The history of Concentrative Movement Therapy (CMT) From ‘Gindler work’ to body psychotherapy

Abstract
This article describes the development of Concentrative Movement Therapy (CMT; in German Konzentrative Bewegungstherapie, KBT) from its beginnings as the so-called ‘Gindler work’ to its current status as a widely recognised method of body therapy. This includes the progressive development of a theoretical foundation for CMT as well as its prevalence in the clinical setting and its spread across German borders into other European countries.

Keywords: Gindler, Stolze, development of a theoretical foundation, Gestaltkreis theory, psychosomatics, founding of the association, research, CMT, KBT, DAKBT

Introduction
In order to describe Concentrative Movement Therapy (CMT; in German Konzentrative Bewegungstherapie, KBT), the terms ‘journey’ or ‘being on a journey’ are often used. This terminology is to signify that movement is at the centre of this method, in both senses of the word: as a physical process and a developmental process towards a very personal goal. And when Prof Stolze, who today is seen as one of the pioneers of CMT, at the end of his personal life journey spoke of his desire for CMT to ‘remain on a journey’, it also underlines the significance of this term for CMT. Thus, the logical conclusion is to describe the historical development of this method as a type of journey, the individual stations of which are described in the following.

The journey begins
with the gymnastics teacher Elsa Gindler from Berlin. She was born in 1885 in Berlin and died there in 1961. Her parents could not fulfil her wish to become a physician for economic reasons, yet she remained interested in all issues relating to the human body, which finally led her to the gymnastics work of Hedwig Kallmeyer. However, this training, which focussed on ‘harmonious
and beautiful movement’, soon did not match Gindler’s own ideas any more since she realised that “the inhibition of modern man in movement, thinking and expression cannot be removed through physical exercise alone; it is only by way of a holistic view of humans that we can be led to confront reality directly” (v. ARPS-AUBERT, 2010). In 1926, Gindler said in a lecture that her work consisted “not in the learning of certain movements, but in the attainment of concentration”. Apart from concentration, she also considered the enhancement of people’s ability to perceive their own bodies very important. She thus developed a completely new understanding of bodywork, focussing mainly on improving the perception of self, rather than following a prescribed set of exercises. This led to the development of the term ‘exercising without exercises’ often used later on. To her, one of the principal preconditions for her work was ‘the willingness to experience’, which she demanded of her students time and again. Contrary to today’s approach in CMT, Gindler did not consider the verbalisation of one’s experiences important; it hardly took place in her courses. Presumably, she simply trusted the effectiveness of this type of involvement with one’s own body and never saw her work as psychotherapy.

This lack of verbal processing of body experiences explains why Elsa Gindler refused to give her work its own name, let alone place it within a larger theoretical framework. Her numerous students, such as Charlotte Selver, Elfriede Hengstenberg, Gertrud Heller and others, also always called it ‘Gindler work’.

The journey continues
Elsa Gindler’s work initially did not spread beyond a relatively small area. However, after World War II, her student Gertrud Heller began using Gindler work with patients in a psychiatric clinic in Scotland in cooperation with the psychiatrist Mayer-Gross, who had emigrated during the Nazi era, and she eventually also started offering courses in Germany. One of the participants in one of these courses was Prof Helmuth Stolze, a neurologist and psychiatrist, who had established his psychotherapy practice in Munich in 1952. Stolze was fascinated and soon began trying to use this type of work. However, for him as a psychotherapist, it came naturally to verbalise the emotions and associations triggered by body experiences, thus augmenting the method.

In 1958, he introduced it for the first time in a lecture at the Lindau Psychotherapy Weeks, calling it ‘Concentrative Movement Therapy’ (STOLZE, 1984). Although he called this a provisional name, it nevertheless remained despite any calls for a name change later on.

The introduction of CMT in Lindau resulted in it being more widely applied. The demand for these courses offered as self-awareness groups by various course instructors was great, especially since group work in the area of psychotherapy was very common during the 1970s anyway. One of these course instructors was the Israeli Miriam Goldberg. She had come to know the method in Israel through one of Gindler’s students, Lotte Kristeller. Her creative and
intuitive approach which made her prominent at the Lindau Psychotherapy Weeks was nothing that could ‘be learned somehow’, but it was precisely this question of teachability and learnability which was being discussed more and more in small-scale meetings. The question arose whether it would be important for CMT to be provided with a theoretical foundation in order to make the new method that had been developed more explicable and tangible. However, there were many who were sceptical with regard to a theoretical model, worrying that it would take the creativity and flexibility out of CMT.

Steps towards the formation of a theory
Again, the initial and perhaps crucial step towards a theory is owed to Prof Stolze, who set out on an intensive search for a theoretical foundation and finally found a way to explain the methodology of CMT by extending Viktor v. Weizäckers Gestaltkreis model. He was able to show how the two Gestaltkreise ‘perception and movement’ (which corresponds to the non-verbal experience proposal in CMT) and ‘thinking and speaking’ (which corresponds to verbal processing in CMT) are interconnected through the overarching term of ‘grasping’. The interconnectedness of these two regulatory circuits points to a close connection between physical experience and the contemplation of that experience (Stolze, 1984).

Hans Becker aimed for a slightly different aspect in the search for a theoretical framework for CMT in his book Integrationsversuch von Körperlichkeit und Handeln in den psychoanalytischen Prozess, published in 1997. In this book, Becker was the first to base CMT consistently on the developmental psychology of Erik Erikson as well as Margret Mahler. He used a very descriptive chart to show which opportunities of experience are offered by CMT for each individual developmental phase as described by Erikson and Mahler. Even though later on, Mahler’s theory was revised to some extent through infant research, Erikson’s model is seen as a useful system for CMT to this day. The reference to theories of developmental psychology proved a solid theoretical foundation—just as the extended Gestaltkreis had. This includes the theory of cognitive development by Jean Piaget and the psychoanalytic stages as taught by Freud.

During the 1980s, modern infant research revolutionised developmental psychology. This led to the theoretical foundation for CMT being further corroborated. If, from this new-found perspective, an infant can be seen as a ‘competent’ being capable of active dialogue with its surroundings, the possibilities for experience within the context of Concentrative Movement Therapy become highly significant. Since it is body language as expressed in movement, gestures and facial expressions which infants understand and respond to, it is possible to also reach an adult through non-verbal communication and interaction at a very early stage at which deficits and traumas may have occurred.
Object relations theories increasingly moved to the fore for therapists working with CMT, Winnicott and Kernberg in particular. Later on, interest in the findings of brain research also began to grow since it could provide important explanations for the effectiveness of CMT with the discovery of mirror neurons (Bauer, 2006).

The next step: foundation of the association
As mentioned in the foregoing, opinions differed widely in the 1970s regarding the institutionalisation of CMT. Yet the realisation became prevalent that without such a step, the teachability and learnability of the method and its recognition among scholars would not be possible. Dr Ursula Kost, a psychotherapist from Reutlingen, was the driving force in this movement towards the founding of the Deutscher Arbeitskreis für Konzentative Bewegungstherapie (DAKBT) (German Association for Concentrative Movement Therapy) in 1975. This paved the way for the development of advanced training guidelines and a structured curriculum. With her book Konzentative Bewegungstherapie in der Praxis, first published in 1983, Christine Gräff contributed significantly to this step, along with many others who committed themselves to the development of the association.

(for more details, please refer to the article Training and advanced training offered by the Deutscher Arbeitskreis für Konzentative Bewegungstherapie (German Association for Concentrative Movement Therapy (DAKBT) by Christine Breitenborn)

The journey also leads to other countries
Owing to its geographical proximity to Munich, with its vast number of therapist lecturers such as Prof Stolze, Christine Gräff, Renate Schwarze and others, Austria soon had a growing number of people interested in CMT, headed by Sylvia Cserny, who facilitated the founding of the Austrian partner association ÖAKBT in 1980. She was also instrumental in promoting the establishment of a theoretical framework for CMT with her dissertation entitled Das Leib-Seele-Problem (Cserny, 1989) and later with her book, co-authored by Christa Paluselli, Der Körper ist der Ort des psychischen Geschehens (Cserny & Paluselli, 2006). The success of the association for the advancement of CMT became visible in the recognition of the method by the Austrian Federal Ministry for Health as an independent scientific method in 2001. Thus, the establishment of CMT as a service covered by state health insurance was achieved—a step which has yet to be attained in Germany.

CMT also gained a foothold in other countries, for instance in Switzerland with the foundation of the CHKBT, in Slovakia, where the SSKPT was founded in 2001, as well as through the European Association for CMT (EAKBT) founded in 2001, with Belgium, Germany, Austria, Italy, Switzerland and Slovakia as its members.
The journey continues on a widening path

Though at first known primarily for its effectiveness as a self-awareness technique, CMT was soon recognised by a number of people for its significance in psychosomatics. The university clinics of Freiburg and Heidelberg in particular served as forerunners in this context. In Freiburg, a group of therapists came together under the leadership of Dr S. O. Hoffmann, the senior consultant at the time, who were interested in the synergy of CMT and Group Analysis in psychosomatics and published one of the first studies on the subject (Carl et al., 1982). It was also in Freiburg that the then senior consultant Dr Thomas Herzog, together with the author and other therapists, developed a treatment concept for anorexia nervosa, which was later extended to bulimia and obesity (Carl, Herzog, 1996).

CMT soon became an integral part of the treatment programmes offered at numerous psychosomatic clinics. For it was especially with psychosomatic disorders that CMT proved particularly effective, which was confirmed time and again through surveys conducted among patients, for instance in Heidelberg.

It took a little longer for CMT to find its way into psychiatry. However, since CMT can be used in various methodological ways according to the structural level of the patient, successful treatment approaches could be established in this field as well (Heuer, Krietsch, 1997; Bayerl, 2002).

Other areas of indication were added over the years, for example pain therapy, depression (Graff, 2005) or trauma (Schmitz, 2004).

The growing use of CMT in the clinical setting for an increasing number of conditions also made it necessary to develop CMT as an individual treatment programme. While patients with a more mature structural level could profit from the variegated possibilities for experiences in a group and from the evolving group dynamics, this was often impossible for patients whose disorder had developed at an early stage in life. Yet CMT proved quite effective for them in an individual therapy setting where the body experiences offered could be adjusted to their individual capabilities and limitations.

Working with CMT did not stay restricted to the clinical setting. It was also increasingly applied in out-patient settings, for example in psychotherapy or occupational therapy practices, in both group and individual therapy.

Steps towards research

Within the circle of the DAKBT were therapists who had an interest in scientific research, such as Dr Karin Schreiber-Willnow (Schreiber-Willnow, 2000) and Prof Klaus-Peter Seidler (Seidler,
1995). They wanted to embed psychotherapy research on behalf of CMT in the association. In 1999, a research group was established, which has since conducted numerous studies. At the annual research conference, research matters are discussed and the findings of studies regarding the effectiveness of CMT in group and individual therapy are presented.

*For further details, please refer to the article by Prof. Klaus-Peter Seidler*

**Current vantage point on the CMT journey**

Of course, the journey of CMT as described from its beginnings until today does not end here. That would not be in line with a method which focusses on movability and development, yet which has found its place as a widely recognised method of body psychotherapy. From the current vantage point, there seem to be many opportunities and it will be interesting to help shape and support the future of CMT. The unwavering interest in CMT advanced training points towards many opportunities and will ensure that Concentrative Movement Therapy remains a trademark in the future.

**References**


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