

CASE REPORT

Is There a Relationship Between Tayub's Dance and Persistent Genital Arousal Disorder (PGAD)? : A Case Report From Tuban, East Java, Indonesia

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ABSTRACT

Tayub's art originated in East Java, Indonesia, and refers to a bodily rhythmic movement in a dancing state that was mastered through years with a skill to lure people to join the state-art process without any physical contact. The dances contain sexual themes and are celebrated as a form of cultural and religious fete. We reported a case of a 45-year-old married lady who complained of persistent sexual genital arousal-like symptoms, which were not preceded by any sexual desire or related to an orgasmic state during her art performance. There is a potential relationship between the Tayub dance and this rare medical condition of PGAD. This rare medical illness is a sexual disorder that is characterised by recurrent, undesirable, or intrusive, distressing sensations of genital arousal for more than three months and genito-pelvic dysesthesia and is not associated with sexual interest, thoughts, or fantasies.

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INTRODUCTION

Nestled with cultural influences, Tayub Art is presented as a traditional performance dance. It is practised as an old-style cultural presentation with some symbolic meaning where a person relates to space and time with the indulgence of spirituality and religiosity (1). The Tayub dance is seen as a process of "communicating with others" in the context of the Indonesian cross-cultural sphere of influence. It is derived from the symbolic meaning of two words, *mataya* (dance), and *guyub* which means "harmony together" (1, 2). So, the meaning of the term Tayub is basically "to dance to get along together".

The Tayub dance ritual, a reflective embodiment of

Javanese culture from Tuban, East Java, Indonesia, is blended with spiritual and psychological significance. Yet, beneath its blessed veneer lies a multifaceted tapestry of guilt, societal feelings of shame, and emotional burdens that Tayub dancers must circumnavigate. This talent presentation draws back the veil, exposing the intricate interplay between art, psychology, spirituality, and the prevailing perceptions surrounding sexuality, gambling, and alcohol (*toak*) addiction, which is often associated with these performers (1-2). Recognising the unique state of a potentially rare medical condition, we reported a PGAD state or disorder, which may have multifaceted challenges among the dancers of Tayub's performance.

CASE REPORT

Mrs I, a 45-year-old lady, hails from a family with deep roots in the Tayub tradition. Her grandmother was a renowned *waranggana*, Tayub dancer from Tuban, East Java, Indonesia. She established a familial legacy in

this continuing traditional Indonesian art. Despite this heritage, Mrs I initially showed little interest in Tayub dancing during her early teens. At 17, while in high school, Mrs I's perspective on Tayub shifted. Initially drawn to the music accompanying the performances, she decided to try Tayub dancing herself. To her surprise, she found some enjoyment in the experience, marking the beginning of her 28-year career as a *waranggana*.

Tayub, according to Mrs I, is a complex art performance often misunderstood by others. While it is frequently perceived as entertainment with sensual undertones, strict rules and boundaries govern their performances. The traditional costume for a *waranggana* includes a *kemben* (chest wrap) complemented by a *selendang* (shawl) covering both shoulders. This combination maintains a balance between traditional aesthetics and modesty.

A crucial rule in Tayub performances is the strict prohibition of physical contact between the *waranggana* and the pengibing (male dance partners from the audience). This rule is rigorously enforced throughout performances. The relationship between sexuality and Tayub is a central aspect of Mrs I's experience as a *waranggana*. She provides valuable insights into how sexuality is perceived, expressed, and managed within the context of Tayub's performances. The atmosphere of Tayub gatherings, often accompanied by the consumption of toak, a traditional alcoholic beverage, and predominantly male attendees, further contributes to a charged environment.

Mrs I describes experiencing occasional feelings of attraction or arousal when paired with a pengibing who matches her personal preferences. However, she is clear that these feelings remain contained within the performance context and do not evolve into a genuine desire for sexual intimacy. Over her years of experience, Mrs I have developed a solid psychological boundary that allows her to separate her role as a performer from her personal sexual feelings. This psychological boundary is crucial in allowing Mrs I to perform the sensual movements required in Tayub without feeling personally compromised or sexually vulnerable. She views these movements as artistic expressions coordinated with the music rather than acts of personal sexual expression.

She explains that while the dance may evoke physical responses, she maintains a clear mental distinction between the performance and any personal sexual desires. Most of the time, she experienced genital sexual arousal states like elevation of her heart rate, breathing, and temperature. She also noticed her nipple erect and experienced some pelvic congestion; she described herself as "flushed" with blood and becoming more sensitive sexually but without being preceded by sexual desire and never becoming orgasmic during her

dancing performance. Mrs. I candidly discusses how she manages feelings of sexual arousal that may arise during performances. She describes acknowledging these feelings but consciously choosing not to act on them. Instead, she channels any arousal into the energy of her dance performance, using it to enhance her artistic expression rather than viewing it as a precursor to sexual activity.

DISCUSSION

The patient emphasises that the structured nature of Tayub and its inherent rules play a significant role in her conscious feelings about her sexuality. The prohibition of physical contact and the formal dance structure provide a framework that helps contain and redirect any sexual energy that may arise. Both performers and audiences perceive the expression of sexuality in Tayub. She notes that while outsiders may view Tayub as overtly sexual, those within the tradition understand its complex cultural and artistic significance beyond mere sexual expression.

She explains that the sensual elements in Tayub are deeply rooted in traditional symbolism and artistic expression. While these elements may appear sexual to the uninitiated, they carry deeper cultural meanings related to fertility, harmony, and social bonding.

Mrs I's immersion in the sexualised environment of Tayub has not negatively impacted her personal life. She met her husband during a Tayub performance, and he has supported her career, regularly accompanying her to performances. The dance movements, often sensual, include motions involving the chest and hips. While part of the traditional dance vocabulary, these movements can be interpreted as predominantly sexual. Despite having multiple genital arousal psychopathologies, there is a clear distinction between physical arousal and genuine sexual desire in the context of Tayub's dance. The constant exposure to sexual elements during performances can sometimes lead to physical responses of sexual arousal. However, these responses are primarily physiological and do not necessarily translate into a desire for sexual relations.

The primary challenges faced by Tayub dancers due to societal misconceptions about their sexuality. The association of Tayub with promiscuity or loss of morals is a stigma that dancers like Mrs I must continually navigate and deal with. While sensual movements are part of the dance, they are stylised and governed by traditional forms rather than explicitly sexual invitations. Mrs I emphasises that *waranggana* are skilled artists and cultural practitioners, not sex workers or individuals with a loss of morals.

Interestingly, we reported a case of PGAD-like symptoms, which is predominantly observed in women.

Data and literature on the epidemiology, comorbidities, heritability, and the course of the disorder are limited. Representative studies on the prevalence are missing, and the outcome/course of PGAD symptoms may vary from a continuous to intermittent pattern and from lifelong to acquired (3, 4). There is a possible explanatory framework integrating psychological, cultural, neurobiological, spirituality, and community empowerment. Specific biopsychosocial factors may be contributing to PGAD, and there is weak evidence that some drugs, such as Serotonin Selective Reuptake Inhibitors, cannabinoids, and anticonvulsants (pregabalin and gabapentin) may alleviate symptoms in PGAD. However, serotonergic drugs may also induce or worsen PGAD in some cases (5). It is assumed that any interference of affection of the central (higher mental function and spinal cord) and/or peripheral nervous system (pudendal nerve) with states of pathologically increased sensory perception, neuronal hyperexcitability and/or disinhibition plays a fundamental role in causing PGAD, like in this patient.

CONCLUSION

This case report explored the potential relationship between the Tayub dance and PGAD. This unique case highlights the intersection of cultural performance, neurobiological factors, and rare sexual disorders, calling for further research into the biopsychosocial dynamics influencing PGAD within traditional and ritualistic practices.

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