Deutscher Arbeitskreis für Konzentrative Bewegungstherapie e.V.
[German Association for Concentrative Movement Therapy]

Konzentrative Bewegungstherapie

How to study treatment of small outpatient groups of Concentrative Movement Therapy (CMT)?

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Objectives: Outpatient group psychotherapy by CMT after psychosomatic hospital treatment was performed in eight monthly one-day meetings for about a year. CMT is an approach of body oriented psychodynamic therapy. It can be described especially as a perception and movement oriented approach with the intention to increase the patients' ability to symbolize and verbalize implicit body memories and to enhance competency in relationships (1). The group was conducted by two experienced CMT group leaders, a man and a woman. Focus of the closed group was "finding one's path into life again" after psychosomatic inpatient treatment.

Method: A quantitative naturalistic study in pre-post-design including process data of CMT group experiences was performed. Because of the small sample size no statistical tests were performed, but clinical significant changes are described. A descriptive comparison to a multicentre inpatient CMT study with the same instruments (2) is added.

Instruments: The patients answered three questionnaires on the first, the fourth and the last meeting of the group:

Severity of psychopathological symptoms: The Brief Symptom Index BSI-18 (3) provides an overview of a patient's psychic symptoms and the severity at a specific point in time with Global Severity Index (GSI) as a single score for symptom severity.

Interpersonal problems: The Inventory of Interpersonal Problems IIP-32 (4) identifies a person's most salient interpersonal difficulties and the change during treatment.

Body Experience: The Body-Image-Questionnaire FKB-20 (5) describes body experience and body image disturbance with two scales: "rejecting body evaluation" (AK) and "vital body dynamics" (VK).

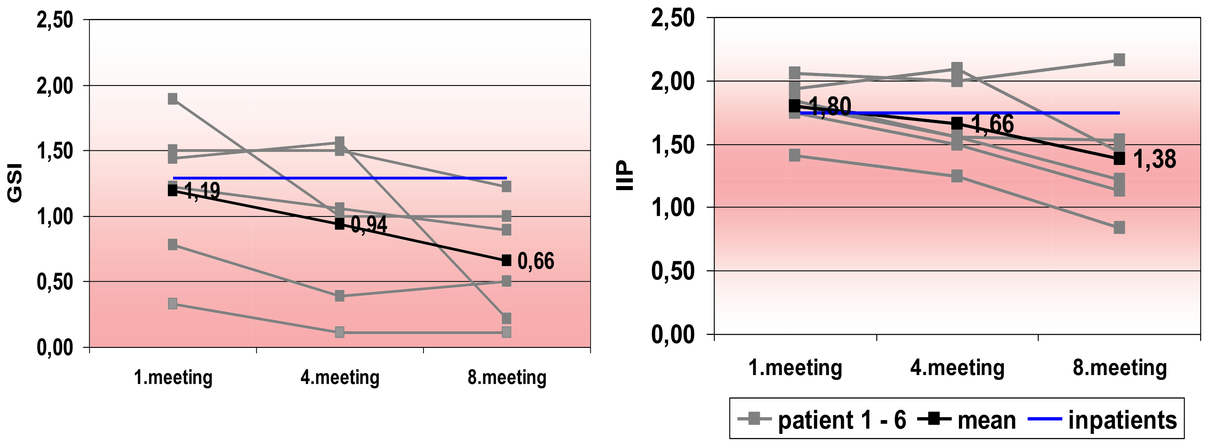
The patients received the CMT session questionnaire after the first, third and fourth meeting:

CMT Session Experience: Specific experiences with CMT during the sessions were measured by CMT Session Questionnaire SB-KBT (2) with two scales: "benefit from the session" (NK) and "body related self experience" (KB).

Tab.1 Study sample: frequency, mean and standard deviation
Study group (group 1) and inpatient comparisons (group 2)

	Group 1 N=6	Group 2 N=218
Sex	6 female	69 male, 149 female
Marital status	2 married, 4 single	Not specified
Education level	3 school for 9 - 10y., 3 school for 13y.	Not specified
Age (years)	44.6y. +/- 7.6y.	45.7y. +/- 11.6y.
Previous treatment	3 inpatient therapy, 3 individual outpatient CMT	Not specified
Diagnosis (ICD-10)	F32.1 (3), F33.1 (1), F41.0 (1), F60.6 (1)	Non specified, broad range of mostly F3, F4, F5
Points of measurement	1., 3., 4. and 8. meeting	Admission, 3. und 4. session
Duration of treatment	8 meetings of a whole day during one year	between 3 and 10 weeks, usually 2 sessions a week

Fig. 1 and 2: Global changes during the year of CMT-treatment (N=6)
Comparison group of inpatients at admission (N=218)



Results:

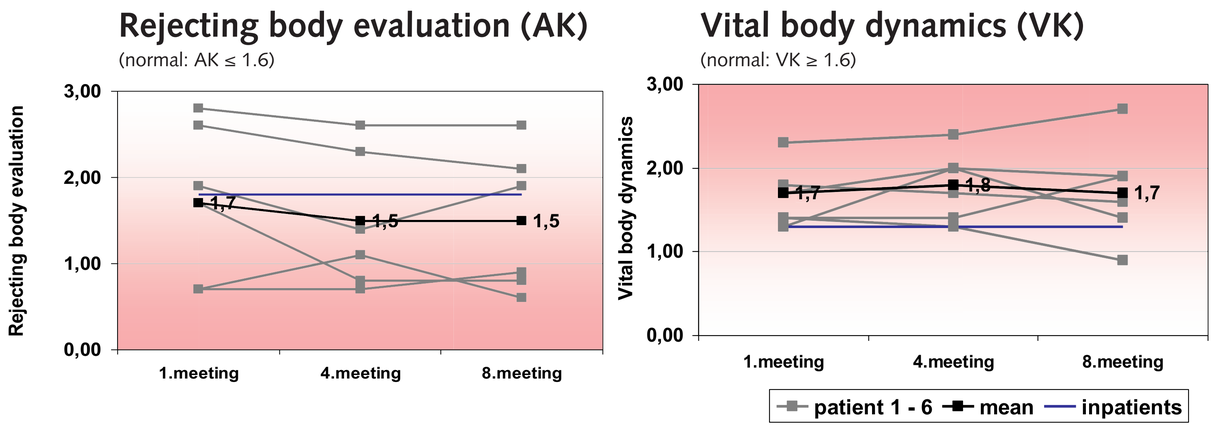
Pre-Post-Changes: The mean psychological distress in the post hospital group (Fig.1) was still relatively high with GSI=1.19 (s=0.56) in the beginning, compared to 218 inpatients with a mean GSI=1.29 (s=0.70) in the beginning. It reduced significantly during the year of treatment to GSI=0.66 (s=0.45), which is in normal range.

The interpersonal problems (Fig. 2) in the beginning were even higher with IIP=1.80 (s=0.22) than those of the inpatients with IIP=1.75 (s=0.53). They significantly reduced during the year of treatment to IIP=1.38 (s=0.45), reaching a normal level.

Rejecting body evaluation (Fig.3) was high in the beginning. The outpatients had AK=1.73 (s=0.90) compared to the inpatients' AK=1.75 (s=0.53). They reduced only in half of the group to a mean of 1.48 (s=0.82), which is in the normal range.

Vital body dynamics (Fig. 4) of the outpatients was in normal range throughout the year with VK=1.65 (s=0.37) at the beginning and VK=1.73 (s=0.60) in the end, while inpatients had pathological scores at the beginning: VK=1.30 (s=0.68).

Fig. 3 and 4: Body experience during the year (FKB-20)
Comparison group of inpatients at admission

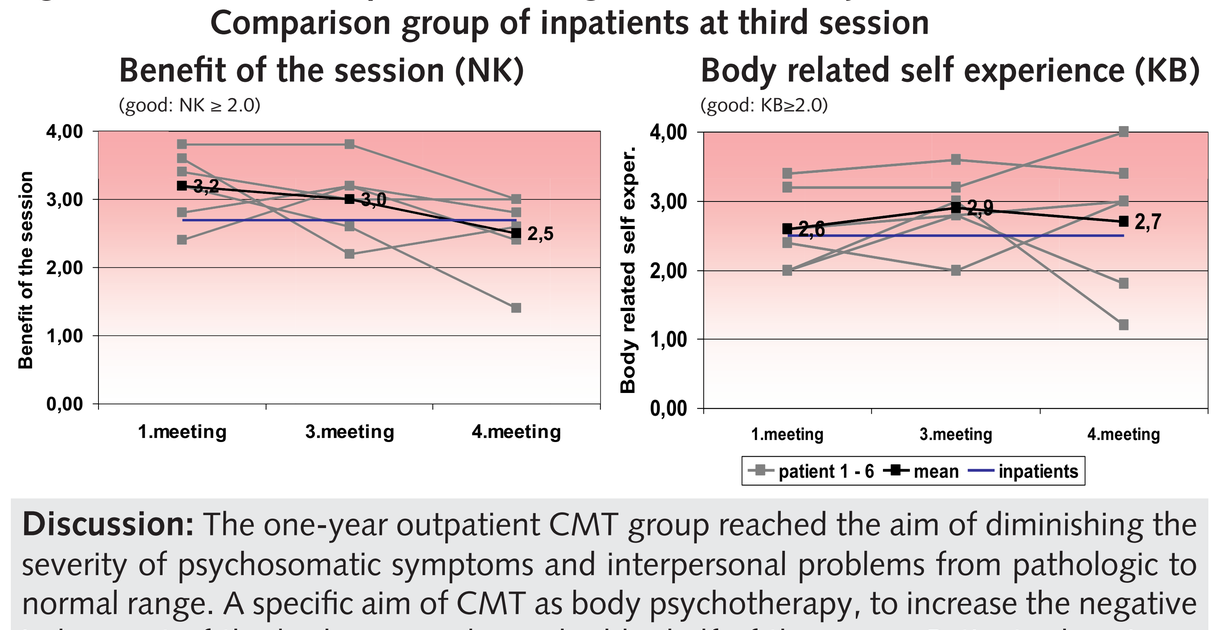


Group process: Evaluating the benefit of the single session by SB-KBT (Fig. 5), patients could use the first (NK=3.2) more that the third (NK=3.0) and the fourth (NK=2.5). NK≥2.0 means a good benefit. The inpatients showed a 2.6 at their third session. So basically a benefit from the session war rated by all patients.

Mean body related self experience (Fig. 6) remained stable, while standard deviation increased: KS=2.6 (s=0.6) in the first session, KS=2.9 (s=0.5) in the third and KS=2.7 (s=1.0) in the fourth session. Inpatients showed a 2.5 at third session.

From the subjective group leaders' point of view all patients finally profited from the group, as it is seen in BSI and IIP.

Fig. 5 and 6: Session experience during first half of the year (SB-KBT)
Comparison group of inpatients at third session



Discussion: The one-year outpatient CMT group reached the aim of diminishing the severity of psychosomatic symptoms and interpersonal problems from pathologic to normal range. A specific aim of CMT as body psychotherapy, to increase the negative judgement of the body, was only reached by half of the group. Patients choosing a CMT-group seem to have a better body vitality than average psychosomatic inpatients. But they also have a lot of difficulties in accepting their body. The group could use the sessions und had a good bodily self experience (in the mean). The increase of standard deviation of bodily self experience may be a sign for conflicts in the group in the middle of treatment. Due to group process theory crisis and conflicts are happening in the middle of treatment, when the deepest regression level is reached. Unfortunately data of SB-KBT of the last session are missing, so it is not known by SB-KBT, how the session experience went on.

Conclusion: This first pilot process-result-study of an outpatient CMT group shows, that even in small body psychotherapy groups it can be studied by questionnaires, how symptoms, interpersonal problems and body experience change during treatment. The session questionnaire SB-KBT seems to be helpful indicating critical incidents in CMT group process. The next step in evaluation should be a replication study with greater numbers.

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