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Multidimensional Bioenergetic Personality Analysis –

a statistical approach

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Summary

The development of a questionnaire for multidimensional bioenergetic personality analysis (MBPA) is described, which aims at measuring the five factors of the five-factor-model of modern personality psychology ("BIG FIVE") along with Lowen's bioenergetic types. The BPA Bioenergetic Process Analysis questionnaire represents an attempt to unite these heretofore separated disciplines dealing with the same subject, namely the structural aspects of the human psyche.

The BPA-measurement by self-description based on the subject's own experience of himself results in a profile of ten scales, where either very high or very low scores may be yielded. In consequence this approach lead to new considerations about the meaning of high or low scores with respect to bioenergetic scales and types. For each bioenergetic type the counterpart for the opposite end of the scale had to be formulated and described. The BPA scales and their poles are described in detail.

The BPA scales are sufficient for the measurement of the five factors and the seven bioenergetic types. Except the psychopathic type the other bioenergetic types are clearly related to one specific factor of the five factor model respectively. Since the bioenergetic model anchors in a psychoanalytical developmental perspective, the scales were arranged according to their hypothetical affiliation to one of the three main developmental stages in childhood.

We tried to demonstrate the application of the multidimensional bioenergetic personality analysis in the structural study of specific disorders, namely panic-/ phobia-/ anxiety-/ eating-disorder, as it gives an estimation of the hypothetical amount of trauma in each of the different developmental stages. The BPA profiles of these four different groups of patients showed specific and meaningful structural differences.

Keywords:

bioenergetic analysis, five factor model, BPA Bioenergetic Process Analysis, multidimensional bioenergetic personality analysis

Zusammenfassung

Es wird über die Entwicklung eines Fragebogenverfahrens zur mehrdimensionalen bioenergetischen Persönlichkeitsanalyse (MBPA) berichtet. Sie zielt darauf ab, die fünf Faktoren des Fünf-Faktoren-Modells („Big Five“) der Persönlichkeitspsychologie zusammen mit Lowen's bioenergetischen Typen zu erfassen. Diese bisher getrennten Disziplinen beschäftigen sich beide mit demselben Thema, nämlich dem strukturellen Aspekt der menschlichen Psyche. Die BPA Bioenergetische Prozess Analyse stellt einen Versuch dar, zwischen beiden eine Brücke zu bauen und eine Verbindung herzustellen.

Die BPA-Messung von Selbstbeschreibungen, die darauf beruhen, wie der Einzelne sich selbst erfährt, resultiert in einem Profil aus zehn Skalen, in denen sehr hohe oder niedrige Werte erzielt werden können. Konsequenter Weise führte dieser Ansatz zu neuen Betrachtungen über die Bedeutung hoher oder niedriger Werte bei den bioenergetischen Skalen und Typen. Für jeden bioenergetischen Typ musste dessen Gegenpol am anderen Ende der Skala formuliert und beschrieben werden. Die BPA Skalen und ihre Pole werden im einzelnen beschrieben.

Die BPA Skalen reichen zur Erfassung der fünf Faktoren und der sieben bioenergetischen Skalen aus. Außer dem psychopathischen Typ weist jeder der anderen bioenergetischen Typen eindeutige Bezüge zu je einem spezifischen Faktor des Fünf-Faktoren-Modells auf. Da das bioenergetische Modell in einer psychoanalytischen Entwicklungsperspektive wurzelt, wurden die Skalen entsprechend ihrer hypothetischen Zugehörigkeit zu einer der drei hauptsächlichen Entwicklungsphasen der Kindheit angeordnet.

Wir unternahmen den Versuch, die Anwendung der mehrdimensionalen bioenergetischen Persönlichkeitsanalyse beim strukturellen Studium spezifischer Störungen wie Panik-/ Phobie-/ Angst-/ Ess-Störung zu demonstrieren, da sie eine Einschätzung des hypothetischen Anteils an Traumatisierung einer jeden der drei verschiedenen Entwicklungsstadien zur Verfügung stellt. Die Profile dieser vier verschiedenen Patientengruppen zeigten spezifische und sinnvolle strukturelle Unterschiede.

Keywords:

Bioenergetische Analyse, Fünf-Faktoren-Modell, BPA Bioenergetische Prozess-Analyse, Mehrdimensionale Bioenergetische Persönlichkeitsanalyse

Introduction

In an attempt to apply statistical methods of verification to concepts related to Bioenergetic Analysis, this article describes the results of the construction of a questionnaire to estimate the strength of a given character dimension or ‘type” based on the direct experience of the client himself. This approach enables us to set up an individual profile telling us about the strength of a given bioenergetic character or personality dimension of an individual.

In the construction of the multidimensional bioenergetic questionnaire BPA Bioenergetic Process Analysis (Fehr, 1998), one of our aims was to bridge the gulf between the concept of personality and its dimensions commonly used in personality psychology and the mainly phenomenological approach of Bioenergetic Analysis (Lowen, 1980), which is dominated by clinical and typological deliberations and by "character concepts", whereas personality psychology prefers the use of the term "personality" and is fond of producing lots of scales for the estimation of numerous personality traits. A dimensional concept of personality traits enables a more or less exact measurement of a single personality trait by questionnaires. Personality traits are constructs based on the intercorrelation of a number of items, were the height of the correlation is a statistical expression of the inner (psycho)logical coherence of the items concerned – the inner consictency of the scale – , which in turn is a result of the reactions (answers) of a sufficient number of subjects to the items. Factoranalytical methods allow to order the items in a meaningful way and lead to hypothetical factors of personality. One of the worldwide most recognized concepts of personality is the five-factor-model of personality, of which the "Big Five" (McCrae et al., 1987; Goldberg, 1990; Hofstee et al., 1997) is one example, and there are other competing models with more or less dimensions of personality.

Dimensions of the Five Factor Model	
Neuroticism	emotional stability vs. emotional lability
Extraversion	extraversion versus introversion
Openness for experience	culture, idealism, unconventional vs. convention, conservatism, persistence, obstinacy
Conscientiousness	Conscientiousness, pedantry vs. negligence, unreliability, impulsive
Agreeableness	agreeable, passive, obliging, obedient vs. antagonism, opposition, independence

Table 1: The typical five factor model

Another advantage of the dimensional approach is the possibility to characterize the strength of a personality trait by determining the position of an individual within a continuum between two extreme poles, e.g. along a continuum between the poles "neuroticism vs. emotional stability". Applying this model to bioenergetic typology would open up a new way to develop the counterparts of the existing types of character. As the mathematical correlation between two answers to two different items of a

questionnaire may be considered to mirror a given relation on the experiential level of the answering individual, these correlations are hypothetically "grounded" in corresponding relations within the psychic realm of the answering person.

We would consider the new possibilities of detailed description, localization and classification of such bioenergetic personality dimensions to be a step towards unification and reconciliation of Bioenergetic Analysis and Personality Psychology.

Method

We used a sample of 216 Ss (mainly patients of our psychological practice) comprising all questionnaires we had at that time. That means, the data may be roughly representative for clients of a psychological practice. We examined 86 items, which were the left-overs of a original set of 144 items derived from the description of typical bioenergetic characteristics according to Lowen. These items were filtered in several stages of statistically guided selection aiming to increase the consistency of the scales. Every next stage yielded a reduced itempool, which had to be administered for a certain time till enough material for the statistic procedures of the following stage was gained. This took several years. During these years, all clients were in psychotherapeutic treatment based (among other therapeutical approaches) on bioenergetic analysis.

The final set of questions comprised 86 items and was sufficient for a reliable measure of Lowen's character types (schizoid, oral, psychopathic, masochistic, rigid – phallic and hysterical) plus the five basic dimensions of personality psychology. We computed multiple factoranalytical solutions with different numbers of factors (principal components analysis with varimax-rotation) to analyse the relation between the two models of personality more deeply.

In the following paragraphs we first describe the factors and typological scales in detail. We then applicate a developmental perspective to our data base and we try analyse some frequently made diagnoses from this point of view. In a last step we give a more detailed description of the two extreme poles of each of the ten scales of the multidimensional bioenergetic personality analysis.

Description of factors and scales

Our original aim was the selection of those questions, which were most appropriate to cover the bioenergetic typology; the additionally measured five factors therefore accounted for only 28% of the total variance. (Some more details are given in Fehr [2000]).

factor	variance %	Description of the five factor version of the BPA
1	9.38	Emotional stability vs. insufficiency, neuroticism („emotional stability - neuroticism“)
2	4.86	Antagonism, rigidity vs. altruistic – tolerant – agreeable (selfless, compliant, withdrawn) social behaviour („antagonism - agreeableness“)
3	3.71	Conscientiousness, pedantry vs. negligence, unreliability, daring, reckless („conscientiousness - undirectedness“)
4	4.57	Sociability vs. inhibition, withdrawal, introversion („Extraversion - Introversion“)
5	5.02	Need for recognition, ambition, flexibility, culture, intellectual interest vs. masochistic feeling of inferiority, servility, immobility, persistence, conservatism, obstinacy, lethargy, playing the role of victim.

Table 2: The five factor – version of the Bioenergetic Process Analysis BPA

The bioenergetic characters could be found within the five factors: Factor 1 (*neuroticism* vs. *emotional stability*) represents at its neurotic pole high schizoid and oral values, whereas the high psychopathic values were associated with the emotional stable pole of *neuroticism.* Factor 2 (*antagonism* vs. *agreeableness*) is rather close to Lowen's concept of *rigidity*. Factor 5 (*need for recognition* [which is the BPA's version of *openness to experience*], mental flexibility/agility, ambitious vs. [feelings of] *inferiority, persistency, conventionalism*) represents Lowen's masochistic structure at its conformistic / inferior-feelings - pole. The *psychopathic* scale correlates with the ambitious / mental agile pole of factor 5 (*need for recognition, ambition* vs. *masocistic inferiority, persistency, conventionalism*) and this correlation is stronger than that with *neuroticism* (factor 1) Additionally the *psychopathic* scale correlates with the scales / factors *conscientiousness* and *extraversion*. In contrast to the other bioenergetic types of the BPA, the factoranalytical representation of the psychopathic character is the least coherent one in the realm of the five dimensions of personality compared to the other bioenergetic scales. The *psychopathic* scale is mixed up of different factors (*neuroticism*, *ambition/need for recognition*, *conscientiousness* and *extraversion*) instead. Clusteranalyses, however, showed perfect unification of all psychopathic items in a single cluster.

BPA-scales (Big Five *cursive*)	?	r_{tt} (short) (n=45)	r_{tt} (long) (n=48)	1	2	3	4	5	6	7	8	9
neuroticism	87	82	54									
schizoid	77	80	69	**78**								
oral	82	82	48	**90**	**66**							
psychopathic	72	72	43	**-57**	**-52**	**-59**						
***persistence*, maso-chistic**	77	53	60	**55**	**59**	**53**	**-64**					
conscientiousness	71	76	70	**-36**	**-37**	**-33**	**65**	**-43**				
extraversion	70	76	72	-28	-29	-30	**66**	**-40**	07			
antagonism, *rigidity*	77	87	72	29	24	25	01	12	**-39**	**34**		
phallic	68	82	69	20	16	19	21	-06	-12	**47**	**65**	
hysterical	67	77	64	**61**	**44**	**52**	**-32**	**39**	**-44**	02	**74**	**46**

Table 3: The BPA-Scales: Cronbach's **a** for scale consistency; retest correlations r_{tt} short-time (3 months) and long time (10 months); interkorrelations of the scales grouped according their specific developmental phase (neuroticism = 1; schizoid = 2; oral = 3; psychopathic = 4; masochistic = 5; conscientious = 6; extraversion = 7; rigidity/antagonism = 8; phallic = 9); bold = significant.

One critical point in bioenergetic analysis as it is formulated today is the lack of two basic personality (or character-) dimensions of the five factor model, namely c*onscientiousness* and *extraversion*, which are not adequately dealt with in Lowen's model of personality. Both are only hidden and indirectly contained in contemporary Bioenergetic Analysis. We found a tendency to *withdraw* with masochistic, oral and schizoid patients and an *extraverted* tendency with psychopathic, rigid and phallic clients. Tendencies of *negligence* (factor *conscientiousness*) were found with hysterical, masochistic, rigid, schizoid and oral patients and to hightened *conscientiousness* with psychopathic patients.

Based on the commonly used statistical procedures ten scales were developed. The data concerning inner consictency (Cronbach's Alpha), reliability (Test-Retest short-time = 3 months, long-time = 10 months) are given in table 3. The validity was determined by separately performed rating procedures of each single individual during the stages of test construction, which stretched over a period of several years, *and* by parallel testing with the Freiburger Personality Inventory (FPI) (Fahrenberg & Selg, 1970, 1989), one of the traditionally frequently used German questionnaires. Five scales represent the equivalents to the five factor tests (e.g. Big Five, NEO-FFI, NEO-PI-R) on the one hand and Lowen's bioenergetic types on the other (schizoid, oral, psychopathic, masochistic, rigid – phallic, hysterical).

We attempted to arrange the scales by integrating the different aspects – developmental stages, five-factor-model, psychodynamic typology – and by creating a psychologically meaningful sequence of scales. The order should reflect the timely sequence of the developmental phases in childhood on the one hand and the statistical relations between the scales on the other. The direction of the scales had to be adjusted according to the correlations as far as this was reasonably possible. Thus a synthesis of the two concepts of the five-factor-model and Lowen's typology could be created. The scale order was generally confirmed by clusteranalysis (minimum variance [Ward, 1963], squared Euklidean dis-

tances), though unexpectedly *extraversion* was found combined with *psychopathic*, *masochistic* and *conscientious* in the same cluster.

sca-le	scale **„Big Five"-factors *cursive***		scale **„Big Five"-factors *cursive***	stage	age	factor
1 **2** **3**	*neuroticism* schizoid oral	⟷	*emotional stability* compensated schizoid, pseudo-integrated compensated oral, pseudo-autonomous	**Sensory attachment**	**1. Lj.**	**1**
4 **5** **6**	powerlessness, helplessness masochistic, *conservatism, persistence* *Negligence, carelessness*	⟷	psychopathic need for recognition, ambition, flexibility, *openness for experience* *conscientiousness, pedantry*	**Sensori-motor-autonomy**	**2. / 3. Lj.**	**3**
7 **8** **9** **10**	*introversion* *agreeableness,* altruism compliance, conformance modesty, emotional reserve, soberness	⟷	*extraversion* *antagonism*, rigidity aggressive rivalry (phallic) dramatic; emotional exaggeration (hysterical)	**Intracortical-initiative**	**4.- 6. Lj.**	**2**

Table 4: The ten scales of the multidimensional BPA approach and the direction of their poles.

BPA and the main developmental stages: 2nd order factors

Factoranalysis of the ten BPA-scales exhibited three 2nd order factors, which can be assorted to the three stages of development in childhood postulated by Millon (1981, 1990), which correspond to the three main developmental periods in psychoanalysis.

> According to Millon, the *sensory-attachment-stage* lies between birth and 18th month of age. Main theme is an undisturbed relation between parents and child with a balance between over- and understimulation and the risk of imbalance in the field of interpersonal dependency and autonomy.
>
> The *sensorimotor-autonomy stage* lies between the 12th month and the 6th year of age. It is determined by the transition from grossmotor to finemotor regulation. Lack of challenge and stimulation foster a lack of curiosity of behavior and to insufficient mobility of psyche and body with the result of increased insecurity, passivity and servility. Pushed in excess or too much letting go increase the tendency of excessive self-representation and social deviance.
>
> The intracortical-initiative stage of the age of 4 up to adolescence is the time of a stronger growth of higher cortical functions. Lack of challenge in this phase can hamper the development of own goals in one's life and cause a lack of discipline or increased impulsiveness. Too much challenge or too much letting go hinder the development of spontaneity, flexibility and creativity and favour a more rigid, self-limiting pattern of personality.

The first three BPA-scales (*neuroticism*, *schizoid*, *oral*), show the highest factor loadings on 2nd-order - factor 1 corresponding to the developmental stage of *sensory attachment* pertaining to the first year (approx. 12 – 18 months) of life. The next three BPA-scales (*psychopathic*, *masochistic* and *conscientious*) load highest on the 2nd-order - factor 2 corresponding to the stage of *sensorimotor autonomy* pertaining approximately to the second and third year of age. The last four scales of the BPA (*extraverted*, *antagonistic/rigid*, *phallic*, *hysterical*) exhibits the highest loadings on 2nd-order - factor 3 corresponding to the *intracortical-initiative* stage of the age of four to six years.

	BPA: 2nd order factors		
scales	**1** *sensory attachment* ca. 1. Lj.	**3** *sensorimotor-autonomy* ca. 2.-3. Lj.	**2** *intracortical-initiative* ca.4.-6. Lj
neuroticism	**95**	14	13
schizoid	**91**	13	10
oral	**80**	25	05
psychopathic	**-53**	**-71**	32
masochistic	**55**	**55**	-18
conscientious	-13	**-90**	-26
extraverted	-41	-26	**70**
antagonistic	11	25	**88**
phallic	13	-14	**86**
hysterical	**50**	32	**63**

Table 5: Factor loadings of the BPA – scales on the 2nd-order - factors

Analysis of the development related structure of symptoms

As with every questionnaire, the Bioenergetic Process Analysis too allows to create group profiles for patients with specific symptoms and diagnoses. Those profiles provide a deeper insight into the structure of the problem applying bioenergetical perspectives as well as those pertaining to personality psychology. On the other hand the individual profile may be helpful in the process of clarification of diagnosis.

The following diagram exhibits a simplified, i.e. monopolar representation of typical symptom profiles for patients with an anxiety-, panic-, phobia- or eating – disorder. Our interpretations are based on those scales, which exhibit significant differences ($p < .05$) to the norm values of the sample-total.

The values of a subsample of patients with anxiety-, panic-, phobia- and eating – disorder in the second-order factors 1 – 3 are also given; they show the statistically estimated amount of traumatization in each of the three basic developmental stages, arranged from the top downwards.

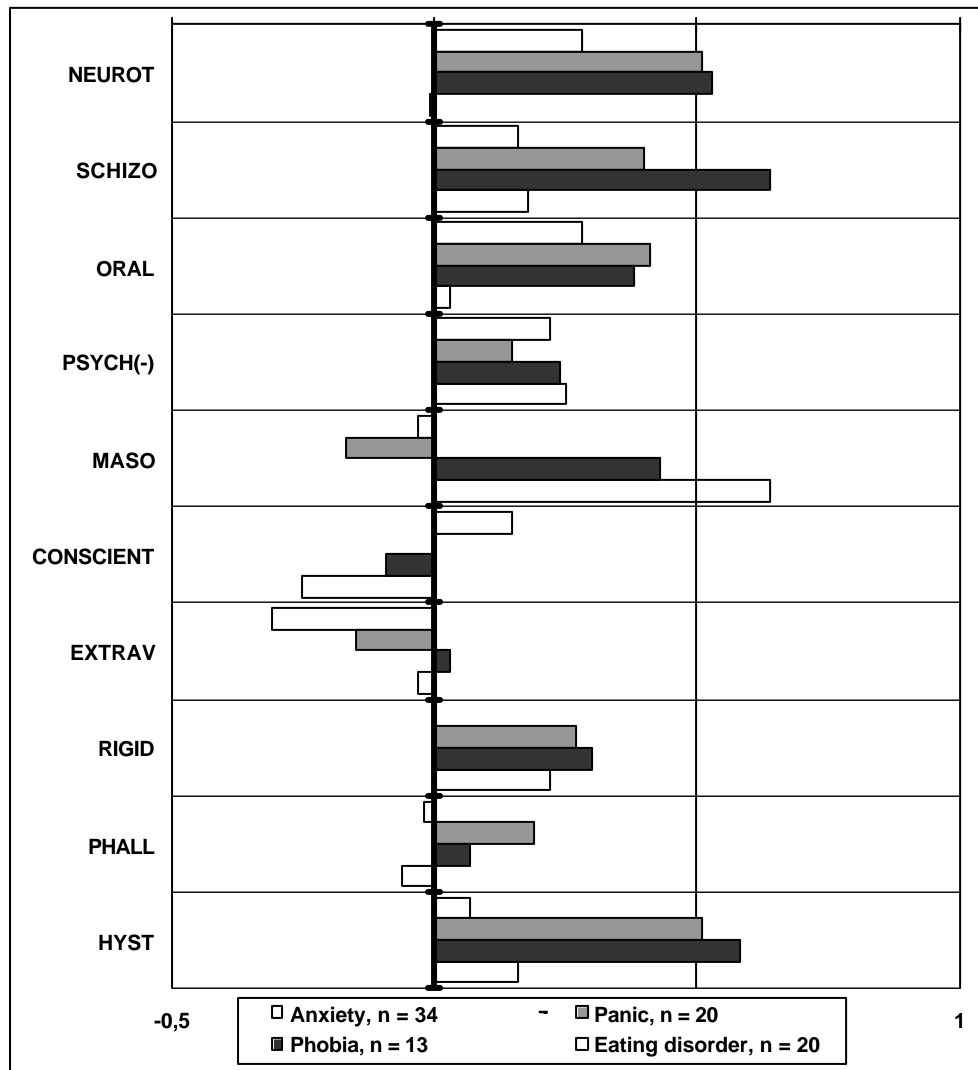

Table 6: Simplified BPA profiles of different symptoms: Mean values of patients with anxiety (n = 34), panic (n = 20), phobia (n = 13) and eating disorders (n = 20). The *psychopathic* scale is inverted: less psychopathic characteristic (= more powerlessness / helpnessless) means stronger deviance to the right side of the diagram.

Thirty four Patients suffering from anxiety disorder exhibit typically heightened values in 2nd order factor 1 – pointing to the first year of life – and in the *neuroticism* and *oral* scales. In addition they show a significant tendency to withdraw from social contact (reduced *extraversion*).

In contrast, panic disorder (20 patients) seems to be characterized by even higher values in the aforesaid scales and additionally by hightened schizoid values. Above that the 2nd order factor 2 (4th to 6th year), especially the hysterical scale, exhibit significantly increased values, which means that *antagonism/rigidity* plays a significant role with panic patients: The “show” is intended to provocate and draw other’s attention, love and care to oneself.

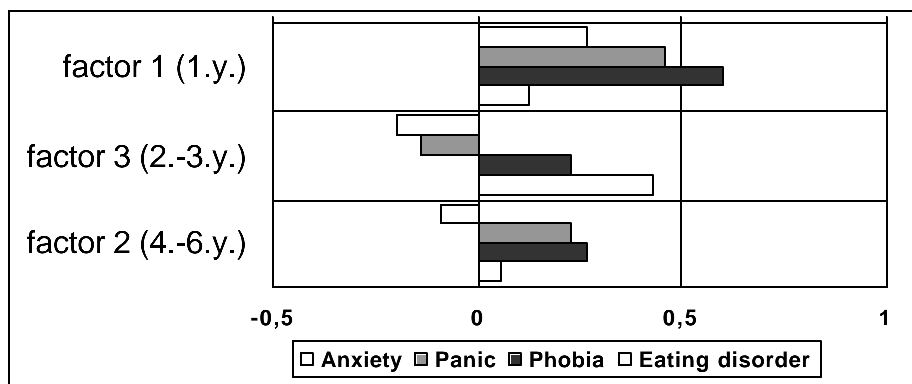

Table 7: Values of of patients with anxiety (n = 34), panic (n = 20), phobia (n = 13) and eating disorders (n = 20) in the second-order factor 1 (corresponding to the ~1st year of life), 2 (corresponding to the ~2nd and 3rd year of life), and 3 (corresponding to the ~ 4th to 6th year of life).

Compared to the anxiety and panic groups the schizoid theme is dominating with the phobic patients (13 patients), and the values of the *neuroticism* and *oral* scales are similar to those of the panic group. The schizoid accentuation points to basic feelings of insecurity, to separation of body, feeling and outer reality, to partial desintegration of personality and to self-fragmentation (the typical "fear of falling apart", Diamond, 1987). In the second developmental stage (2 – 3 years, 2nd order factor 3) the *masochistic* pole is significantly pronounced in the BPA, pointing out that the typical masochistic theme of feeling inferior and playing the role of victim is also part of phobia. Among the scales of the third developmental stage the hysterical value is significantly increased, pointing to a stronger tendency to crave for attention by impressive manoeuvres towards the outward world. Comparing the values of the three stages (2nd order factors 1 to 3) only, one would argue, that among the three stages the pathologic influence during the first year of life is predominating in phobia.

Patients with eating disorder (20 patients) exhibit the strongest difference from the average of the sample-total in the masochistic scale. These Patients tend more towards the masochistic - conservative, immobile, persistent and inferior – pole. The second stage of development (2nd order factor 3) shows clearly the maximum difference compared to the norm and one of the main themes of this developmental stage is to learn adequate balance within the realm of eating and defaecation. Later in their life these patients have problems to tune themselves to a moderate measure and the result may be restrained eating or overeating or similar symptoms of imbalance.

Character types in the mirror of dimensional perspective

The construction of five-factor-questionnaires up to date focused on comprehending the five personality dimensions generally, thereby initially postponing clinical aspects. In their comprehensive reader dealing with personality disorders from a five factor perspective, Costa and Widiger (1993) for the first time deal extensively with the application of the five factor model to the traditional clinical concepts of personality disorders.

Lowens personality typology is adjacent to the concept of personality disorders, but it is not identical. The concepts of the bioenergetic types as they are used today bridge the gulf between the population-average of “normality” and the extreme of “personality disorder”. Nevertheless, five factor questionnaires specific to the clinical or psychotherapeutic realm are still missing today and the BPA was designed to fill this gap.

The preselection stages of development of the BPA lasted several years. During this procedure 58 of the initial 144 items had to be excluded because of lack of validity). The remaining sets of items for the different bioenergetic scales were not always what would have been expected from “common bioenergetical analytical thinking”. On the other hand test construction usually provides a more differentiated insight into the features of the subject investigated.

It has to be kept in mind that the following descriptions of the poles of the bioenergetic scales are a result of a step-by-step procedure which began with the formulation of items following closely Lowen’s own descriptions. Verification of the usefulness and validity of single items for a scale was in the early stages determined predominantly by consistency analysis, trying to increase the coefficient of consistency (Cronbach’s Alpha). The other method during these stages was the practical application of the thus constructed scales within bioenergetical analysis in current therapy in combination with external therapeutical ratings. Factoranalysis was performed as last step.

An analysis of the final form of the questionnaire showed that extreme values on either end of a scale indicated bioenergetic imbalances in the specific personality dimension / character type. For example an strong imbalance in the schizoid scale – a very high or a very low score – mostly was due to a traumatic influence in a very early developmental stage. Thus one side of a scale signifies the overt bioenergetic status – here for example a high schizoid value – and the other side the “hidden” bioenergetic status: compensation and / or suppression of a schizoid trait or trauma – here for example an extreme low schizoid value. One method of estimation of the amount of success of psychotherapy is the extent to which the imbalance of the values is reduced and how far the values approach the average of the sample total.

The following descriptions are based on our data, which are detailed in chapters 3 (Validity) and 4 (Description of Scales) in the BPA-manual.

High scores in the *neuroticism*–scale of the BPA indicate feelings of subjective insufficiency and deficiency. These patients express intensive suffering. The scale contains both schizoid and oral items (see down below) plus some psychosomatic (somatoform and hysterical) symptoms (i. e. strong responsiveness of the body and autonomic nervous system to emotions and stress). Patients are afraid of being alone, they describe feelings of indifference, inner emptyness, they feel depressed and unhappy, full of doubts, worried, deplaced and unwelcome, they suffer from feeling cramped or from palpitation of heart and other somatic symptoms.

Very low scores in the BPA neuroticism-scale signifies *emotional stability* in the sense of (pseudo-) resilience and (pseudo-) power of resistance. The patients deny most of the negative items concerning their well-being. This is an indication of increased robustness and sense of reality (compensated schizoid, see down below), an increased independence and autonomy (compensated oral) and beyond the meaning of the schizoid and oral items an increased psychosomatic (pseudo-) stability. The typical symptoms of these patients differ from those exhibiting high scores: They tend to suffer from effects of overwork and physical strain (e. g. back pain), which are not so directly linked to the vegetative system, but to the overestimation of one's own capacity and to the negation of their body signals. These patients have little access to their deeper emotional states and they rarely engage deeply in emotional intimacy, they were experienced by their close friends as emotionally rather limited accessible, often more isolated or shielded. They convey an image of toughness and hardiness instead and they use to feel like that themselves. They regularly convey an image of independence and autonomy.

The *schizoid pole* of the BPA is characterized by feelings of isolation, sensitiveness, listlessness, unresponsiveness. The patients are worried, often feel rejected, disliked, refused, out of place, unwelcome; patients complain of separation between thinking and feeling, between heart and mind, between themselves and the surrounding reality, they have difficulties to feel their body, they suffer from cold hands and feet and have "problems to follow their heart". They are tossed about by deep doubts about their way of life, they often feel depressed, they have nightmares, they had anxiety attacks in childhood or youth, they may experience strange thoughts, feelings and sensations. These patients are mostly very sensitive, they have problems to come into contact with their body and / or their emotions, they suffer from their social isolation and hardly find access to their personal conflicts. They sometimes have strange experiences, they feel generally uncomfortable and weird, strange or inappropriate. Unpredictable aggression may burst open in rare cases.

The opposite pole to the BPA-*schizoid* pole (*compensated schizoid*) may be described as *pseudo-integrated* or *pseudo-realistic*. Patients scoring very low on the schizoid scale exhibit a strong attitude of robustness and reality-contact. They like to call themselves "realists". The truth behind is negation and compensation of a strongly hightened sensitivity and a hidden fear of disintegration, which are typical schizoid traits. These patients strongly deny feelings of undesirability and feelings to be out of place. They deny feeling rejected, refused and disliked by others, they deny problems of feeling their body and difficulties to follow their heart, they deny feeling depressed, they deny any doubts of their way of living. Repeated negation of most of the schizoid items in our study could be shown to be mainly due to repression and / or compensation concerning the addressed fields of experience. It is mainly this mechanism that enables the patient to sustain an stable and seemingly solid contact with the surrounding reality without falling victim to the menacing schizoid feeling underneath.

The *oral pole* of the BPA is characterized by anxiety, patients are afraid of being alone or abandoned, they experience feelings of inner emptyness, they feel depressed, unhappy and easily fatigued and

tired. They experience themselves unable to cope with the difficulties of life, are prone to moaning and lamenting. They fear of being rejected and unwelcome. These patients tend to be dependent, anxious, they long for security, cling to partners, hate to be alone, they convey a helpless, unprotected and vulnerable impression to their surrounding and they tend to expect and ask for improvement and help from others.

The opposite pole to the BPA-*oral* pole (*compensated oral*) may be described as *pseudo independence* or *pseudo-autonomy*. Individuals, which score very low on the oral scale, strongly negate most of the aforesaid oral items, they deny any anxiety or fear of loneliness, of beeing abandoned or of feeling depressed or insecure, emphasizing instead that they are very well able to cope with the difficulties of life. Longing for security, feelings of neediness and the fear of being alone or abandoned are playing a role in a suppressed, denied, repulsed form. These patients convey to their surrounding world the impression of demonstrative independence.

The *psychopathic* pole of the BPA is marked by dominance and power. Patients scoring high like to take the lead, are very sure of themselves and regard themselves as trustworthy. They declare not to have any problems staying alone. Once they have started a project, they will most probably go through with it in unflinching determination. They are convinced of the rightness of their way of living. They present themselves pretty much awake and show fast and well directed actions and reactions; they usually are able to focus their attention sharply. They are opinion leaders and act at their own discretion without a feeling of guilt. One central concern of these patients is to get and keep everything under control and to *dominate* others or to *manipulate* them. Often they tend to suppress or compensate more or less successfully their feelings of powerlessness and helplessness by which they feel deeply threatened.

The opposite of the *psychopathic* pole is *powerlessness*, *helplessness*, bringing this pole close to the *oral* pole. Patients deny most of the psychopathic items and describe themselves as mainly slow, compliant, as avoiding opinion- and other leadership and as easily distracted. They don't feel well with responsibility, they are afraid to take the initiative and to make a decision on their own. Patients with very low values feel dependent, insecure and unprotected, desperately helpless and completely at other's mercy, over-directed and tossed about by externe circumstances without any possibility to act according to their own will or to influence the situation in any way. They are unable to blind out their inner negative emotions or to cope with outer conflicts, they feel easily unsettled and unable to keep the situation under control.

The BPA version of the *masochistic* type shows a strong (feeling of) *inferiority*. This scale (*masochistic* vs. *ambition/need for recognition*) corresponds to one of the five personality factors, namely to "openness for experience" (which is the BPA-pole "*ambition/need for recognition*" of this scale). Patients feel inferior, bashful, shamefaced, pushed around and over-directed. They have a basic feeling of guilt and shame. They subordinate themselves, they endear and conform themselves to others. Their

tendency to comply often ends up in victimhood. They easily drop out of, procrastinate with, postpone or delay their projects. Actions and reactions tend to be slow, tardy, tolerating, sluggish. They tend to stout corpulence and are ashamed of their body. – These patients suffer from strong feelings of inferiority, inner doubts and feelings of guilt. Mostly showing a modest and unambitious behaviour, they strive for conformance and subordination. It is only under sufficiently strong pressure from their social surrounding that they unexpectedly exhibit a very strong and previously latent defiant and sullen defense and opposition and in some cases start to play the role of the innocent victim. The patients encounter difficulties with taking the initiative and with determined and directed action, remaining in an aimless and purposeless "as-if-paralised" state, from which they suffer considerably. This scale measures the subjective organisation of and the patient's dealing with low self-esteem. Often he finds a solution in the pattern "passivity, defense and opposition" and the taking over of victimhood.

The opposite of the *masochistic* pole is the pole *ambition/need for recognition* (BPA's version of "openness for experience" in the five-factor-model); these patients exhibit a flexible and mobile, interested and curious attitude towards the outer world and other people. The masochistic type thus corresponds to the five-factor-dimension "openness". Patients deny most of the aforesaid masochistic items. They act ambitiously, impatiently and determined. They are intellectually versatile and flexible in their behaviour. They see themselves as self-determined, are curious and inquiring and like to go ahead. They deny to endear or subordinate themselves or to conform and they prefer encountering an interesting discussion instead. They describe the physique of their body as rather proportionate. - These patients convey the following picture to their surrounding social world: Need for recognition; ambitious; high claims concerning their own achievements; determined; ready for action; rapidly acting. Taking into account the symptoms of those patients, which exhibit extreme values opposite to the *masochistic* pole and who tend to dissimulate their complaints, it has to be supposed that their strongly recognition-oriented behaviour is an attempt to compensate and avert latent feelings of inferiority. Their actions convey the impression, that they meet highest requirements for the sake of testifying and proving their own high value for themselves and towards others. Thus verification of the own value within the social context is a main theme. They suffer from feelings of guilt or pangs of conscience when their performances fall short of their expected range of accuracy and perfection.

High scores in BPA *conscientiousness* indicate pedantry, (sometimes obsessive) perfectionism and a scrupulous sense of responsibility. *Conscientiousness* belongs to the main five personality dimensions. These patients take themselves for trustworthy, reliable and responsible and this estimation is almost always correct. They like to focus on and go through with their projects and reject to take any risks. They feel quite certain about their way of living, don't like to be seen upon as heroes and they fully reject actions, which could do harm to other people. They generally are very effective and determined with their performances. They too are afflicted with pangs of conscience and feelings of guilt, if their performances are falling short of their subjective target line. This pattern usually starts early around 3

to 5 years of age. Striving high for perfection was their way to gain the love of their mother or – in a smaller number of cases – their father. Overeager good performance was their childlike way of reacting upon the threat of withdrawal of love by (mostly) their mother.

Low scores in *conscientiousness* indicate *carelessness, negligence, unreliability*. Patients are not very particular with arrangements once agreed upon. Patients with extreme low scores may be slovenly, blowsy and sloppy. They mostly suffer from lack of ability of control, they let themselves go, they have to try very hard to pull themselves together. Some are subject to unpunctuality, others have problems with moderation concerning their eating or drinking habits (e. g. abuse of sweets, overeating, alcohol). These patients often experienced in early childhood a traumatising break with their relation with the result that the dependability of the contact to and love and care by the mother was called into question, because the mother was experienced as incalculable, unpredictable and unreliable in her love and care and it didn't seem to make much sense to do anything to attract the mother's attention.

High scores in *extraversion* as it is represented in the BPA describe superficial, spontaneous, impulsive, quick, impatient and sometimes provoking up to insulting behaviour in communication. *Extraversion* is one of the five dimensions of personality. Patients are sociable, tend to confrontation, are even intransigent opinion-leaders. These patients are not at all as approachable for their fellows as their sociability would suggest at first sight. Their deficits show up in their difficulties to encounter social conflicts; they tend to play down or blind out problems in their own intimate relationships, they evade acute conflicts or avoid quarreling concerning upcoming problems because of their difficulties to reveal themselves to others.

Low scores in *extraversion* denote *anxious social withdrawal*. Patients refuse spontaneous, impulsive or insulting behaviour; they reject leading social roles; they need much time to make friends and exhibit a more patient, deliberate, slow-going, sensitive, compliant, self-sufficient and silent attitude. In groups they usually don't talk much and – if questionned – only sparse. They avoid making contact and prefer to have only a limited number of single separate and – under those circumstances – intimate and close contacts, where they may feel themselves secure and safe apart from the fuss of the surrounding social world.

Within the BPA Lowen's rigidity is represented by *antagonism, rigidity, reactivity*, which is the opposite pole of *agreeableness*, one of the main five personality dimensions. Patients with high values exhibit a low reaction threshold and react impatiently, jump out of their skin easily, are sometimes offending. Their thinking goes along the line of guilt and retaliation. They are full of pride, sometimes revengeful, rival, mischievous, often envious and jealous. They like to compete and want to win at any price, like to try their strength against others and want to retain the upper hand at all costs. They may be threatening to intimidate others. They hurt others and feel easily offended by others and therefore prefere to be unapproachable. They like to take risks. These patients use their dysfunctionally (over-) reacting behaviour to avoid engaging with or getting involved by others too close. *Performance* and

show are the main themes of people strongly influenced by rigidity and antagonism. The aspect of performance is specifically represented in the phallic subscale, the other aspect – show – in the dramatical (hysterical) subscale.

As has already been said, the opposite pole of *rigidity / antagonism* is *agreeableness*. Patients scoring very low on this scale exhibit the typical traits of the five-factor-scale agreeableness: They mostly are quiet and altruistic persons and due to their conforming, obliging and tolerant behaviour they principally back down. They have difficulties to come out with their wishes and needs. On beeing hurt, they gobble things down. It is hard for them to try to push their interests through against existing or anticipated resistance. They can not distinguish between a misconceived helpfulness and an unhealthy suppression of their own needs caused by fear arising out of social contact with other people. Their apparent tolerance has its roots in their incompetence to take up a definite position and so they prefer to remain unlocalized, blurred, functional and sober and personally indeterminable, doing their duty and proving thereby their utility. The common meaning of extremely high or low values in this scale is a strong tendency to avoid close social encounter and to remain socially in an undetermined state of uncertainty.

There are two subscales for the measurement of the *phallic* and the *hysterical* subtype of *antagonism / rigidity*. According to classical psychoanalytic thinking, the phallic character is the expression of rigidity with men and the hysterical character with women. Using the multidimensional approach of the BPA Bioenergetic Personality Analysis, things look different and women equally as men may exhibit very low or very high values in both scales.

BPA's phallic scale is named *aggressive rivalry* and its main keywords are *intolerance* and *excitability*. A person scoring high on the *phallic* scale will often be impatient and excited. They want to prove, that they surpass everybody and usually show very goog or the best performances. The phallic type uses maximum or best performance to obtain attention, love and respect from (predominantly) the father. There is always something to do for them, they have to work constantly and be productive to feel good. They like to take responsibility upon their shoulders, want to have success to gain the admiration of their fellows. They are easily irritated and made insecure. In this case they most likely will react in an aggressive and sometimes arrogant manner because of their offended proudness.

Scoring very low on this scale means to avoid the winner's alpha-role at any price and to prefer the *compliant* and *conforming* pole of behaviour instead. Those patients are shy and avoid competition, confrontation or trying their strength against others. They are always patient, react slowly and deliberately. So they fall short of fulfilling their own needs, suppressing them instead most of the time.

The *hysterical* scale of the BPA means *dramatically exaggerated emotional expression:* Thinking in guilt and revenge; moody, delighting in other's misfortunes; easily embarassed. The behaviour is characterized by emotional theatrical dramatization. The show and noise are designed to draw atten-

tion to oneself and uses exaggerated emotional reactions, which may be reflected by dramatic vegetative bodily sensations like hyperventilation, heart palpitation and panic attacks, the medical significance of which is rather marginal. The traditional psychoanalytical explanation tells us, that the little girl uses theatrical dramatization to draw her father's attention towards her, and the father is most of his time busy with his own stuff and overlooks her. When the little girl falls down and hurts herself and cries loud, it is more likely that his attention is directed to her. That is the way she learns that acquiring symptoms is a way to attract attention.

Behind the scene within the hysterical patient the emotions of pride, feeling hurt and anger are prevailing.

The opposite pole denotes *modesty*, *emotional reserve, soberness.* Very low values indicate a modest, sober and emotionally reserved attitude. The emotional expressivity is restricted to a minimum. These patients often suffered from a repressive socialization, where emotional expression was not encouraged and objective concerns predominated subjective needs. They have problems to identify emotional signals in their body and express them. They generally are very responsible, helpful and useful for their fellows. Their behaviour is driven mainly by objective concerns with only little emotional interference.

Concluding considerations

Another approach to create and use specific questionnaires for bioenergetical purposes could start with the IPIP International Personality Item Pool made available by Goldberg (www.ipip.ori.org). Goldberg offers an index of 172 labels for 280 already existing IPIP scales. We found at least 70 useful scales with consistencies mostly between a = .60 and .89. As most scales contain roughly 10 items, a questionnaire using all the scales would comprise about 700 items, which is an amount apparently not acceptable from an economic point of view.

The BPA is offering scales showing consistence coefficients with similar heights but without the possibility of a differentiated estimation of a type's subtraits.

For a measure of subtraits in a first step the leading traits of a bioenergetic type would have to be determined theoretically and the corresponding IPIP labels measuring those central traits searched out. For example, for the "psychopathic type" we would find about approximately 20 IPIP scales related to a main psychopathic theme (e. g. 3 scales for assertiveness; 2 scales for leadership; one scale each for forcefulness, dominance, attractiveness, provocativeness, talkativeness, morality, efficiency, purposefulness, quickness, anger, initiative, power-seeking, machiavellianism, unpretentiousness, self-monitoring) with consistencies ranging from .66 up to .88. Statistical methods like factoranalysis and clusteranalysis could help to look into the inner structure of the "psychopathic" type and to determine its main traits and to establish a psychologically meaningful and representative order as well. This

approach would focus on the single traits that constitute a bioenergetic type and could end up with a more precise definition of each type.

If one wants to integrate the bioenergetic scales into the existing five-factor-questionnaires, this could be done by administering the BPA together with one of the five-factor-tests, e. g. the NEO-PI-R with its 30 facets. By way of correlational analysis a differentiated five-factor-profile of the bioenergetical scales could be developed. Thus the five-factor-items could be grouped into new scales along the perspective of the bioenergetic types. Goldberg describes on his website in detail the common statistical procedure for the development of such specific scales, although he recommends to use all given items (about 2000 IPIP items), which, concerning economic deliberations, seems to us an unrealistic excessive demand with respect to clients and researchers.

Future research could provide more sophisticated scales bridging the gulf between personality psychology and traditional psychoanalytic and bioenergetic concepts of character structure.

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Dimensions of the Five Factor Model	
Neuroticism	emotional stability vs. emotional lability
Extraversion	extraversion versus introversion
Openness for experience	culture, idealism, unconventional vs. convention, conservatism, persistence, obstinacy
Conscientiousness	Conscientiousness, pedantry vs. negligence, unreliability, impulsive
Agreeableness	agreeable, passive, obliging, obedient vs. antagonism, opposition, independence

Table 1: The typical five factor model

factor	variance %	Description of the five factor version of the BPA
1	9.38	Emotional stability vs. insufficiency, neuroticism („emotional stability - neuroticism“)
2	4.86	Antagonism, rigidity vs. altruistic – tolerant – agreeable (selfless, compliant, withdrawn) social behaviour („antagonism - agreeableness“)
3	3.71	Conscientiousness, pedantry vs. negligence, unreliability, daring, reckless („conscientiousness - undirectedness“)
4	4.57	Sociability vs. inhibition, withdrawal, introversion („Extraversion - Introversion“)
5	5.02	Need for recognition, ambition, flexibility, culture, intellectual interest vs. masochistic feeling of inferiority, servility, immobility, persistence, conservatism, obstinacy, lethargy, playing the role of victim.

Table 2: The five factor – version of the Bioenergetic Process Analysis BPA

BPA-scales (Big Five *cursive*)	**?**	**r_{tt} (short) (n=45)**	**r_{tt} (long) (n=48)**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
neuroticism	87	82	54									
schizoid	77	80	69	**78**								
oral	82	82	48	**90**	**66**							
psychopathic	72	72	43	**-57**	**-52**	**-59**						
***persistence*, masochistic**	77	53	60	**55**	**59**	**53**	**-64**					
conscientiousness	71	76	70	**-36**	**-37**	**-33**	**65**	**-43**				
extraversion	70	76	72	-28	-29	-30	**66**	**-40**	07			
antagonism, *rigidity*	77	87	72	29	24	25	01	12	**-39**	**34**		
phallic	68	82	69	20	16	19	21	-06	-12	**47**	**65**	
hysterical	67	77	64	**61**	**44**	**52**	**-32**	**39**	**-44**	02	**74**	**46**

Table 3: The BPA-Scales: Cronbach's **a** for scale consistency; retest correlations r_{tt} short-time (3 months) and long time (10 months); interkorrelations of the scales grouped according their specific developmental phase (neuroticism = 1; schizoid = 2; oral = 3; psychopathic = 4; masochistic = 5; conscientious = 6; extraversion = 7; rigidity/antagonism = 8; phallic = 9); bold = significant.

sca-le	scale „Big Five"-factors *cursive*		scale „Big Five"-factors *cursive*	stage	age	factor
1 **2** **3**	*neuroticism* schizoid oral	⟷	*emotional stability* compensated schizoid, pseudo-integrated compensated oral, pseudo-autonomous	**Sensory attachment**	**1. Lj.**	**1**
4 **5** **6**	powerlessness, help-lessness masochistic, *conservatism, persis-tence* *Negligence, careless-ness*	⟷	psychopathic need for recognition, ambition, flexibility, *openness for experience* *conscientiousness, ped-antry*	**Sensori-motor-autonomy**	**2. / 3. Lj.**	**3**
7 **8** **9** **10**	*introversion* *agreeableness,* altruism compliance, confor-mance modesty, emotional reserve, soberness	⟷	*extraversion* *antagonism*, rigidity aggressive rivalry (phal-lic) dramatic; emotional exaggeration (hysteri-cal)	**Intracorti-cal-initiative**	**4.- 6. Lj.**	**2**

Table 4: The ten scales of the multidimensional BPA approach and the direction of their poles.

	BPA: 2nd order factors		
scales	**1** *sensory attachment* ca. 1. Lj.	**3** *sensorimotor-autonomy* ca. 2.-3. Lj.	**2** *intracortical-initiative* ca.4.-6. Lj
neuroticism	**95**	14	13
schizoid	**91**	13	10
oral	**80**	25	05
psychopathic	**-53**	**-71**	32
masochistic	**55**	**55**	-18
conscientious	-13	**-90**	-26
extraverted	-41	-26	**70**
antagonistic	11	25	**88**
phallic	13	-14	**86**
hysterical	**50**	32	**63**

Table 5: Factor loadings of the BPA – scales on the 2nd-order - factors

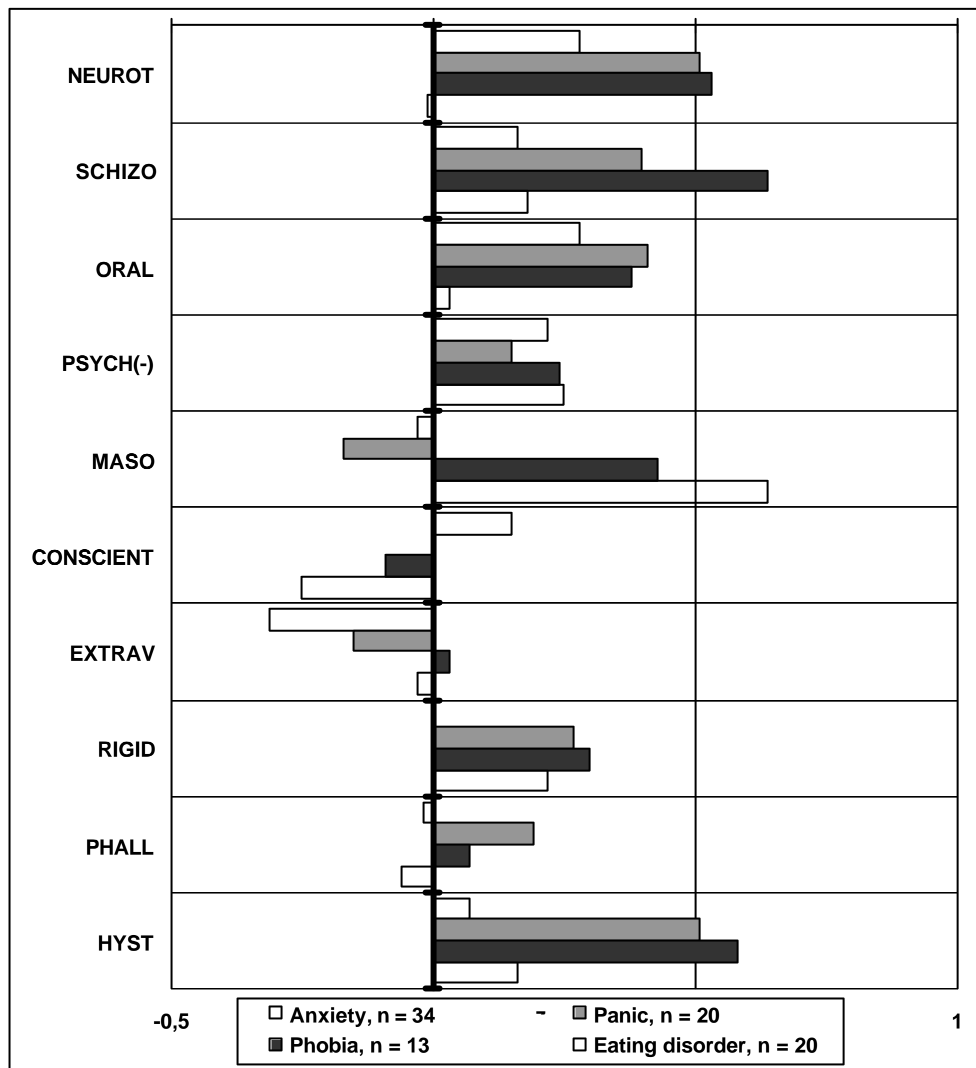

Table 6: Simplified BPA profiles of different symptoms: Mean values of patients with anxiety (n = 34), panic (n = 20), phobia (n = 13) and eating disorders (n = 20). The psychopathic scale is inverted: less psychopathic characteristic (= more powerlessness / helpnessless) means stronger deviance to the right side of the diagram.

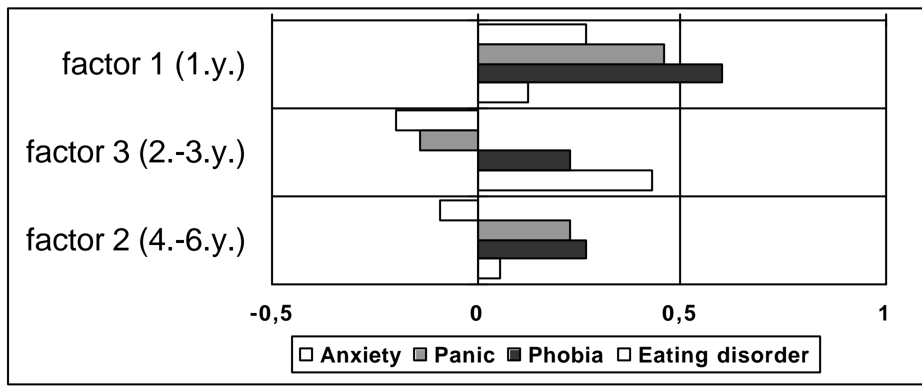

Table 7: Values of of patients with anxiety (n = 34), panic (n = 20), phobia (n = 13) and eating disorders (n = 20) in the second-order factor 1 (corresponding to the ~1st year of life), 2 (corresponding to the ~2nd and 3rd year of life), and 3 (corresponding to the ~ 4th to 6th year of life).