern creation. Such activities demand focus, concentration, and coordination, stimulating socio-emotional growth (Ifalahma *et al.*, 2024). Other studies confirmed that play activities involving body movements served as problem-solving tools for improving social-emotional skills by engaging in fine motor activities and peer cooperation (Kadar *et al.*, 2020; Koziol *et al.*, 2023).

Huanghao's study showed that music therapy helps stabilize emotions by sending signals to the brain for emotional regulation (Feng, Mahoor and Dino, 2022). Audiolyfe music therapy also influences cognitive development, improving intelligence, memory, and learning motivation (Elfira and Johnling, 2025). Sound waves from music affect neurological activity, especially in the auditory cortex and memory areas of the brain. Audiolyfe stimulation regulates brainwaves, enhancing cognitive and emotional capacities, enabling children to better control emotions, concentrate, and remember (Pratama, 2024). Further, emotional development is crucial for shaping behavior and social interaction.

The authors conclude that combining papercraft play therapy with music therapy is highly effective for preschoolers. Papercraft play therapy requires fine motor coordination, focus, and emotional control,

while music therapy relaxes the brain, optimizes its function, and allows children to cooperate calmly with peers during play.

## CONCLUSION

Papercraft therapy combined with music therapy is more effective for social-emotional development in preschool children than papercraft therapy alone or routine play activities. This intervention can improve focus, emotional regulation, and cooperation. It is recommended as an innovative approach in early childhood education.

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