Concentrative movement therapy (CMT) focuses on the awareness and expression of body sensations for clients with a wide range of mental illnesses. Based on psychodynamic therapy, this approach uses sensory motor body experience and symbolization of inner processes by CMT objects, postures, or words. The purpose is to evoke emotions to understand the psychological meaning of body symptoms, which some believe are expressions of childhood or actual conflicts. CMT is used in individual therapy in outpatient settings but is used primarily in group therapy for psychosomatic illnesses (physical diseases or conditions influenced by mental stress) and in psychiatric hospitals. Evidence has shown this approach to be especially helpful for inpatient clients with neurotic disorders, psychosomatic illness, or personality disorders. It is common in the health care system of Germany and Austria, where it is called Konzentратив Bewegungstherapie, or KBT.

Historical Context

CMT was developed during the mid-1950s by Helmuth Stolze, a psychoanalyst working in Munich, Germany. Its roots go back to the early 1920s, to the gymnastic work of Elsa Gindler in Berlin, Germany. She developed the concept of sensory awareness, in both rest and motion, using movement for self-discovery and inner experience development. CMT has spread throughout Germany and Austria and is most often used in inpatient group psychotherapy with multiprofessional teams. It was further developed by practitioners like Christine Gräff. Since 1975, a training program of the German Association of CMT (Deutscher Arbeitskreis für Konzentration Bewegungstherapie e.V., or DAKBT) sets standards for CMT training. The European Association of CMT (Europäischer Arbeitskreis für Konzentration Bewegungstherapie, or EAKBT) oversees the national CMT associations of five other European countries, using standards similar to those of the German association. CMT works with the body image, that is, the subconscious frame of meaning of movements, body sensations, and emotions. Mind and brain research of the past decade has shown the importance of the body in psychotherapy, and CMT has shown evidence of its usefulness with clients experiencing neurotic and psychosomatic disorders. Recently, the approach has been expanded for use with clients suffering traumatic experiences.
Theoretical Underpinnings

CMT therapy focuses on body perception, body experience, and movement expression. A central treatment element is the use of the “CMT offer,” where clients are invited to become aware of their perceptions while they are moving. CMT therapists develop this offer based on (bodily) counter-transference, or their awareness of feelings toward the client. The therapists make the offer based on their “movement interpretation” of the current therapy event. The clients react with “free movement association” (analogous to the psychoanalytical “free association”). In concentrative moving and acting, clients realize their feelings and may remember old movement and communication patterns that are inscribed in body memory. According to CMT, unresolved or unconscious life events are stored in the body memory. These “embodied experiences” emerge in the therapeutic situation and are integrated into therapy by nonverbal symbolization and verbalization in the therapeutic dialogue. Following this step, the client may experiment with new behaviors in movement or posture.

Major Concepts

A number of concepts related to psychodynamic and humanistic theory are used in CMT. Major concepts include body image; connection of movement, perception, thinking, and acting; space to experience and space to reflect; and contact.

Body Image

Body image is a construct for the inner representation of the physical and psychological self. It is not fixed but depends on experiences in relationships, including body schema, body self, body fantasy, and body concept. By listening to the body, those unconscious aspects can become conscious for therapists and their clients.
Connection of Movement, Perception, Thinking, and Acting

CMT works with the connection between movement and perception, on the one hand, and thinking and acting, on the other. In CMT, the process of change can be initiated by moving, perceiving, acting, or thinking.

Space to Experience and Space to Reflect

CMT divides the therapeutic session into an experience space and a reflecting space. In the first part, clients are allowed to behave freely, like a playing child. In the second part, clients and therapists develop an understanding of what has happened and interpret the actions based on the clients' biography or the group interaction.

Contact

Physical contact, or touching, is a useful tool of CMT. When a person is a young child, touching helps him or her establish physical boundaries and define himself or herself as being different from others. Sometimes clients suffer from too much touching (abuse) or too little touching (neglect). Touching CMT objects, such as balls or stones, helps clients to develop their own sense of tactition. For example, clients realize by gently touching their own hand that touch does not need to be painful or against their will (as in former times) and that they have control with regard to the intensity and character of a touch. Being touched by the therapist or group members can change old patterns of anxiety or withdrawal and can give comfort. Now the client can feel that a gentle hand on her or his shoulder is caring and sheltering.
Techniques

CMT therapists apply techniques based on the need of clients. Techniques include concentrative sensing and movement, working with CMT objects, play, and body dialogue.

Concentrative Sensing and Movement

Concentrative sensing and movement is the process whereby clients become aware of their body sensations and therapists learn nonverbal information about the clients’ problems.

CMT Objects

Using CMT objects helps clients differentiate their sensory perception and gives them opportunities to symbolize their conflicts or traumas without words. Objects help a client come into contact with others or to establish a border between oneself and others.

Play

Clients who were neglected or suppressed in early childhood often did not have the opportunity to play. Donald Winicott described how important play is for the development of children’s creativity. He called the realm of playing “transition space,” a space of fantasy between the outer and inner worlds. CMT offers can be seen as an invitation to establish this transition space in therapy. Clients are invited to play with CMT objects or with the group members. Playing is acting guided by the unconscious instead of the conscious mind. The new experience of playfulness is integrated into positive memory.
Body Dialogue

Unconscious movements regulate the dialogue with others. In CMT, this body dialogue is made conscious by awareness. New ways to regulate distance and closeness are explored. For example, a client who has realized that she always had neglected her body perception—she came too close to others and was hurt by their rejection—now uses her bodily sensations to keep a comfortable distance from others. Another client who presented himself as grim in the CMT group discovered that he was trying to protect himself from the anger of others but instead provoked anger and rejection by his behavior. With awareness, he now experiences the approach of other group members to be friendly and not harmful and learns to trust others and himself.

Therapeutic Process

CMT takes 40 sessions on average; however, it can range from 5 to 300 sessions. Inpatient group therapies take 5 to 10 weeks (10–20 sessions). Early sessions focus on creating a good therapeutic alliance and the teaching of concentrative sensing. In further sessions, old dysfunctional patterns in movement and behavior appear; intra- and interpersonal conflicts emerge, and the body-oriented approach is used to understand them. In the second half of treatment, new movement patterns are explored and repeated. New solutions are found by body awareness and contact with other group members, and conflicts can be resolved. In the final session, separation and farewell are experienced with the body and mind.

See also Body-Oriented Therapies: Overview; Dance Movement Therapy; Yoga Movement Therapy

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Further Readings

