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**THE EFFECTIVENES OF DMT-CBT COMBINATION IN
ANXIETY DISORDERS TREATMENT: THERAPISTS
PERCEPTIONS**

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Abstract

Dance and Movement Therapy (DMT) is a therapeutic paradigm that use the movement aiming to advance the emotional, cognitive, physical, spiritual, and social integration of the individual. DMT has been found to be effective for treatment of health-related psychological problems. Cognitive Behavioural Therapy (CBT) acknowledges and stresses the links between cognition, emotional state, behaviour, and the individual's overall functioning. CBT is an evidence-based therapy and continues to evolve on the basis of empirical findings which indicate its effectiveness in treatment of psychological problems of adults and children. Practice demonstrates that each approach enriches and supplements the other. The question is if so, what happens when they both meet? Therefore, the **objective** of the present qualitative research is to explore by interviews the effectiveness of the combination of DMT with CBT principles, as perceived by therapists who have studied and were trained in both approaches. The research is the first phase of the doctoral dissertation that investigates the combined effect of DMT with CBT on the efficiency of treatment for children with anxiety disorder (AD). The preliminary findings revealed that: DMT+CBT therapists combined both approaches in their work and find this combination effective in terms of the therapist's role, the treatment process, and the patients (children with AD). Various forms of integration were found, all based on practical experiences and satisfaction both of the therapists and the patients.

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1. Introduction

1.1. Dance and Movement Therapy (DMT)

Dance and Movement Therapy (DMT) is a branch of the expressive and creative therapies that provides artistic tools for therapeutic interventions. It is one of the creative art therapies, alongside: music, drama and arts therapies. Dance is one of the most ancient forms of healing (Chaiklin, 2009). Today, Dance-Movement Therapy (DMT) is an established profession and is in line with the definition of the American Dance Therapy Association (ADTA).

It is used therapeutically to strengthen the emotional, cognitive, physical and social integration of the individual (ADTA, 2016). The European Association of Dance Movement Therapy expands this conceptualization to include 'spiritual integration' (EADMT, 2013).

Dance and Movement therapies focus on personal growth through the relationship between body and mind, founded on the concept that the expressions, posture and movement of an individual's body, reflect their emotional and psychological patterns, along with interpersonal and cultural patterns. The experience of movement can express emotions that the individual is unable to express verbally (Stanton-Jones, 1992).

Research on DMT has increased considerably in the recent decades, particularly during the last part of the 20th century and the beginning of the 21st century (Meekums, 2010). Since the foundation of the ADTA in 1966, there is an evident increasing interest in Dance-Movement therapy, its functions, goals, and effects. Most of the research over the past 50 years has focused on qualitative descriptions and case studies (Hervey, 2009). This focus on qualitative rather than quantitative research is mainly due to the nature of creative arts therapy.

Many evidence-based studies have recently demonstrated the positive effects of DMT (e.g., Bradt, Goodill, & Dileo, 2011; Karkou & Meekums, 2013). A recent meta-analysis of the effects of dance therapy and dance on psychological measures (Koch, Kunz, Lykou, & Cruz, 2014) evaluated the effectiveness of DMT and the therapeutic use of dance for the treatment of health-related psychological problems. The findings suggest that DMT and dance are effective for increasing the quality of life and decreasing clinical symptoms, such as depression and anxiety. The findings indicated that DMT and dance interventions decrease anxiety and the results were consistent across the trials. Positive effects were also found on the increase of subjective well-being, positive mood, affect, and body image.

1.2. Cognitive Behavioural Therapy (CBT)

CBT acknowledges and embraces the links between cognition, behaviour, emotional state, and the overall functioning of the individual. CBT is an evidence-based therapy and continues to evolve on the basis of empirical findings which indicate that it is highly effective in treatment both adults and children (Kendall, 2006; Rapee, Schmiering, & Hudson, 2009).

Broad surveys found that CBT is very effective for diverse anxiety disorders such as General Anxiety Disorder (GAD), anxiety attacks, post-traumatic disorder, focused phobias, obsessive-compulsive disorders and depression (Butler, Chapman, Forman, & Beck, 2006).

The concept of CBT includes many types of therapies that have a common base. The integration of cognitive concepts with behaviourist therapy is based on the suggestions of Ellis

(1962) and Beck (1976), according to which CBT aims to change observed and measurable behaviour, mainly through the influence on thinking processes that shape behaviour. It is founded on the assumption that cognitive change leads to behavioural change. Therapy usually focuses on a defined target behaviour and is limited in time. The therapy is directed by a written protocol detailing the stages of diagnosis, defining the problem and stages of therapy. The therapist uses validated measuring tools to follow the cognitive behavioural change. The attitude of the therapist is characterized by a psycho-educational approach towards the patient.

The therapist explains their understanding of the process that led to the emergence of the symptom to the patient and explains the way to engender change. The therapist tries to create an atmosphere of collaborative work towards the attainment of treatment goals, through guidance, encouragement and direct support for the patient. The patient is guided to exercise "homework" between the therapy sessions and the therapy ends with instructions to prevent return of symptoms (Dobson & Dozois, 2001).

The body receives some attention in CBT procedures in terms of assessing body sensations that accompany felt emotions, also in the procedures of the 3rd wave of behavioural therapies.

1.3. The Integrative Approach

There are different attempts to integrate therapy combining components of CBT with components of psychodynamic therapy (Ryle & Kerr, 2002; Soderlund, 2000; Wachtel, 1977; Young et al., 2003). Studies on the combination of CBT with expressive arts therapies are described by Rasmussen (2001) and by Sarid (2010) and Czamanski-Cohen, et al., (2014): Lahad (2010) developed an integrative model known as "See Far CBT" that combines FR (Fantastic Reality) with CBT and SE (Somatic Experiencing). Trigenerational cognitive-behavioural approaches derived from CBT.

It employs body and mind intervention techniques, such as mindfulness (Weiss, 2009). They can be extended and complemented by the embodiment techniques and models that integrates, neuroscience and embodied cognition (Pietrzak et al., 2017).

2. Problem Statement

Existing literature on the subject relates to Dance-Movement Therapy (DMT) and Cognitive-Behavioural Therapy (CBT) as two separate therapeutic approaches.

There is almost no consideration of the possibility of combination or integration of both approaches.

As far as could be ascertained, there has been no research that found differences in effectiveness between DMT and CBT. There appears to be a lack of knowledge concerning the combination of arts therapies with CBT in general and in particular the combination of DMT with CBT.

As practice demonstrates that each approach enriches and supplements the other, raises the question if so, what happens when DMT and CBT meet?

3. Research Questions

The **objective** of the present research is to examine the perceptions of therapists who have studied were trained and work in both approaches, regarding the effectiveness of the combination of DMT with CBT principles. The research is part of a doctoral dissertation that investigates the combined effect of

Dance-Movement Therapy (DMT) with Cognitive-Behavioural Therapy (CBT) on the efficiency of treatment for children with anxiety disorder (AD).

The doctoral research paradigm is a Mixed Methods approach (Creswell & Poth, 2018) which includes two phases: (1) a qualitative phase – interview with ten DMT+CBT therapists, and (2) a quantitative phase which will include questionnaires that will be submitted to approximately 90 therapists (30 DMT, 30 CBT, 30 DMT+CBT).

Based on the research aims, for the therapist that combine DMT with CBT in their practice, the following questions were phrased:

1. How do DMT+CBT therapists use both approaches in their work?
2. What are their attitudes towards this combination?
3. In what ways may the principles of CBT advance DMT treatment and principles of DMT advance CBT treatment?

4. Purpose of the Study

It is expected that the research findings will contribute new knowledge to the field of integrative, therapy. In addition, the results of the study may identify possible responses to important issues that arise from the field regarding the combination of DMT with CBT, and suggest a theory model.

The research will attempt to clarify information on subjects that almost have not been studied until now, to enable a deep observation of what happens in the therapeutic process and to investigate the therapists' internal reality.

The DMT therapists who use principles of CBT in their therapeutic work are some of the consumers of knowledge on the present studied topic but also create the knowledge through the study of their work that combines the two approaches. Qualitative research should be able to investigate the complexity of this phenomenon, expose the respondents' personal attitudes and perceptions out of their therapeutic work. Data will be collected from interviews that aim to understand, through the therapists' experiences, how the two approaches are combined and how this combination can advance the therapeutic process.

5. Research Methods

The scientific investigation is based on a qualitative research approach (Creswell, 2012).

5.1. Participants

The research focused on a restricted group, ten therapists who have studied and have been trained in both approaches. All therapists live and work in Israel. All therapists have 11-34 years of DMT professional experience and 2-14 years of CBT professional experience. All the therapists studied CBT after studying DMT.

5.2. Instruments

The research tool is an In-depth interview that was conducted with ten therapists who were found to have studied and trained in both approaches. The interviews gave the respondents the opportunity to expose their attitudes, thoughts, perceptions, dilemmas and feelings regarding the research objective, in

relation to their work with both approaches and the links between them. The interviews allow to examine the reasons for these attitudes, dilemmas, hindering and encouraging factors and expectations for the future.

5.3. Procedure

The qualitative data analysis was employ a systematic content analysis procedure, which is used to find the primary themes emerging from the interview transcripts. This in-depth analysis was chosen in order to understand the emotions, thoughts and deliberations of the interviewed therapists regarding the combination of the two approaches: DMT and CBT (Creswell, 2012).

6. Findings

At this stage, the main themes that were produced from the interviews regarding each topic were summarized and quantified.

Based on the answers to the interview's questions, it may be concluded that the preliminary findings suggest that: DMT+CBT therapists do combine both approaches in their work, because they believe that this combinations effective in terms both of the therapist's role in the treatment processes well as the benefits of their patients (children with AD).Moreover, various forms of integration were found, all based on the practical experience and satisfaction of therapists and patients.

The interviewees agree that CBT with DMT combination brings an added value. An important finding indicates that a necessary and important condition to ensure the efficiency of the combined treatment is experience and expertise of the therapist in both approaches. It is prominent that when this combination is done right – it is highly satisfactory, accompanied by excitement and spiritual uplifting, which are expressed by words such as: "great", "powerful", and "winning".

The therapist referred to the CBT principles as principles which contribute to the advancement and efficiency of therapy, which positively affect the therapists, the patients and the therapeutic process. CBT was found to be an "anchor", a "road map" – an approach on which the therapist can "lean on" and lead processes.

Another interesting finding relates to the opinion that CBT "allows DMT to belong to something broader", i.e., it gives an empirical validation and presence in the psychological world to pare of the premises that are in the basis of DMT. This finding is significant in light of the efforts to legislate DMT in Israel. To date, in England and the USA, DMT is authorized and constitutionally legal.

While mentioning the extra value of DMT principles to CBT principles, and emphasis was put of the importance of widening the connection to the body, movement and dance – which create an experience and turn the treatment to be more significant, meaningful and supportive of change.

In addition, the interviewee's broad reference was found to the connection between body and movement as basic and elementary which includes all of life components, including the treatment components, experience and ease of the DMT therapist to refer to and lead processes with connection to sense and movement. These create a "language" that advances the connection to the body as an important aspect of CBT treatment according to the third generation of cognitive-behavioural approaches.

7. Conclusion

The Qualitative phase of the research is in the process of summarizing the findings of the content analyse phase. Full results of the research findings may hopefully contribute to and expand knowledge concerning methods of arts therapies in general and in the field of DMT in particular. The findings may add new aspects and insights in the field of CBT especially while combined with DMT.

Regarding future directions, the themes that was found in the analysis of the interviews that was conducted in the first qualitative phase, in addition to the literature review, will provide statements for constructing a quantitative questionnaire aiming to expose the attitudes of a large sample of therapists towards the effectiveness of the combination of DMT+CBT.

Practical implications will lead to increased use of body and movement alongside a search for focused effective, evidence-based therapies, such as CBT. The combination of the two approaches: DMT and CBT may assist and guide the development of therapies providing optimal responses for the patients.

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