

Technical Report:

Empirical Studies of the Body-Oriented Character Typologies of Alexander Lowen and Charles Kelley.

John May, February 2006.

222 W. Argonne Dr.

St. Louis, MO 63122

1mayway1@mindspring.com

Abstract

Personality has been a concept located at the core of Western body psychotherapy since its creation by Wilhelm Reich. Several body psychotherapy personality typologies have been proposed. Empirical studies of these typologies are not well known, however. A search was conducted in an attempt to locate all empirical studies of body psychotherapy. Among the studies found, this search located 12 studies of body psychotherapy personality theory—11 of Alexander Lowen's Bioenergetic typology, and one of Charles Kelley's Radix typology. The method and findings for each of these studies are reported, and a reference list is provided. The purpose is to provide a resource for researchers considering their own research into body psychotherapy personality theory. The conclusions and meaning that might be drawn from the studies will be taken up in a separate paper.

Introduction

Personality is an important issue in psychology and psychotherapy. The attempt to understand stable, whole-person differences and similarities among people goes back at least to Hippocrates in the Fifth Century B.C.E. Attempts to measure these kinds of differences found expression in the work of early psychologists like Gordon Allport and Raymond Cattell; speculations about character found their way into early psychiatric writing, like that of Ernst

Kretschmer; theories about the etiology of personality have been at the core of psychoanalytic writing since its inception; and a taxonomy of personality disorders became an important part of the most widely used psychiatric diagnostic systems, the DSM and ICD.

Wilhelm Reich, one of the originators of Western body psychotherapy, developed his body-oriented approach out of his practice of character analysis. Thus, from the very beginning, the attempt to identify and alter character has been at the very heart of body psychotherapy, and it has stayed there ever since. (Reich, 1949)

A number of body psychotherapy character taxonomies have been proposed. The Bioenergetic character typology of Alexander Lowen may be the most widely known, widely used, and most influential. The Radix character typology of Charles Kelley is much less widely known, but is an intellectually interesting contribution to the field. According to Lowen and Kelley's theories, personality is expressed not only in psychological and behavioral characteristics, but also in somatic or physical ones. In both of these theories, the types are intended to describe not only patterns of psychological traits, but also patterns of physical characteristics, which one can call body type or somatotype.

The theories also share the assumption that personality can be described by just a few characterological types. In Lowen's theory there are five: schizoid, oral, psychopathic, masochistic, and rigid. Although Lowen described these five as distinct types, and although they often seem to be used that way in the Bioenergetic literature, Lowen stated that they really represent continuous traits, which all people possess in varying degrees. In addition, he theorized that they emerged at different developmental periods, from earlier to later respectively, and represented a continuum running from less contact with the external world to more. The

description of these types was an important aspect of Lowen's theory—he devoted hundreds of pages to the task. (Lowen, 1958, 1975).

Kelley's Radix character typology is an adaptation of the work of William Sheldon, who developed the system of somato-psychological traits that best met minimum criteria for scientific rigor (Sheldon, Stevens, & Tucker, 1970). Kelley adapted Sheldon's three physical principles—mesomorphy, endomorphy, and ectomorphy—into his three types: anger blocking, fear blocking, and pain blocking. The description of types was also central to Kelley's approach. Though he publicly published relatively little on it (Kelley, 1979), it was heavily emphasized in his training materials.

In psychology, personality theorists have paid a great deal of attention to the empirical testing of personality theories. Neither Lowen nor Kelley empirically tested their characterological hypotheses, however, and until recently empirical research has not been a major focus of the body psychotherapy literature. Although they are not well known, empirical tests of these theories do exist: eleven involving Lowen's theory and one of Kelley's. They were discovered during a literature search I conducted in an attempt to locate and review all English language empirical studies of body psychotherapy.

Empirical research is not the only method by which scientific study may be advanced, but it remains an important method for testing whether one's hypotheses conform to the real world of experience. That is an important step, and it is the focus of this report. Other kinds of studies, such as case report, heuristic studies, and phenomenological studies, exist. They are also significant, but they are not the focus here.

This report briefly describes all twelve studies. It gives a brief summary of the method and the results of each, and the references section at the end provides citations so that the original

may be located. It is intended to be used as a resource for those considering research of their own into body psychotherapy personality systems. I hope to analyze and discuss the implications and conclusions that might be drawn from these studies in a separate paper.

Method

A search of the literature was conducted in an attempt to locate and review all English language empirical studies of body psychotherapy. I searched the PsychINFO database published by the American Psychological Association (APA). One can do this at many public and university libraries, and also online at the APA website (www.apa.org). I also searched the Dissertation Abstracts International database. This can also be done online, but it requires that you use a computer at a subscribing institution—such as a university. I also searched bibliographies on several body psychotherapy modalities and reviewed the archives of as many body psychotherapy journals as I could obtain. I also contacted individuals that I thought would be in a position to refer me to research sources, and the home offices of several body psychotherapy modalities.

I searched for 43 names that I thought might be potential research authors, and for 16 terms that I thought would represent most body psychotherapy modalities. The terms and years of publications searched are listed in Appendix 1. This extensive search yielded many hundreds of hits. Of them, 12 were empirical studies of body psychotherapy personality theory.

Most of the studies were dissertations. I obtained most of these online through University Microfilms Incorporated (UMI). As of this writing, the URL for this service is http://www.umi.com/products_umi/dissertations/. Dissertations not available through UMI can be obtained from the library of the university at which they were written.

Results

I found twelve empirical studies of body psychotherapy personality theory. Eleven focused on Lowen's Bioenergetic typology and one focused on Kelley's Radix typology. In what follows, I review the studies of Lowen's typology first, according to alphabetical order of the author's last name. The study of Kelley's typology comes last.

Baham's (1981) study was one of a series conducted during development of the Growth Process Inventory (GPI), a paper-and-pencil instrument developed, but then abandoned, by Shostrom. The GPI contained a section that attempted to measure personality disorders according to Lowen's five types. Baham recruited 12 Bioenergetic Analysts to each rate several of their own clients, for a total of 91 rated subjects. Each subject was rated on the degree to which they exhibited each of the five Bioenergetic character traits, and then asked to complete the GPI. Correlations between the two types of scores for oral, schizoid, and masochistic reached statistical significance, but were small (all were smaller than .35). Correlations for psychopathic and rigid did not reach statistical significance. The results seem to suggest that there was some measurable relation between ratings of three of the character traits and the scales designed to measure them, but it was small. There was no measurable relation on the other two.

Berkowitz (1977) collapsed Lowen's schizoid and oral types into one combined trait and explored the reliability of the resulting four traits. Then he used the multitrait-multimethod strategy to explore Lowen's theory that the Bioenergetic traits define points along an overlying factor, which Berkowitz called inwardness-outwardness.

Berkowitz videotaped six males and six females standing in several static poses, walking, and assuming two Bioenergetic stress positions. Two clinical psychologists with Bioenergetic

training used these videos to rate each subject on each of the Bioenergetic character traits they possessed. From those ratings, an overlying inwardness-outwardness score was computed. In addition, subjects completed two psychological measures of inwardness-outwardness: the Rorschach Barrier Score and the Meyers-Briggs Introversion-Extraversion Scale. They also completed two measures of unrelated traits, the Autonomy and Achievement Scales from the Edwards Personal Preference Survey.

On the Rorschach Barrier Score, the two raters achieved an inter-rater reliability of .93. Inter-rater reliability values of the four Bioenergetic traits for males and females are given in Table 1.

Table 1. Reliability of Bioenergetic Traits in Males and Females

<u>Trait</u>	<u>Females</u>	<u>Males</u>
Schizoid/Oral	.80	.44
Psychopathic	--	.15
Masochistic	.41	--
Rigid	-.62	-.27
Inwardness-Outwardness	.23	-.14

From Berkowitz, Sheldon. (1977) A study of inwardness-outwardness: The relationship of extraversion-introversion, barrier score, and Bioenergetic character structure. University Microfilms International, 785651, p. 36.

This pattern of scores suggested that the two judges shared some degree of shared understanding on several of the traits. The negative correlations for the rigid trait are particularly interesting. Generally, moderate to large negative inter-rater correlations suggest that the raters may have been attending to the same characteristics, but assigning them opposite meaning. For instance, both may have felt that an individual had hard, tight muscles, but one rater thought that made a subject rigid, while the other thought it made a subject not rigid.

For each gender, one Bioenergetic trait could not be computed because one of the judges gave every member of that gender a rating of “1” (lowest possible). For males, the trait was

masochistic; for females, it was psychopathic. Berkowitz raised the question of whether the ratings on these traits reflect actual gender differences in their occurrence, or gender stereotyping. This question needs further study.

Regarding inwardness-outwardness, the pattern of correlations hypothesized by the multitrait-multimethod strategy did not emerge, and the existence of an overall inward-outward construct could not be confirmed.

Dudas (1980) had two raters (both psychology graduate students with training in Bioenergetics) view subjects live from the front, side, and back. Based on those viewings, they assigned each subject a score on a Likert scale of psychopathic body type ranging from one to five. Fours and fives were called psychopathic body types ($n=20$), ones and twos were called not psychopathic body types (controls) ($n=20$). This strategy allowed for the computation of inter-rater reliability on the whole sample, though only a portion of the sample was retained. The inter-rater reliability was .87.

Dudas hypothesized that on scales of Gough's Adjective Check List psychopathic subjects would have elevated scores on the Self Confidence, Achievement, Dominance, and Autonomy subscales and lower scores on Succorance and Deference. They were also hypothesized to show elevated scores on the Control Scale of Schutz's FIRO-B, and the Psychopathic Subscale of Kerberg's Bioenergetic Body Test (described below). Dudas found the expected pattern of scores for Dominance, Autonomy, Control and Deference, but not for Self-Confidence, Achievement, Succorance, and Psychopathic. Dudas presented his results in the form of tests of significance (t-tests) but not as correlation coefficients. This tells the reader that the significant relationships between body type and psychological variables were not erroneous, but does not describe the strength of those relationships. In a post-hoc exploration, Dudas entered

the dependant variables into a discriminant analysis to determine if they could predict psychopathic somatotype at statistically significant levels, and found that they could not. That suggests that the size of the relation may have been small. Thus, the findings of this study raise interesting possibilities, but are not conclusive.

Feldman (1978) provided a complex research report that intermingled results from two main studies and three pilot studies. The first pilot study concerned individuals diagnosed as rigid somatotypes. Feldman stated that it had negative results, but did not report the data or his analysis. He did report that a small preliminary sample (n=15) was used to check inter-rater agreement on the diagnosis, and agreement was 80%.

In the second pilot study, subjects diagnosed from body readings as oral depressive scored significantly higher than non-orals on the Rorschach Oral Dependence Scale. Feldman checked agreement on diagnosis between the two judges in a small sub-sample (n=5), and it was 100%.

The first main study explored the same question with a larger number of subjects. Two judges with “considerable training and experience” (Feldman, 1978, p. 70) in Bioenergetic body reading diagnosed the somatotype of 50 male college students with their shirts removed as they stood and bent forward at the waist. They used the Body Typing Checklist, a rationally derived checklist of body characteristics created for this study, to help with the diagnosis. Subjects then took a group Rorschach, which was scored for the Oral Dependence Scale.

Using the categories of oral depressive and non-oral, agreement between the judges on diagnosis was 92%. There was no significant difference between groups on the Rorschach Oral Dependence Scale, however.

The third pilot study asked whether oral depressives as measured by body readings: 1) score higher on oral dependence as measured by the Rorschach; 2) score higher on field dependence as measured by the Group Embedded Figures Test; 3) better identify and describe other members of a shared group experience; 4) evaluate the leader of the shared group experience in a more positive light; and 5) evaluate the shared group experience itself in a more positive light.

Feldman stated that the results of this pilot study were positive. Unfortunately, the page where data for this study would have been reported was missing, and thus, cannot be reviewed.

The second main study asked the same questions with a larger number of subjects. Subjects who had no serious mental disturbances were photographed from front, side, and rear. Using live viewings during the photographing, the author diagnosed the subjects as oral or non-oral. In addition, the videos and photos were given to two experienced body psychotherapists who diagnosed the subjects as either oral or non-oral. Review of both of these diagnostic procedures, however, led to the conclusion that too many mixed types were included to make for a fair test of the theory. A third, post hoc diagnosis was performed by the experimenter from the photos, this time dropping all subjects who were mixed types. Of course, a post hoc change in method such as this has questionable validity.

From the initial ratings, four oral and four non-oral subjects were assigned to each of several group experience workshops. During the group experience, subjects completed the Group Embedded Figures Test and a group Rorschach, from which were scored field dependence and the Rorschach Barrier Score, respectively. At the end of the workshop, participants completed a questionnaire that involved identifying and describing workshop participants and evaluating the

workshop. These dependent variables were compared to each of the three diagnostic procedures – initial, photo, and post hoc.

Feldman's method could have produced information about agreement on diagnosis between the several procedures used, but either none was reported, or the report was on a missing page. Only for the post hoc diagnosis was oral body type associated with increased orality scores on the Rorschach. Only for the initial diagnosis was it associated with increased field dependence on the Group Embedded Figures Test. For none of the diagnostic procedures was it associated with increased ability to identify other workshop participants. Only for the photo diagnosis was it associated with a more positive evaluation of the leader. And only for the post-hoc diagnosis was it associated with a more positive evaluation of the workshop in general.

The intermingling of results from several studies, the post hoc change in procedure, and the omission of important data raise doubts about the validity of drawing conclusions from the findings. Results were inconsistent. Feldman's studies explore interesting methodologies and raise interesting questions, but are inconclusive.

Glazer (1985) rationally constructed a scale for rating Bioenergetic character type, the Bioenergetic Research Form (BRF), to use in his study. It was basically a Likert ranking from one to five of the degree to which a person exhibited each of the five Bioenergetic character types. He also developed research scales for Gough's Adjective Check List: nine Bioenergetic analysts rated the degree to which the adjectives of the Check List characterized each of the Bioenergetic character types. These ratings were used to construct five scales, one hypothetically measuring each type.

Twenty five subjects, mostly female, were photographed in 8 postures, including stress positions. In addition, they were given the Adjective Check List, the Thematic Apperception Test

(TAT), and an unpublished instrument called the Bioenergetic Analysis Measure (BAM). (The BAM is an unpublished research instrument with neither reliability nor validity data. Thus, it has not been obtained and reviewed for this paper.) The photos were rated by two Bioenergetic experts (Alexander Lowen & Edward Svasta, Director & Co-Director of the International Institute of Bioenergetic Analysis) using the BRF; they each also arrived at a primary diagnosis for each photo. The TAT was rated by two other raters for the degree to which the stories expressed needs consistent with each of the 5 character types. Scores on the BRF were compared to scores on the TAT, the BAM, the traditional scales of the ACL, and the specially constructed scales of the ACL.

The raters agreed on a primary diagnosis on a minority of subjects (10 out of 25), which was not significantly better than chance. Reliability coefficients between their ratings on the BRF are given in Table 2.

Table 2. BRF Inter-rater Correlations

Traits rated by B	Traits rated by A				
	Schizoid	Oral	Psychopathic	Masochistic	Rigid
Schizoid	.49*	.45*	.13	-.01	-.08
Oral	.51*	.50*	.21	-.41	.00
Psychopathic	.06	-.14	.40*	.04	.01
Masochistic	-.54	-.54	.04	.41*	-.03
Rigid	-.33	-.07	-.42	-.05	.37*

* p < .05, one-tailed test. Table from page 36 of Glazer, Robert S. (1985). *The use of Bioenergetic analytic body concepts in personality assessment*. Dissertation Abstracts International, 46(09), p. 3216B.

In Table 2, “on diagonal” values indicate correlations between different ratings of the same trait, while “off diagonal” values indicate correlations between different traits. While the correlations on the diagonal are moderately high, some of the off diagonal values are too, though perhaps inverse. Thus, Judge B’s ratings on Masochistic were related to Judge A’s ratings on Masochistic moderately strongly. But Judge B’s ratings on Masochistic were even more strongly

related to Judge A’s ratings on Schizoid and Oral, though the relationship was negative. Glazer also reported the correlation matrix for combined BRF scores, which are shown in Table 3.

Table 3. Correlations of combined ratings on BRF scales.

<u>Traits</u>	<u>Schizoid</u>	<u>Oral</u>	<u>Psychopathic</u>	<u>Masochistic</u>	<u>Rigid</u>
Schizoid					
Oral	.58*				
Psychopathic	.18	-.10			
Masochistic	-.47	-.67*	.00		
Rigid	-.57*	-.08	-.47*	-.16	

* p < .05, two-tailed test. Table from page 47 of Glazer, Robert S. (1985) *The use of Bioenergetic analytic body concepts in personality assessment*. Dissertation Abstracts International, 46(09), p. 3216B.

Relationships between somatotype ratings and the other measures were mostly not significant. The few positive correlations that did occur were small and random, and thus, probably spurious.

Hebblewhite (1986) reported the results of two construct validity studies of the Bioenergetic oral and rigid types. In the first, subjects were scored on Masling’s Rorschach Oral Content Scale, Fisher’s Rorschach Barrier Score, and on seven scales of Jackson’s Personality Research Form (PRF). She hypothesized that these measures would all reflect differences between orals and rigids. Hebblewhite videotaped and photographed 122 subjects from several perspectives doing several activities related to orality. From the video/photo data, a judge gave each subject a primary Bioenergetic type diagnosis, classified them as oral or not and rigid or not, and rated the extent to which they exhibited each of the five Bioenergetic traits. A second judge provided the same judgements for a subsample of 64 subjects. Thus, in this one study, Hebblewhite explored the Bioenergetic characterology in three ways: as a true typology, as a taxonomy of continuous traits, and as possibly representing one basic distinction between orals and rigids.

The two judges agreed on oral yes/no and rigid yes/no for 70% of the subjects. This is relatively high. They agreed on primary type diagnosis for 38% of the subjects. Inter-rater reliability for schizoid was .62 ($p < .001$), for oral was .60 ($p < .001$), for psychopathic was .14, for masochistic was .78 ($p < .001$), and for rigid was .37 ($p < .005$).

Regarding the main hypotheses of the study, orals did not differ from rigids on any of the hypothesized personality variables. Of all the studies, Glazer's and Hebblewhite's came closest to demonstrating that carefully conducted body readings can lead to moderately high levels of consistency between raters. Both, however, failed to find the hypothesized relations between body traits and psychological traits.

Hebblewhite's second study was too small (n of four, with no body type represented by more than one subject) to be considered a test of Lowen's system. However, it is interesting for its method. She exposed each subject to an interview in which the interpersonal warmth or coldness of the interviewer systematically changed during the interview. Several physiological measures were taken that were thought to be markers of tension and anxiety, and an attempt was made to discover differences between types in how subjects responded to the varying conditions of the interview. This is a creative and interesting method that could be tried or adapted with other samples.

Kerberg (1976) attempted to develop a scale to measure Lowen's five personality types, the Bioenergetic Body Type Scale (BBTS). This scale was a self-report paper and pencil scale rationally constructed from Lowen's descriptions of the personality types. Subjects consisted of clients seeing one of 20 licensed Bioenergetic analysts. They completed the BBTS and Shostrom's Personality Orientation Dimensions (POD). Their therapists then gave them ratings on each of the five Bioenergetic character traits and estimated the degree to which they exhibited

the polarities measured by the POD. Kerberg hypothesized that each Bioenergetic body type would correspond to one polarity and also to one manipulative pattern from the POD.

Between the BBTS and therapist ratings, Kerberg reported only correlations for the same trait, not across traits. They were .74 for schizoid, .38 for oral, .21 for psychopathic, .21 for masochistic, and .04 for rigid. No body type correlated significantly with its hypothesized manipulative pattern from the POD (all correlations smaller than $|\cdot 12|$) Therapist estimates of the degree to which clients exhibited polarity types correlated with POD polarity scores at levels ranging from .42 to .74. BBTS body type scores correlated with POD polarity scores were as follows: rigid-strength, -.28; schizoid-weakness, -.57; masochist-anger, -.55; oral-love, -.40. Kerberg's method would have allowed explorations of the relation between body type ratings by therapists and dimensions of the POD, but Kerberg did not report those.

Thus, the schizoid scale of the BBTS showed acceptable correspondence to therapist ratings of the same trait, but the other four scales did not. Several scales of the BBTS were negatively correlated with polarity scores on the POD, but since the correlations were in the inverse direction from that hypothesized by Kerberg, their meaning is not clear.

Scott (1979) sent research packets to Bioenergetic therapists around the country. They rated the five Bioenergetic character traits and the global developmental status of one or more of their patients ($N = 105$), and gave them the MMPI. Therapist ratings of Bioenergetic traits were compared to MMPI validity, clinical, and ego strength scales and to global development ratings. This produced a correlation matrix with 70 cells. At the .05 level, one would expect between three and four significant correlations just due to chance.

Mean scores on several MMPI scales were above a t-score of 60 (somewhat elevated), but none were above 70 (clinically elevated), suggesting that this was not a highly pathological

sample. Eight correlations between Bioenergetic character traits and MMPI traits were statistically above chance. Schizoid correlated significantly with MMPI Scale 10 ($r=.25$) and Scale ES ($-.21$). Psychopathic correlated significantly with Scale 5 (.19). Masochistic correlated with Scale F (.21), Scale 2 (.16), Scale 6 (.16), Scale 8 (.18), and Scale ES ($-.22$). Though statistically significant, these correlations were low—none was larger than $|.25|$. Correlations between the global developmental ratings and MMPI scales were similarly small. Thus, Scott's study failed to find a meaningful relationship between Bioenergetic traits and traits on the MMPI.

Shubs (1982) performed an interesting test of the validity of the concepts underlying the Bioenergetic characterology. Five stimulus subjects and twenty control subjects were given MMPIs, which were transformed into descriptive reports using Lachar's MMPI interpretive system. Stimulus subjects were videotaped walking and performing two Bioenergetic stress exercises. These videos were shown to three groups of eight judges (total of 24), who were the true experimental subjects. One group consisted of Bioenergetic therapists, one consisted of therapists who were not trained in Bioenergetics, and one consisted of lay judges. Judges were shown the video of each stimulus subject and given (blindly) the MMPI reports of that stimulus subject and four control subjects. They were asked to pick the correct descriptive report from among the five alternatives. If body structure revealed information about character structure, then judges should have been able to pick the correct stimulus subjects at rates above those expected by chance. Additionally, if the Bioenergetic typology was valid, then the Bioenergetic judges should have picked the correct stimulus subjects more often than did either group of non-Bioenergetic judges.

All three groups of judges matched subjects to their reports at a level significantly less than would be obtained due to chance alone. Using somatotype to identify personality characteristics actually led in the wrong direction. There was no significant difference between the three sets of judges on the accuracy of their judgments. Thus, the validity of the Bioenergetic body typology was not supported.

Sonn (1985) procured 15 subjects currently in (non-Bioenergetic) psychotherapy. He gave their therapists a checklist of 24 characteristics and had them check 10 that described their client best. These ratings formed the criterion group. He then videotaped the subjects front, side, and back, walking, and in three Bioenergetic stress positions. He showed the videos to three groups of judges: Bioenergetic therapists, therapists without Bioenergetic training, and non-psychotherapist physicians (N=48). Each group of judges used the same checklist to check 10 characteristics that best described each subject. These ratings formed the three experimental groups. Sonn then compared the degree of matching between the various experimental groups and the criterion group.

Sonn used a complex calculation to enumerate this degree of matching. It yielded a number that was arbitrary, not directly translatable into a sense of how strong the match was. That said, the degree of matching between all three experimental groups and the criterion group was statistically significantly higher than the rate expected by chance alone. Though significant, it appeared that the average degree of matching could have been accounted for by strong agreement on relatively few of the 24 characteristics. The degree of matching was not statistically different between the three experimental groups.

Thus, this study found that somatotype added something to the assessment of personality, though it was not possible to determine how much. It further seemed to suggest that these effects

were not provided by knowledge of Bioenergetic theory, or of any particular psychological theory, but were common to all three experimental groups.

Tepperman (1982) constructed the Body Checklist, a form consisting of Likert ratings of seven characteristics thought to represent the oral body type, for use in her study. Overall orality was represented by the mean of the items. College students (N=60) were photographed in profile. Two raters were trained to use the Body Checklist, then they independently used it to rate the photos of the subjects on orality. Subjects also completed three common paper and pencil measures of depression: the Beck Depression Inventory, the Depression Scale of the MMPI, and the Self-Rating Depression Scale. They also completed three scales intended to measure oral psychological traits: Scales II and III of Krout & Tabin's Personal Preference Scale, and the Oral Trait Scale of Gottheil's Anal-Oral Questionnaire.

Inter-rater reliability for the two raters judging orality from the photographs was .46. Neither oral body type nor oral psychological traits correlated significantly with depth of depression. Oral body type correlated .23 with length of depression, a level that was statistically significant but small. Thus, Tepperman found that oral body type could be rated at moderate levels of consistency, but that it did not meaningfully correlate to depression.

Glenn, Glenn, & Clarke (1989) studied Charles Kelley's Radix characterology. They made photos of 95 subjects from four perspectives, and gave them the Meyers Briggs Type Inventory. Based on the photographs, 23 Radix practitioners diagnosed each subject as one of Kelley's three types: anger blocking, fear blocking, and pain blocking. Glenn, Glenn & Clarke studied the level of agreement between raters. A subject was considered diagnosed with an acceptable level of agreement if 55% of the raters agreed on the same diagnosis. Using this (rather lenient) criterion, agreement could be reached for only 51% of subjects. Glenn, Glenn, &

Clarke also had raters state their own somatotype, and found that raters over-represented their own structure in their diagnoses of subjects.

For those subjects for whom diagnostic agreement was reached, Glenn, Glenn & Clarke studied whether Radix body type influenced preference type on the MBTI. Correspondences were statistically significant for Introversion-Extroversion, Sensing-Intuition, Judging-Perceiving, but not for Thinking-Feeling. Table 4 reports the percent of each body type for each preference.

Table 4: Percent of subjects with MBTI preferences in each Radix body type.

Radix body type	Meyers-Briggs Type Inventory Preference (% of subjects)							
	<u>E</u>	<u>I</u>	<u>S</u>	<u>N</u>	<u>T</u>	<u>F</u>	<u>J</u>	<u>P</u>
Anger	75	25	74	26	42	58	63	37
Fear	76	24	44	56	24	76	47	53
Pain	45	55	36	64	36	64	40	60

From Glenn, L., Glenn, A., & Clarke, V. (1989) Personality and body structures: An investigation of emotional invariance and functional unity in Radix education. *Somatics*, Vol. 7, (2), p. 50-61. E=extroverted, I=introverted, S=sensing, N=intuition, T=thinking, F=feeling, J=judging, P=perceiving.

Thus, Glenn, Glenn & Clarke found low levels of agreement on body type, yet never the less were able to demonstrate differences between body types on the MBTI. Their study is the last of the 12 studies described in this paper.

Summary

The 12 studies reviewed above focused on questions of reliability and validity. As noted previously, those are not the only questions one can raise about a personality theory, but they remain very important. As is almost always true in considering a series of empirical studies, the results are complex and do not agree fully. Although one can get a sense of the trend of the findings from this paper, the extraction of meaning from these studies will involve carefully considering the data and the three contexts in which it occurs. Those contexts are personality theory and its development over time, the empirical approach to personality, and the traditions of

body psychotherapy. That is a rather complex undertaking that does not fit together well with the detailed presentation of the method and results of the 12 studies. Thus, it will not be undertaken here. Rather, it will be pursued in an additional paper to be published (hopefully) separately.

Personality has been a concept located at the core of Western body psychotherapy since its creation by Wilhelm Reich. Several body psychotherapy personality typologies have been proposed. Empirical studies of these typologies are not well known, however. A search was conducted in an attempt to locate all empirical studies of body psychotherapy. This search located 12 studies of body psychotherapy personality theory—11 of the Bioenergetic typology of Alexander Lowen, and one of the Radix typology of Charles Kelley. The method and findings for each of these studies were reported, and a reference list was provided. The purpose was to provide a resource for researchers considering their own research into body psychotherapy personality theory.

References

- Baham, Donald C. (1981). A validity study of the growth process inventory. *Dissertation Abstracts International*, 42 (03), p. 1158B.
- Berkowitz, S. (1977) A study of inwardness-outwardness: The relationship of extraversion-introversion, barrier score, and bioenergetic character structure. *Dissertation Abstracts International*, 38 (11), p. 5557-5558B. (University Microfilms International, 785651.)
- Dudas, Thomas. (1980). The psychopathic character structure: A correlational study of body type and personality correlates. University Microfilms International, 8110151.
- Feldman, Paul (1978). Body type, oral imagery, and group behavior. *Dissertation Abstracts International*, 39 (9), p. 4575B.
- Glazer, Robert S. (1985). The use of Bioenergetic analytic body concepts in personality assessment. *Dissertation Abstracts International*, 46 (09), p. 3216B.
- Glenn, L., Glenn, A., & Clarke, V. (1989). Personality and body structures: An investigation of emotional invariance and functional unity in Radix education. *Somatics*, 7, (2), p. 50-61.

Hebblewhite, Mary C. (1986). Manifest needs and oral body boundary imagery in oral and rigid bioenergetics body types. *Dissertation Abstracts International*, 47 (05), p. 2167B, (University Microfilms International, 8612001).

Kelley, Charles. (1979). Radix education: Character and radix function. *Chuck Kelley's Radix Journal*. Out of print, previously published by the Radix Institute, 3212 Monte Vista, N.E., Albuquerque, N.M. 87106.

Kerberg, D. (1976). Comparative body therapies and a scale for the diagnosis of Bioenergetic body types. *Dissertation Abstracts International*, 38 (3), p. 1407B. (University Microfilms International, 7716387).

Lowen, Alexander. (1958). *The language of the body*. New York: Collier Books.

Lowen, Alexander. (1975). *Bioenergetics*. New York: Coward, McCann, & Geoghegan.

Reich, Wilhelm. (1949). *Character analysis, Third edition*. (Theodore Wolfe, translator). New York: Orgone Institute Press.

Sheldon, William, Stevens. S.S., & Tucker, W.B. (1970). *The varieties of human physique: An introduction to constitutional psychology*. Darien, CT: Hafner Publishing. (Original work published in 1940)

Scott, George T. (1979) An investigation of relationships between the bioenergetic therapist's diagnosis of patient's character structure and developmental status and patient's MMPI profile. *Dissertation Abstracts International*, 40, (3), p. 1290A, (University Microfilms International, 7918732).

Shubs, Carl H. (1982) Bioenergetic analysis and the MMPI: A validity study. *Dissertation Abstracts International*, 43 (08), p. 2717B, (University Microfilms International, 8229640).

Sonn, Donald (1985) Character and the body: An investigation of the theory of functional unity. *Dissertation Abstracts International*, 46, (3), p. 972B, (University Microfilms International, 8510943).

Tepperman, Barbara-Dawn (1982) Oral body type and depression. *Dissertation Abstracts International*, 43 (10), p. 3378B, (University Microfilms International, 8305264).

Appendix 1: Search terms for the literature review.

I searched for the following names and terms on the PsychINFO database and on Dissertation Abstracts International for the years 1967-2004. (“*” is a truncation search term. J* finds John, Joe, Janet, Jilian, etc. “W/x” means “within x number of words of.” For instance, “body w/4 therapy” means “body within four words of therapy.” “Adj” means “adjacent to.”)

Names:

Baker, E*;	Heller, M*;	Pesso, A*;
Boadella, D*;	Keleman, S*;	Pierrakos, J*;
Boysen, G*;	Kelley, C*;	Proskauer, M*;
Boysen, P*;	Klopstech;	Rispoli, L*;
Brown, M*;	Kurtz, R*;	Resneck-Sannes;
Caldwell, C*;	Ligabue, S*;	Roth, N*;
Cassius, J*;	Liss, J*;	Schmidt-Zimmermann;
Conger, J*;	Lowen, A*;	Sharaf, M*;
Cornell;	Ludwig adj Mark;	Stepski-Doliwa;
DiCenso, G*;	Marcher, L*;	Stolze, H*;
Downing, G*;	Marlock;	Totten;
Erskine;	McNeely, A*;	Ventling;
Grand, I*;	Meyer, R*;	Weis adj Halko
Grof, S*;	Moser, T*;	
Growell, E*;	Ogden adj Pat;	

Other Search Terms

Bioenergetic;
Body w/4 therapy;
Breathwork;
Core Energetic;
EMDR;
Gestalt (and) therapy (not) Bender (and) language=English;
Hakomi;
Holotropic;
Orgone;
Orgonomy;
Primal;
Radix;
Sensorimotor (and) psychotherapy;
Somatic w/3 psychotherapy;
Therapeutic Touch;

Yoga.