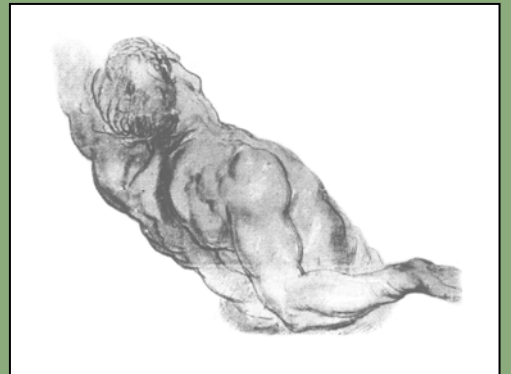


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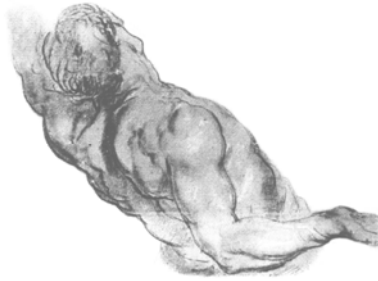


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The USABP believes that integration of the body and mind is essential to effective psychotherapy, and to that end, its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity. (revised October 1999).

Empirical Analyses of the Character Typologies of Alexander Lowen and Charles Kelley

John May, Ph.D.

Abstract

This paper discusses the results of twelve empirical studies of the character typologies of Alexander Lowen and Charles Kelley. It is a companion to a paper published on the USABP Peer2Peer web page. (May, 2006) That article describes the method and results of each study in detail. Here, the results are summarized, their meaning is discussed, implications for body psychotherapy are discussed, and recommendations for future study are made.

Keywords

Bioenergetics – Character – Empirical analysis of the character typologies of Alexander Lowen and Charles Kelley – Radix – Scientific review

Introduction

Is the Bioenergetic character typology of Alexander Lowen reliable and valid? How about the Radix characterology of Charles Kelley? Can body psychotherapists really agree on who they assign to those types? (in Lowen's case, Schizoid, Oral, Psychopathic, Masochistic, and Rigid; in Kelley's, Fear Blocking, Anger Blocking, and Pain Blocking) Are those types really related to psychological characteristics in the way the theories hypothesize? This paper tries to provide a partial answer to those questions by looking at twelve empirical studies of Lowen and Kelley's theories. The studies challenge certain aspects of the theories and support others.

In order to understand the implications of the studies, this paper will first describe certain aspects of Lowen and Kelley's theories. Then, after summarizing the results of the studies, the paper will discuss what they mean: are the theories reliable and valid? In what ways are they challenged and supported? Some implications for body psychotherapy will be drawn out. And finally, recommend-dations for future study to address the challenges raised by the studies will be made.

Background

Alexander Lowen published his thoughts about character in his first book, *The Physical Dynamics of Character Structure*, later called *The Language of the Body*. (Lowen, 1958) He updated his thinking 17 years later in *Bioenergetics*. (Lowen, 1975) Charles Kelley published much less prolifically than did Lowen. Although his character theory was an important aspect of his training program, it found open publication in only one article. (Kelley, 1979)

Both Lowen and Kelley felt that character could be described by a few types. Lowen ultimately defined five: Schizoid, Oral, Psychopathic, Masochistic, and Rigid. Kelley defined three: Fear Blocking, Anger Blocking, and Pain Blocking. Both men also theorized that character finds expression in several levels of phenomena: physical morphology (shape, structure), psychological traits, social and behavioral traits, and a level of phenomena having to do with breathing and energy flow that Lowen called "bioenergetic." Both of their theories propose that traits in each of these levels co-vary—that is, they tend to exist in the company of each other, and tend to be absent in the company of each other. Thus, for instance, if one reads through the section on the Schizoid Type in *Bioenergetics*, one finds at least 25 different traits described. Among other things, Lowen said that the Schizoid tends not to be aware of emotions, tends to remain distant from close relationships, has a mask-like face, and has body halves that appear markedly different. (Lowen, 1975) These traits would all tend to appear together in the Schizoid, and be absent together in other character types, for instance the Oral.

According to Lowen and Kelley's theories, therefore, if we could classify someone as having a certain body type, it would predict that they possess certain psychological characteristics. This hypothesis defines the two questions that are explored in the 12 studies discussed in this paper: can people be reliably classified according to body morphology, and if they can, does it predict their psychological characteristics? In personality psychology, these questions are called the question of inter-rater reliability and the question of validity. Although they are not the only questions one can ask about Lowen and Kelley's character typologies, and perhaps not even the most interesting questions, they are crucial. Without reliability, it is not possible to pin down what one is talking about. When you speak of something, you may be thinking of one thing, but others may be thinking of something else. Without validity, the meanings that you attach to something are poorly supported. You may think that a certain body type suggests something about an individual, but the reality may be quite different.

In its true meaning, a "type" implies a segmented world in which people belong to distinct groups. This means that the groups are mutually exclusive, they don't overlap. A person belongs either to one type or another, and one cannot be an example of several types at once. In terms of classification or diagnosis, true types imply a single type diagnosis. One is either an Oral, for instance, or a Masochist, etc. A "trait" implies a world of continuous gradations. Traits are not distinct, and they are not mutually exclusive. A person exemplifies each trait all the time, but at different levels. A person is classified by describing the amount of each trait that they exhibit. For instance, a person might be high on both Schizoid and Oral,

moderate on Psychopathic, and low on Masochistic and Rigid, etc. (Pervin, 2003) Lowen and Kelley both used the word “type” to describe their classifications, but indicated that, despite the use of this word, they meant to indicate “traits.” (Lowen, 1975, Kelley, 1979) Their retention of the word “type” would seem to invite confusion, and indeed, their classifications have often been used as types, not traits, by body psychotherapists. The distinction between types and traits will be evident as we discuss the studies below.

Method

I searched the PsychINFO database published by the American Psychological Association and the Dissertation Abstracts International database for 45 names that I thought might be potential research authors, and for 16 terms that I thought would represent many, if not most, body psychotherapy modalities. The terms and years of publications searched are listed in Appendix 1. 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. This extensive search yielded many hundreds of hits. Of them, 12 were empirical studies of body psychotherapy personality theories, 11 of which focused on Lowen’s Bioenergetic characterology. (Baham, 1981; Berkowitz, 1977; Dudas, 1980; Feldman, 1978; Glazer, 1985; Hebblewhite, 1986; Kerberg, 1976; Scott, 1979; Shubs, 1982; Sonn, 1985; Tepperman, 1982) One of them focused on Kelley’s Radix theory. (Glenn, Glenn, & Clarke, 1989)

Results

The methods and results of the individual studies have been described in detail in a previous report (May, 2006). Here, I will focus on summarizing the results and providing a discussion of their implications.

Every study in this group proceeded by classifying subjects using either Lowen or Kelley’s typology. Some, but not all, of these classifications were made via body readings. Some studies used live viewings to make body readings, some studies used photos or videos. Sometimes body readings were made by naïve judges, sometimes by therapists or physicians, and sometimes by body psycho-therapists. Sometimes people who didn’t previously know the subject made the body readings, and sometimes body psychotherapists rated the body morphology of their own clients. Sometimes these readings were made based on general impressions, and other times they were made with the assistance of checklists developed for that purpose. Thus, as a group these studies approached the issue of classification from a sufficiently wide variety of perspectives to give us confidence that they represent a fair test of Lowen and Kelley’s theories.

Results for the Bioenergetic Characterology of Alexander Lowen

Let’s look at the results of the studies of Lowen’s characterology first. Several studies reported data on inter-rater consistency. Two of the 12 studies asked two judges to diagnose subjects as one or another of Lowen’s five types (single type diagnosis), and calculated the percentage of subjects on which judges agreed. The rates of agreement ranged from 38-40%. (Glazer, 1985; Hebblewhite, 1986) Two studies focused on one particular character type (the Oral type), and asked two judges to diagnose whether a subject was an example of that type or not (Feldman, 1978; Hebblewhite, 1986). These studies found levels of agreement that ranged from 70% to 100%.

Several other studies asked two judges to rate the degree to which each subject exhibited each of Lowen’s five types (ratings of continuous traits). (Berkowitz, 1977; Glazer, 1985; Hebblewhite, 1986) The average correlation between judges in these three studies, weighted for the size of the sample in each study, was .44. However, there were significant differences in the reliability of the various types. The average weighted reliabilities of Schizoid, Oral, and Masochistic were .58, .57, and .66, respectively. The average weighted reliabilities of Psychopathic and Rigid, however, were .21 and .27 respectively (see May, 2006, pages 6, 11, and 13 for a detailed presentation of the findings of these three studies). One of these studies (Glazer, 1985) presented a correlation matrix that could be used to study the relationships between the types. There were moderately strong correlations between some types, both positive and negative. Schizoid and Oral, for instance, were fairly highly correlated (.58). Masochistic, on the other hand, was negatively correlated with both Schizoid and Oral (-.47 and -.67 respectively). (See May, 2006, p. 12 for the full correlation matrix.)

As with the issue of body readings, different studies asked their validity questions in different ways. Some studies constructed pencil and paper measures of Lowen’s character types and compared body readings to those. Other studies asked subjects to complete published psychological questionnaires, and compared the results on those to the body readings. Still other studies had judges observe the body type of a subject, then based on that reading, pick the correct subject from written psychological descriptions of several different people. As with reliability, the studies approached the question of validity from a sufficiently wide variety of perspectives to give us confidence that they represent a fair test of Lowen’s theory.

Across the board, the correlations between the body types and the psychological measures with which they were supposed to correlate were quite weak. Many were not sufficiently far from zero to indicate any statistically measurable

relationship at all. In some studies, a few of the psychological measures correlated with body type at levels that were statistically significant, but even these maxed-out at levels of .30 or less. This means that, while measurable, the relationships were too small and too inconsistent to be meaningful. (The results for each study are discussed in more detail in May, 2006, p. 5-18.)

Results for the Radix Characterology of Charles Kelley

Only one study explored Kelley's characterology, but its results were interesting. (Glenn, Glenn, & Clarke, 1989) In this study, photos of a large sample of subjects were shown to 23 Radix practitioners who were asked to diagnose them as one or another of Kelley's three types. One would never expect to achieve unanimity among 23 judges, so this method raised the question of how much unanimity was required before the investigators could call it agreement? These investigators decided that if 55% of the judges gave the same diagnosis, it would be called agreement. Using even this very low level of unanimity, agreement could be reached on only 51% of the subjects.

Subjects who were successfully typed were also given the Meyers-Briggs Type Inventory, and assigned types on each of the four scales of that instrument. Using a Chi Square analysis, there was a strong relationship between Kelley's body type and type on three of the four MBTI scales. Fear Blockers were more likely to be extroversive, intuiting, and perceiving; Anger Blockers were more likely to be extroversive, sensing, and judging; Pain Blockers were more likely to be introversive, sensing, and perceiving. (For the table of percent of subjects for each Radix type vs. each MBTI type, see May, 2006, p. 18.)

Discussion and Analysis

In all, 12 studies of Lowen and Kelley's characterology were found. These explored the reliability and validity of their theories from a wide variety of perspectives. None of them, however, explored the construction of the theories. We noted earlier that Lowen and Kelley described their character types by using a large number of traits from four different levels (physical, psychological, social, and bioenergetic). An obvious question is whether the traits that have been grouped together for each type actually belong together. Does a body with markedly different left and right sides belong with a mask-like face, or does it belong with a top-bottom split? None of the studies explored this sort of basic question. It is not clear from the studies themselves why not. This work remains to be done for both Lowen and Kelley's character typologies, and would be a useful direction for future study.

Several different studies explored how well subjects could be given a single type diagnosis using Lowen's system. Levels of agreement were unacceptably low, 38-40%. Given that there are only five types to pick among (you'd get 20% agreement just by random guessing), we need levels of agreement that are much higher. Thus, the studies probably indicate that it is not valid to use Lowen's system clinically to produce a single character type diagnosis.

Some studies focused only on one or another of Lowen's types, asking judges to diagnose if a subject was an example of the type or not. Simplifying Lowen's system in this way improved agreement on diagnosis. The N was low, however, and one set of results came from pilot studies. Thus one cannot make too much of this finding. In addition, this approach does not represent how Lowen's system is used clinically. In the clinical situation, a body psychotherapist considers all five of Lowen's types.

On the other hand, the studies that asked the judges to rate subjects on how much of each character type they exhibited produced moderately high reliability quotients for three of Lowen's types, Schizoid, Oral, and Masochistic. Reliabilities for these three averaged .58, .57, and .66, respectively. These levels do not match the kinds of reliabilities seen on paper and pencil personality questionnaires, which are often in the .80s or .90s. They do compare, however, to the reliability of the personality disorder scales of the SCID-II, one of the best known structured diagnostic interviews. (SCID4.org, 2004) Human judgments are almost always less reliable than paper and pencil questionnaires, and so the reliability of Schizoid, Oral, and Masochistic may be acceptable, or at least equivalent to other human-judgment measures.

The Psychopathic type and the Rigid type, however, produced reliability quotients of .21 and .27 respectively. These reliabilities are low, indicating that there is almost no consistency between judge's ratings on these two scales. The meaning is that when two body psychotherapists talk about psychopathic body traits, they probably are thinking about quite different types of individuals. And the same is true for Rigid body traits.

The studies do not explain why Lowen's characterology cannot be used to make a single type diagnosis. To a large extent, the field of personality theory has moved away from types towards traits because it was felt that types were generally an inaccurate way to view the world. (Pervin, 2003) Perhaps that is the case here.

The studies also do not explain why reliabilities on Schizoid, Oral, and Masochistic were high, while those for Psychopathic and Rigid were low. One possibility is that Lowen did a better job of grouping together the correct characteristics to describe Schizoid, Oral, and Masochistic than he did for Psychopathic and Rigid. Or perhaps the characteristics that go with each type are too vague. Descriptors such as a top-bottom split or a body with markedly different right and left sides leave a lot of room for arbitrary judgment, after all. Nor is it obvious why, in one study, Schizoid and Oral correlated strongly with each other, and both correlated negatively with Masochistic. Perhaps there are really only two or

three basic body types; Oral, Schizoid, and Masochistic come close to describing them, while the other two don't. We can't really know from these studies. Further work will have to be done to answer these questions.

Regarding validity, the studies clearly indicated that the hypothesized correspondence between physical type and psychological traits did not show up. The repetition of this finding across the 11 studies was powerful. As I encountered it again and again in reading each study, I began to feel it as a challenge to a very central belief in body psychotherapy: the relationship between mind and body. I searched for some reason to discount the finding, to say it was incorrect, or that it occurred because the studies were poorly done in some way. And yet, I could not say so. The studies approached the problem from a variety of interesting and creative perspectives, and it is unlikely that some mistake was recreated each time. (If you need to convince yourself of this, read through the summaries of each study's methodology in May, 2006.) These body types simply did not relate to psychological characteristics in the way they were hypothesized to do so.

The 11 studies do not supply answers as to why not. One possibility needs to be mentioned, even though it is not very palatable: perhaps the mind and body simply are not related to each other with the strength, directness, and degree of consistency hypothesized. These studies don't prove that to be true, but they certainly do not refute it. A second possibility could be that the relationship between mind and body is of a different order than the one studied. Perhaps the relationship is between body and bioenergetic phenomena, not between body and the kind of psychological phenomena explored in these studies. Third, perhaps the correspondence is one that shows up only during therapy. Or fourth, perhaps the relationship does not exist at a characterological level, but does at another level. Perhaps character is neither as stable nor as powerful a determiner of behavior as we assume it to be. We simply cannot know from these studies. What we can know is that the type of correspondences hypothesized by Lowen did not show up.

The single study of Kelley's character typology was an interesting contrast to those of Lowen's. In this study, the judges had a low ability to agree on type diagnosis. Because Kelley only proposed three types, 33% of the judges would be expected to agree for any given subject just by chance. But barely 50% of them could agree on barely 50% of the subjects. Thus, these results clearly indicate that Kelley's system should not be used clinically for the purpose of diagnosis. It is not sufficiently reliable.

On the other hand, this study's weakness may have actually been its strength. This study found large, powerful relationships between Kelley's types and three of the MBTI scales. Because only a fraction of the subjects could be agreed upon, perhaps it guaranteed that those who could be agreed upon were extreme examples of their type. Could it be that consistent characterological mind-body relationships only appear in extreme examples of type? Would going back to the 11 studies of Lowen's theories and eliminating all but the most extreme examples of type change those results? Doing so would raise another problem: what to do with the people who aren't extreme types? But it is a fascinating question! Unfortunately, this set of studies doesn't tell us. We'll have to await future studies to explore those questions.

And finally, in discussing the implications of these 12 studies, I should acknowledge that they concern only two body psychotherapy character theories: Bioenergetics and Radix. These studies do not suggest that one should adopt a different body psychotherapy character theory, one that has not yet been empirically tested. In English, at least, Bioenergetics and Radix are the most thoroughly researched body psychotherapy modalities. I admire practitioners in these two modalities for having the courage to put their beliefs to the test, for believing that their systems are sufficiently rigorous that they don't have to hide from this sort of objective examination. It is only by carefully and systematically identifying the strengths and weaknesses of our theories that we will be able to improve them.

Ideas for Future Studies

This review of the 12 studies of body psychotherapy character typology suggests a few areas that would be ripe for future study. As noted above, neither Lowen, nor Kelley, nor any of the 12 studies looked at the relationships between the various traits that are supposed to go together to make up the various types. We need this kind of basic work badly. An investigator might go through Lowen or Kelley's theories and make a list of all the various traits that supposedly describe the various types. Then the investigator could secure a sample of subjects, and rate them, say 1-10, on each of those traits. Then the investigator could feed those ratings into some sort of correlational procedure, perhaps a factor analysis, to see how they actually group together.

A different line of research could involve the hypothesis discussed above that the relationship between body type and psychological traits shows up more consistently and powerfully for extreme character types. An investigator might recruit a sample, then select from that sample only the extreme cases of a body type. Then those subjects could be measured on a variety of psychological variables to see what emerged.

Yet another line of research could involve the idea that character is not the most useful level at which to look for mind-body relationships. For instance, videos of body psychotherapy sessions could be reviewed, searching for each time a subject manifested a certain body sign, for instance a quaver in the voice, pallor in the face, vibrations in a region of the body, or relaxed open breathing. The next period of time in the session could then be searched for some sort of corresponding psychological variable. For instance, after the breathing opened, the next five minutes could be searched for indications that mood was significantly brighter, or that the person was less anxious, etc. Such studies would be confirmations of clinically meaningful, but not characterological, relations between mind and body.

And finally, I need to mention the work of William Sheldon. During the 1940s, Sheldon developed a system for measuring three morphological principles: endomorphy, mesomorphy, and ectomorphy. (Kelley's Fear Blocking, Anger Blocking, and Pain Blocking types are adaptations of these three principles.) Although it is a bit complex, Sheldon's work produced the most reliable system for measuring and characterizing physical morphology that has ever been developed. (Sheldon, Stevens, and Tucker, 1970) So far as I know, nobody has ever empirically explored what kind of relevance or use this system might have for body psychotherapy. If, in the twelve studies reviewed in this paper, instead of using general body readings, Sheldon's principles were measured using his system, I wonder what the results would have been? We can't know; it would be a good direction for future study.

Summary

By conducting an extensive literature search, I was able to locate 12 studies of body psychotherapy character theory. Eleven studied the Bioenergetic characterology of Alexander Lowen, and one studied the Radix characterology of Charles Kelley. The studies of Lowen's characterology suggested that the system was not sufficiently reliable to be used to make single type diagnoses in the clinical situation. When used as traits rather than types, three of Lowen's classifications, Schizoid, Oral, and Masochistic, had reliability that approached that typical of other human clinical ratings. Psychopathic and Rigid, however, had poor reliability. In a very powerful cumulative effect, the studies of Lowen's characterology failed to demonstrate meaningful relationships between body type and psychological characteristics. The single study of Charles Kelley's Radix Typology found that the system was not sufficiently reliable to be used for the purpose of clinical diagnosis. However, within those subjects for whom diagnostic agreement could be reached, there was a powerful relationship between body type and scales of the MBTI.

Cumulatively, the studies seemed to be a fair test of Lowen and Kelley's theories. It could not be determined why the studies mostly failed to find the expected relationships between body type and psychological characteristics. A number of possibilities could be advanced, but future work will be needed to see if they are correct. A number of possible lines for future research were discussed.

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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.")

Name

Baker, E*;
 Boadella, D*;
 Boysen, G*;
 Boysen, P*;
 Brown, M*;
 Caldwell, C*;
 Cassius, J*;
 Conger, J*;
 Cornell;
 DiCenso, G*;
 Downing, G*;
 Erskine;
 Grand, I*;
 Grof, S*;
 Growell, E*;
 Heller, M*;
 Keleman, S*;
 Kelley, C*;
 Klopstech;
 Kurtz, R*;
 Ligabue, S*;
 Liss, J*;
 Lowen, A*
 Ludwig adj Mark;
 Marcher, L*;
 Marlock;
 McNeely, A*;
 Meyer, R*;
 Moser, T*;
 Ogden adj Pat;
 Pesso, A*;

Pierrakos, J*;
 Proskauer, M*;
 Rispoli, L*;
 Resneck-Sannes;
 Roth, N*;
 Schmidt-Zimmermann;
 Sharaf, M*;
 Stepski-Doliwa;
 Stolze, H*;
 Totten;
 Ventling;
 Weis adj Halko

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

Biography

John May, Ph.D. is a clinical psychologist in private practice in St. Louis, MO. His body psychotherapy training was with the Radix Institute. He has served on the Ethics and Research Committees of USABP, was Editor of the Journal of the Radix Institute for a few years, and served on the Committee on Therapist Sexual Misconduct of the Missouri Psychological Associati

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CRITERIA FOR ACCEPTANCE

How does material in this manuscript inform

the field and add to the body of knowledge? If it is a description of what we already know, is there some unique nugget or gem the reader can store away or hold onto? If it is a case study, is there a balance among the elements, i.e. back ground information, description of prescribed interventions and how they work, outcomes that add to our body of knowledge? If this is a reflective piece, does it tie together elements in the field to create a new perspective? Given that the field does not easily lend itself to controlled studies and statistics, if the manuscript submitted presents such, is the analysis forced or is it something other than it purports to be?

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This peer-reviewed journal seeks to support, promote and stimulate the exchange of ideas, scholarship and research within the field of body psychotherapy as well as an inter-disciplinary exchange with related fields of clinical practice and inquiry.

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Manuscript should be double-spaced in 10pt. type, with at least a one inch margin on all four sides-please include page numbers, otherwise manuscript should be free of other formatting.

Title, full authorship, **abstract of about 100 words and 3-5 key words precede the text**. Please include an endnote with author's degrees, training, mailing address, e-mail fax, acknowledgement of research support, etc.

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