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Concentrative Movement Therapy (CMT) – An evaluated Body Psychotherapy for psychosomatic and psychic disorders

The body is becoming increasingly significant in the concepts of psychotherapy. Body-oriented psychotherapy methods were developed with psychoanalysis, behavioural therapy and systemic theory as their foundation.

Concentrative Movement Therapy (CMT; in German Konzentratrative Bewegungstherapie, KBT®) is a body-oriented psychotherapy method which has been tried and tested since 1958 for group and individual therapy based on concepts of developmental psychology and depth psychology. There are KBT associations in six European countries which are also members of the European Association for Concentrative Movement Therapy (EAKBT). The EAKBT is a member of the European Association for Psychotherapy (EAP), having the status of a European Wide Accreditting Organisation (EWAO) within the EAP.

Concentrative Movement Therapy has a firm place within the treatment offer provided by the health care systems of Germany and Austria, especially in in-patient psychosomatic care.

This journal is intended to outline the historic development of the method as well as the scope of its practical application in Germany, Austria and Slovakia. An overview of the empirical research undertaken in the area of Concentrative Movement Therapy will complete the picture.

Anemone Carl traces the journey of Concentrative Movement Therapy from its roots in the gymnastics movement in Germany in the early 1930s until today.

The political changes in Eastern Europe made pioneering in the introduction of new psychotherapy methods seen as ‘emancipatory’ possible and necessary. Committed therapist lecturers for Concentrative Movement Therapy from Austria and Germany brought CMT to Slovakia and established the method there in training and practice.

Heide Häcker describes this undertaking from her own perspective.
CMT is part of the in-patient treatment offer in 110 psychosomatic clinics in Germany, among them the Nuremberg Hospital. A concept for treating burnout syndrome has been developed there.

Jürgen Schultheiss was key in establishing Concentrative Movement Therapy as part of the clinic’s treatment offer and uses detailed practical examples from the CMT group in order to show how the method works.

In Austria, Concentrative Movement Therapy also has a fixed role in in-patient psychotherapy treatment.

Helga Hofinger focusses on the aspects of internalisation and externalisation in CMT treatment with a patient at the Psychosomatic Ward of the Department of Psychiatry and Psychotherapy at the Medical University of Vienna.

Anton Szugfil’s article on in-patient rehabilitative work with tinnitus patients from the perspective of Concentrative Movement Therapy also looks at CMT as a group therapy method. His description clearly identifies the methodologically essential link between experience and perception offers in practical work and their verbal processing.

In a clinical in-patient setting, CMT is mostly experienced by the patients as a group therapy method, which does not mean, however, that the method is less effective in individual treatment. This becomes clear in Ulrike Schmitz’s description of her individual CMT out-patient treatment of a client with an anxiety and somatisation disorder.

What is of particular significance in this article is the consideration of physical counter-transference in the therapeutic relationship as a diagnostic agent and starting point for therapeutic interventions. The practical work is described in a tangible manner and the transfer into the patient’s real life situation becomes clear.

The Deutscher Arbeitskreis für Konzentrative Bewegungstherapie (German Association for Concentrative Movement Therapy, DAKBT e.V.) was founded in 1975, the Österreichischer Arbeitskreis für Konzentrative Bewegungstherapie (Austrian Association for Concentrative Movement Therapy, ÖAKBT e.V.) followed suit in 1980.

The founding of these associations formed the basis for the organisation of imparting and teaching Concentrative Movement Therapy.

Christine Breitenborn summarises in her article the development of the DAKBT, of CMT training with certification and the situation of CMT in practice.

In Austria, it has been possible since 2010 to attain a bachelor’s/master’s degree in Concentrative Movement Therapy. Moreover, CMT has been recognised as an independent scientific method in Austria since 2001. Elisabeth Oedl-Kletter describes this development.
In the same manner as somatic therapies, psychotherapy methods also have to face scientific evaluation. The research group of the DAKBT e.V. has been active for the past 15 years. Klaus-Peter Seidler outlines in his article the research findings regarding the practice, identity and efficacy of and indication for Concentrative Movement Therapy as well as the factors influencing its efficacy.

Hopefully this selection of articles will be useful in giving the reader an extensive overview of Concentrative Movement Therapy and in characterising its role as a body-oriented psychotherapy method. Please refer to www.dakbt.de for further information on the method.

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