CONCENTRATIVE MOVEMENT THERAPY

The excerpts below are taken from various articles written by Dr. Stolze, describing how the Gindler work has formed the basis for a different, more individually responsive and unifying approach to psychotherapy.

The Development of Concentrative Movement Therapy*

In recent years, various approaches to movement-therapy in connection with psychotherapy have received considerable attention. Some have even been presented as the newest discoveries and achievements. In fact, however, movement-therapy as a psychotherapeutic technique is already half a century old, and was first practiced in the Munich Psychotherapeutic Association from 1925 to 1938 (e.g., G.R. Meyer, M. Steger, and L. Heyer-Grote.)

At the Sixth Congress on General Medical Psychotherapy in Dresden in 1931, Steger discussed the subject at length. His formulation is as fundamental and valid now as it was then:

One of the greatest difficulties for any psychotherapy is to give the patient his own image in a form he can believe in. The intellectual methods fly hard to make use of the patient's dreams, parapraxes, and drawings, but these become useful only when translated into the language of consciousness; and even then, the patient can evade the proffered interpretation of his products and decline the experience of it. This does not occur when experiencing of one's own self in the movement in one's own body. Although the problem is always the same in body as in mind, in bodily expression it is more tangible and more easily understood.

Breathing, voice, and movement are the areas that were discovered anew at the beginning of the twentieth century in their experiential significance for the healthy person as well as the sick. Mendendieck, Jacques-Dalcroze, Bode, and Laban are names mentioned in the Munich Association's supplementary report on practical approaches to movement-therapy. To that list can be added the names of Kofler, Schlaffhorst, Andersen, Delsarte, Kallmeyer, Langgard and V. Rhoden (Loheland), and Medau. Most of these men and women formed "schools" with various goals, mostly of an artistic and pedagogic nature; they all joined together in 1925/6, in the German Gymnastic Federation.

This "melting pot" also attracted people who recognized the uselessness of mechanical exercise in the development of the human being, and who were seeking ways by which movement as discovery and inner experience could become better known. Of these the most notable was Elsa Gindler, who lived and worked until 1961 in Berlin, leaving a good number of students to practice all over the world.

What mattered to Elsa Gindler was becoming aware of oneself as physical entity; "feeling through"; being moved; experiencing oneself both in rest and in motion. She did not consider herself a therapist, but she was of help to many in the overcoming of physical and mental disturbances. In essence her work was therapy.

Movement as inner experience, this is what attracted physicians and therapists of all kinds--those to whom the "unity of body and mind" was more than a slogan--toward work with movement in the service of a true psychosomatic therapy. But even a partial list will reveal the diversity of these approaches taken toward the goal: G. Alexander(eutony); von Durekheim (hara); Feldenkrais (movement training aimed at psychosomatic unity); Höllering (rhythms); Knobloch (psychological Gymnastik); Lowen (bioenergetics); Pesso (movement in psychotherapy); Steiner (therapeutic eurhythmics); and then a group of Elsa Gindler's colleagues and students, and students of her students, then known to me through courses and publications: Hengstenberg, Jacoby, Ludwig, Ehrenfried, Heller, Jacobs, Kristeller, Selver, Brooks, Everling, Goldberg, Meyer.

Despite these many and diverse approaches, movement-therapy has had a hard time winning a place in the standard therapeutic repertory. The reasons were, on the one hand, civilized society's distorted attitude toward the body and, on the other, the subjectivity of movement as inner experience, with the consequent difficulty in describing it verbally and scientifically. As a result—in spite of stimulating hints—each therapist had to start on his own, at the very beginning. My own case was no exception. I came into contact with movement-therapy through the Gindler student, Gertrud Heller...**

After four-and-one-half year's work in outpatient psychotherapy, I gave a first account of what I had by then named "Concentrative Movement Therapy." Then, on the basis of observations made in the course of both clinical and academic work, J.E. Meyer (1961), H.


**See report by Gertrud Heller, p4
Becker (1977, 1981) and I (1960) attempted to confirm the method scientifically. Since 1959 I have been teaching Concentrative Movement Therapy at the Psychotherapy Congress in Lindau, first with Gertrud Heller and later with Miriam Goldberg. Since 1971 courses have been given by our colleagues and advanced students (Christine Graff, Ursula Kost, Annaliése Henning, Erich Franzke, Elga Dilthey, etc.) The method has gained ground continually, and found a place in the program of other advanced training institutions in psychotherapy. In 1975, at the suggestion of Ursula Kost, the German Association for Concentrative Movement Therapy was set up to serve as a center for these manifold endeavors.

The Association has formulated the following description: concentrative movement and self-sensing—"Concentrative Movement Therapy"—is a therapeutic method, applicable to individuals and to groups, conceived of as a depth-psychology. It can be joined to clinical or analytic methods. Chains of associations are set in motion through the sensitizing of internally and externally directed perceptions; these associations can lead to productive encounters with one's self, on the levels of sensory-motor body-experience, emotionality, and reflective self-discovery simultaneously. Differentiated awareness makes possible a comparison of one's attitudes and behavior at different times, in different situations, toward different objects, and with different partners or groups. The exploration of new paths can dispel fixed attitudes and failure-expectations; the ability to choose and distinguish is regained and developed. It is essential—and this is a point of contrast with other psychotherapeutic methods—that the body is not excluded; instead it forms the foundation and context of individual physical, psychosomatic, and psychological processes. Through the body, the actualized content can be concretely experienced; the problematic can be "grasped" and worked with, either through an interpretation of bodily experience in the here-and-now or through verbal explication of the content newly emerged from one's conscious or unconscious personal history. In either way new development—that is, a furthering of personality—can be stimulated.

A Case History*

In order to provide an impression of the therapeutic procedure in the Concentrative Movement Therapy, an illness and its treatment will be described.**

The patient was sixteen-and-a-half years of age, and was admitted with a diagnosis of anorexia. She had been suffering for one-and-one-quarter years with amenorrhea, constipation, insomnia, loss of appetite, dizziness, attacks of weeping, and abnormal fatigue. She was extremely emaciated, and weighed under seventy-two pounds.

In the first three weeks of clinical treatment the physician had a conversation with the patient daily, then every other day. The sessions were chiefly devoted to symptom analysis. The patient was shown what her symptoms revealed, e.g., greed and envy by constipation, disillusionment and withdrawal from life by loss of appetite and amenorrhea. This confrontation shook her deeply.

It was at this point that the Concentrative Movement Therapy was begun. It took place every other day, the first six times with the patient alone, then in a group with other female patients.

We begin to work most often standing or lying down. Our direction for the patient is to attempt—if it can be done without great resistance—to shut his eyes, to refrain from all peering and imagining, and to sense his way into himself, his own body, particularly the areas in contact with the floor. (That is easier lying down than standing, but lying has the danger, at least in the beginning, that the patient will doze—that is, fall into a hypnotoidal state of consciousness not at all conducive to our work.) We ask the patient to tell us without forcing or straining, i.e., without thinking about it, something of what he perceives during each inward journey.

With our patient one could observe during the first session an extremely cramped posture, which changed later to collapsing into herself. Even on her back she did not feel at ease. She was very quiet at first and would say very little about herself. The next day she said that at first she had been trembling with rage, rage against that very think which she had been asked to sense.

Such rage and refusal are common initial symptoms. The patient senses clearly that when the body is included in the therapy something is laid bare. The result is that all conscious and unconscious resistances are mobilized.

But, like most of these patients, our sixteen-year-old came to the next session of her own accord. Her posture when standing was more relaxed. She felt a vibrancy in herself for the first time. Lying down, she experienced heaviness, and felt at first like a formless mass. After

**My thanks to the psychosomatic section of the Medical Clinic of the University of Freiburg in Breisgau, Villa Umkirch, for providing us with this account. Christine Graff conducted the Concentrative Movement Therapy and composed the protocols.
a while this changed to a clearly defined image. She could perceive all of herself. Moreover she "grew" so in breadth as to experience herself as a pretty girl with a good figure. She felt that, formerly, this had been her figure.

This experience was probably decisive for the further course of treatment. The turning to herself, prepared for by the therapeutic conversations and the task to be more aware of herself, formed the patient's guiding image—the pretty girl with the good figure.

It should be noted that the first time the patient dreamed during treatment was in the night after the first two sessions of Concentrative Movement Therapy.

In the next session the patient again had the feeling of growing and extending. It was noticeable that her standing was much more secure. In the fourth session she indicated that she felt her torso was growing lighter and her weight was shifting into her legs.

This inner experience of the sitting downward of the center of gravity is important. We often hand a stick to patients when they are lying down. It is approximately two meters long, with a diameter of two to two-and-one-half centimeters. The patient lies down on it, the whole length of his back from head to heel. The stick's hardness, which must be accepted, counteracts the usual spreading of nervous tensions; often stiffnesses and knots are dissolved. As a result, sensitivity to the floor is intensified.

At first the patient experienced the stick as a sharp wall dividing her body into a left and right side. In this position she was able to sense her breathing for the first time. When the stick was taken away, she felt especially wide.

Another object we work with is a rubber ball of about 15 centimeters diameter. It is helpful when the point is to sense for the first time an object which is neither the floor nor one's own body.

When the patient took the ball in her right hand it felt very heavy. Holding it with both hands, she said, "I am more in control of it!"

Later she said, "I would like to keep the ball; if I should have to give it away, I would need much more strength... it's nicer to have something in your hand. One is connected with something then; one is worth something."

This statement, along with the experience of weight, is of special importance. The patient feels that something is there that is spacious and has weight, something that is real— with the attributes of authenticity—and this discovery raises her self-esteem. The words of E. Strauss are thereby corroborated: "The evidential experience of something true restores to man his worth and his weight as an experiencing subject—gives him security." In fact, here begins the route toward the patient's new relationship to herself.

At the end of the same session, she said, "I feel all evened out now; slowly I'm getting to know myself." Two days later the sensing was directed toward her sitting. Then she was handed the ball. She said, "My hands are growing into the ball." When she had passed it on, she had once again the impression of being worthless. The ball came out of her hands with difficulty; her formulation was, "I want to hold it until the last possible moment."

In this connection one remembers the patient's constipation, and the implications of the desire to hold onto and the inability to give away.

At the end of this session, the patient said, "Everything is getting more colorful, brighter, more beautiful; one sees things one didn't see before."

It is not only the sense of touch that is changing. With the other senses also—sight, hearing, taste, smell—we learn to perceive in a new way, too, which means that we accept as "true" what we experience. Again and again we should clarify the words "to perceive" (wahrnehmen, from wahr—true, plus nehmen—to take) and "to experience or discover" (erfahren, from fahren—to come to something by traveling, i.e., going a long way, working.) Both words are normally felt as passive but, by etymology, both connote activity.

This showed itself in an important experience during the next session. While holding the ball in her hand, the patient said, "I want to form, and to shape."

In fact, in touching we do not stay only with feeling and exploring on the surface of things; what is at hand and can be handled challenges us to give it form. Every object has, among other qualities, an intrinsic particular summons, urging us to do something to it or make something of it. But the task actually called for by the object is often impeded by the idea of a set demand for accomplishment. The patient wants to hit a target with the ball, for example, or he gives up because he "never could throw well."

In Concentrative Movement Therapy there is an attempt to lead the patient past such hindering images by replacing the perfected, skillful performance with "experimenting." All things can be experienced through our senses; we can, therefore, "invent" individually suited situations for each patient, situations geared to
further a conscious perception of the object in question. From this “concentrative” exploration will inevitably come a recognition (see Tellenbach, 1957), an inner “movement”, which the participant experiences as joy in the happening event.

At the end of the next session, the first she had done with the group, the patient said, “Now, since I can so fully feel myself, I want to get up and do something and get to work.” She made still other discoveries in this and the following session... “I sense now that I have a backbone that gives me support.” In a prone position she had a feeling of security, “as if I were with someone who was keeping me safely with him.” And from these experiences came once more a decisive statement, “I feel as if I want to offer myself, together with the ball, to someone else; I would be glad to offer the ball to someone.”

One can realize in these words the enormous transformation that must have taken place in the patient’s conceptual world during the first fourteen days of work with Concentrative Movement Therapy.

This therapy ought to be practiced in groups if at all possible. It is only in association with other people that the possibilities of dialogue concerning sense experience and movement can unfold. Not all patients like group work at first: the presence of others distracts them. But in turning toward oneself, this disturbing factor gradually recedes. And the patient—so to speak, through sensing himself and beyond—realizes the others in a new way and, by this means, can adjust his experiencing within the social context.

Such a discovery could be detected in the patient’s own statements: “I feel the presence of the other person as soon as he comes close to me with his hands. A current goes out from him. The waiting until I may give something to the other person feels beautiful to me.”

From here the patient could without difficulty derive a further experience, which took place fourteen days later. While sitting, she indicated that, for the first time, her relationship to space had changed. “All around me is space. But I do not feel lost, because the others are here.”

What is happening is a change in the “vital space” (see Buitendijk’s important work on this: 1956*) which is also the space of the patient’s newly attained life-possibilities. And as for space, so for time; qualitative time, i.e.,


the right moment, is more important than quantitatively measured time. To this immediate experiencing of vital space and the right moment, one can be led by Concentrative Movement Therapy.

And now the conclusion. In the next to last session the patient felt tall and clumsy. This feeling of overdimensional length and breadth did not leave her for the whole session. As before, she perceived the room as being large and of great extent. After the session she felt happy and well.

From the accounts of the last session one incident is particularly important: a few hours before the session, the patient fell down a flight of stairs and wanted to skip the session because of the pain. During the exercise the pain disappeared completely.

This sensing into oneself makes possible the acceptance of pain, also of the allied sensations of discontent, agitation, fear and anxiety. Unlike the defenses against it, which breed tension, the accepting of pain often causes it to disappear completely.

The patient left the clinic after two and one half months of treatment, thirty-six individual psychotherapeutic sessions, twenty-two sessions of Concentrative Movement Therapy. She was, at departing, a cheerful young girl, open again to life and its tasks. She had begun to realize the guiding image that had formed in her during the second session of the practice. She now weighed about 120 pounds. Subsequent observation established that she continued doing well.

Cases of this brevity and vividness are not unique, but not ordinary. Especially favorable factors in the patient’s case were her rootedness in a therapeutic community and the supportive personal relationship with her movement therapist (a woman). In most cases more time is needed for so satisfying a result, and more patience.

Perhaps some reader will think that the general description and the case history offered here will by themselves enable him or her to know what Concentrative Movement is and how one “does” it. I must disillusion you: Concentrative Movement Therapy is always different, different in three ways.

One: any situation can become an object of experimentation and discovery, since there are no fixed “exercises”. Since the distinction between “exercise” and “exercises” is of prime importance but is again and again the occasion for misunderstanding, a clarification should be made. Obviously a learning process takes place in Concentrative Movement Therapy in the course of repeated happenings or activities; this is what we call “exercise” (or “practice”). But these happenings or activities are not
poured into a fixed mold in such a way that every participant would, over and over again, have to accomplish the same end; so there are no “exercises”. We do not shape similar or the same “work situations”—so the participant (and the therapist) has the opportunity for comparison in the diverse and changing experiencing. The work situations, however, are no more than the facilitation of subjective discoveries and experiences and, sometimes, of unique solutions according to personality, time and place.

Two: Every therapist, must, in consequence, develop from his own clinical and personal experiences a repertoire of different and ever-new situations and his own particular style of practice. Three: the therapist must first become aware, in a free-ranging attention analogous to that of the psychoanalyst, of what the patients offer him, so that he can then work with it.

However, despite the characteristics of individualization and indefinableness inherent in Concentrative Movement Therapy, certain generally valid points can be brought out. To do this there is need of somewhat more basic considerations.

The Foundations of Concentrative Movement Therapy as a Method of Fundamental Psychotherapy

To Have a Body 1—To Be a Body 2

Western thought is split by a great gulf: the separation of subject and object, being and having. That is the prerequisite to all reflection and thus a source of understanding and great accomplishment. But we pay for this separation by the danger of getting lost and being lost on either side of it. Concentrative Movement Therapy aims to overcome this split.

As soon as a person experiences himself as someone who senses, sees, hears, tastes, smells, he is no longer the subject distinct from—opposed to—the world of objects, but is in a new and original way now connected with it... “A sense for the external world develops,” said one patient, “the objects become co-subjects.” The formulation of phenomenological anthropology (Christian 1956, following Marcel, Merleau-ponty, Buitendijk) with respect to the body as man’s closest environment is that not only do we have bodies (Körper); we are bodies (Leib). Leib as animated and experienced Körper is in this respect the common ground upon which the subject and the object stand.

If we are serious in saying, “We are our bodies,” we will, of course, make therapeutic use of our capacity to be aware of ourselves as bodies. “What exactly do you sense now?”

“What are you aware of?” “What is your body telling you?” “What impulses toward change and movement can you perceive in yourself?” Such questions often give insight into the nature of a disturbance of experiencing and the possibilities for overcoming it.

The Reciprocity of Perception and Movement: “Comprehending” as the Condition of Ego-Development

As a method of fundamental psychotherapy Concentrative Movement Therapy is based on sensed movement. In his theory of the gestalt-circle, von Weizsacker (1939) developed the idea that movement and perception never occur singly, but always as a unified gestalt, in reciprocal relation. Considered cybernetically, movement and perception are related to one another by feedback. Given such a kinesthetical feedback, movement can be fully understood only as genuinely experienced movement.

Even beyond the momentary situation, movement experiences are of fundamental importance for human development and unfolding. The chance of staying alive and flourishing lies in one’s ability to move, to breathe, to suck, to swallow, to grasp. But “grasping” means more than “getting hold of,” “gripping”; it also means “perceiving,” “receiving,” “understanding.” Thus Piaget speaks of a sensory-motor intelligence as prerequisite to the conceptual intelligence of the adult. Sensory-motor accomplishments thus stand at the origin of thinking, and are its (mostly still pre-verbal) preconditions. Thinking is as entwined with speaking as perception is with movement, in gestalts and patterns of feedback. Both circles, the non-verbal one of movement and the verbal one of talking and thinking, are in their turn part of the larger circle of comprehending.

Comprehending

Thinking

Talking

Movement

Perception

We can, then refer to the sum of the accomplishments of the autonomous ego-sphere as “comprehending.” The ego in question has at its disposal an inborn repertory of sensory-motor behaviors, of which the most important,

1. German, Körper: body, implying something static inert. (Translator’s note.)

2. German Leib: body, implying something animated. (Translator’s note.)

Bowlby has said (1953)1 are crying, sucking, smiling, holding on, and following. These enable the human infant to comprehend reality and self.

Also in these behaviors we find movement and perception to be a unity. An example: to "follow" is to move after, sheltered by the protecting mother's presence, as animal offspring do immediately; but it also means to pursue something, groping or seeing, as we might speak of following the procession of clouds in the sky with our eyes, or the outline or surface of an object with our hands. But "following" is also obeying, making one's own the absolute necessities for the ego's survival and development.

Fixation and Movement

Movement includes a temporal element. Every movement has a before and an after that can be experienced in the present. Often patients will say, "It won't work." They are fixated on past experiences or future expectations, both of which restrict their ability in the present.2

The problem of inability can be made visible by movement therapy. Then, in small steps, movement components which patients can perform in the face of their own disbelief, they can find out that "it does work" after all...

It is not only that the individual learns he is capable of movement and is encouraged by the experience of this common, external success; he experiences, moreover, that on a path previously barred to him by his ideas of inability there is still the possibility for inner movement onward. Consequently his ego is strengthened against fixations based on preconceptions. And, beyond that, because a symbolic meaning dwells in every movement, the individual can, together with this attempt of going onward, make a specific inward discovery of his own power...

A movement sensed in the spirit of Concentrative Movement Therapy is not isolated, but may be independent: "not isolated" means being in connection with the whole body, its laws and possibilities; "independent" means free from disturbances and preconceptions, in the present moment. The resulting concreteness leads to a special, deep probing of reality by testing and comparison, first in the protected space of therapy, then gradually more and more in daily life.

Sense and Sensuality3

We might ask ourselves how many of our daily activities are in-sensible and sense-less, i.e., unlived and unthought. "Sense" ("Sinn") in Concentrative Movement Therapy has manifold meanings; it means the organs with which we see, hear, smell, taste and feel; also the sensory faculty, sensuality, and so on up to consciousness (Besinnung) and contemplation (Besinnungskeit); it is also connected with "sensible" as meaning reasonable, accurate, and ordered, in the realm of the individual and, finally, on a level which transcends the individual. Yet we often use our senses without sense: we hear and do not take in; we see and do not perceive; we move without noticing what we do and what happens. Thus we live and act senselessly, impervious to sense in the world's broadest meaning. The resulting problems and disturbances are what Concentrative Movement Therapy is concerned with in its sensory experience of self.

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In various articles (1959, 1960, 1963, 1964, 1981) Dr. Stolze continues with technical remarks and some more detailed descriptions of the various aspects of Concentrative Movement Therapy, including the reactions of patients, and the patient-therapist relationship. Due to space limitations we offer here only a few examples.

It is characteristic of the experientially disturbed patient that he is literally "beside himself", that he can regard himself, his body, and his relation to the world only from the outside, by reflection. This is clear already in that his experiences with his body are registered only when accompanied by disturbances and inadequacies. But from the sensing of his body as practiced in Concentrative Movement Therapy, the patient gains the capacity of seeing, feeling, and being familiar again with his body and its functions, of feeling, moving, and being at home there, of accepting himself/his body as it is, rather than standing anxiously or rejectingly at a distance from it.

Sensing oneself leads to the discovery of a center of gravity. The individual feels within the field of the earth's force, feels he has weight, discovers a pole of quiet, of rest—an Archimedean point, so to speak, from which to "move the world." In place of reflection enters reality, and thus a real power of what is sensed: a new, not intellectual relation to oneself occurs. In being present the individual is released from arbitrarily dictated, oppressive

2. In many neuroses a fixation on the ambivalence of forward and backward progression (aggressiveness) and regression (passiveness), plays a central role. This is dealt with in all psychotherapies emphasizing the here-and-now, e.g., gestalt therapy or theme-centered therapy.

Therapy. This may seem like mere wordplay; but then he must formulate a working hypothesis, rather, of an intuitive character, obedient to a significant experience for me," said a physician quoted by Wilhelm, 1961). 

Can be effective in interpretation on the part of the therapist—was given instructions; rather he should invite patients in an advanced training group. 

Which situation in which one or more questions are systematized into exercises. Its application is, significance for him. The therapist should not bring into focus for the patient so that he is offered the possibility of recognizing their significance for him. The therapist should not give instructions; rather he should invite patients to attempt what he suggests. His comments—which ought to be in the form of questions, though not questions needing an immediate answer—may stimulate, but must not disclose perceptions in the direction of discovery.

"The way in which retrospective questions made clear the deep truth and reality of concrete situations and patient's accounts of them—without, however, any offering of exegetical interpretation on the part of the therapist—was a significant experience for me," said a physician in an advanced training group. 

The demands made on the therapist in Concentrative Movement Therapy are more extensive than those required by other therapies. In the inquiry into what a man is in his very self, the therapist must be able to experience himself and, over and over again, make himself ready for the experience. A therapist who is "insensitive", who is too "deaf" and "dumb" as to what is going on, who has "no taste of" and cannot "smell out" his patients is not capable of working with Concentrative Movement Therapy. This may seem like mere wordplay; but only a therapist who is entirely present, in "readiness for experiencing" (Elsa Gindler as quoted by Wilhelm, 1961) can be effective in this therapy.

A question that comes up often is, How does the patient, and with him the therapist, understand what happens? especially since one situation may mean different things to different patients. What touches the patient, what grasps him so that he can "grasp" it, is happening chiefly in the realm of the preverbal. But afterward it is important for the patient to reflect on what he has experienced and give it verbal form. 

The therapist has the opportunity for direct observation of the "statements" made by gesture, facial expression, automatic or reflexive behavior. But he cannot dispense with supplementary verbal data, since there is often a considerable discrepancy between a patient's experience and the therapist's perception of it...

If reports do not come up almost explosively and spontaneously, as they often do, a patient may be invited to make a verbal report on his direct experience as it happens, or engage in conversation within a group or sub-group. Written accounts composed by the participants after the session is another possibility. With all verbalizations the therapist must take care that meanings, opinions, and evaluations do not become fixed by the act of describing them.

Report from a student: "My relationship to my body has become more ingenious, more objective, and more trusting. I have certain fixed bodily inhibitions and discomforts which always surface whenever I feel myself observed and have to move before the eyes of others. My body then feels heavy and awkward to me, like an unwieldy ship. What a blessed experience when, during practice, such tension lessened—something I never thought was possible—and I lost the torment, at least in respect to my subjective feelings. It becomes clear to me that this bodily inhibition has to do with an excessively strong and wrongly used self-consciousness, namely with self-observation became purely objective; then the dichotomy of body and mind practically fell away."

But the usefulness of such experience is not restricted to patients. Many other persons, especially psychotherapists pursuing further study, can learn something from Concentrative Movement Therapy, through extending and deepening their capacity for inward and outward self-perception. This is of value whenever men and women aim at the unfolding of their personality through self-experience.

Note: A bibliography of 50 papers and articles on the subject of Concentrative Movement Therapy, in German, published or delivered between 1959 and 1982, has been sent by Dr. Stolze to the Charlotte Selver Foundation and can be referred to in the CSF library.