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The Schizoid Body

Terror: General Characteristics

As Lowen explains in *Bioenergetics* (1975), the schizoid individual's contact with the world, his external reality, has been broken. In the body, a characteristic pattern of "blocks" keeps the core excitation from moving into the more peripheral body structures—head, arms, legs and genitals—which make contact with the world. These blocks enable the individual to split off from the rest of the world, which has been experienced as terrifying. Unfortunately these survival-oriented blocks force the major body segments to split off from each other in terms of movement and sensation. This is why people commonly use images of fragmentation when they describe overwhelming experiences: "I came apart," "I fell to pieces." During bioenergetic work, someone desperately "holding herself together" will make motions of her head, arms, torso and legs that appear rather separate because the chronic muscle contractions necessary to "hold together" don't allow for smooth, integrated motion. Even at rest, the posture will express this disjunction.

In bioenergetics we speak regularly of "blocks." An understanding of their nature is crucial to understanding the schizoid body in particular. Anatomically, a block may be thought of as a pattern of chronic muscle contractions which prevents full, spontaneous and unified body movement. Full movement is not always the same as "the most movement." In hitting or kicking, the arms or legs may move farther and faster when a shoulder or hip block has been released, but sometimes less movement is fuller, more spontaneous and more unified. Bioenergetic therapy for a person who stays hyperactive to avoid feeling might consist of lying down and breathing slowly in order to achieve fuller, more spontaneous and unified movement of his whole body, especially the torso. A person who makes large, dramatic gestures that are not really the expression of his core emotions might lessen the movements of his limbs as a result of successful bioenergetic therapy.

As I mentioned in Chapter 1, although we often speak in terms of energy and energy blocks when looking at the body, describing what movements you are or are not perceiving will develop your body-reading abilities better as we discuss the anatomy and alignment of the character structures. As you begin to examine each other and your clients for characteristic blocks, you will see that the difference between unhampered movement and restricted movement can be very subtle. For example, at rest the chest and abdomen move gently with breathing. It requires repeated observation to discern restricted from unrestricted breathing. In addition, because blood vessels and nerves pass through muscles, circulation and nerve impulses will also be affected by blocks. Thus blocks may give rise to cold, bluish feet, decreased proprioceptive awareness of certain parts of the body, poor coordination, et cetera. However, changes in skin color and coordination tend to be subtle. Although we will be discussing blocks almost exclusively in terms of posture and movement (or lack thereof), if you learn to “think small” about movements, your discerning anatomical eye will begin to notice other subtle body characteristics too.

As I mentioned briefly above, the blocks specific to the schizoid structure split the head, arms, legs and genitals from the central part of the body (DYCHTWARD 1986, p. 27). In the head, the eyes, ears, mouth and nose contain the specialized sense organs which receive contact so acutely from the rest of the world. Through facial expression, speech, and, in our society, kissing, we give contact back to others. The hands are sensitive tools for touch (both for receiving and giving touch), our legs keep us in contact with the earth, and our sexual organs allow for the intimate human contact necessary for the survival of the species. The major blocks then are at the base of the head, the shoulders, the hip joints and the pelvic floor.

We will soon look in more detail at how the head-body split appears physically. Another block which is omnipresent in the schizoid body is at the waist; it splits the upper and lower halves of the body (DYCHTWARD 1986, p. 26). This block results from severe tightness of the diaphragm, which we will return to shortly. The two halves may look quite different in terms of size (muscle development, fat distribution), or there may be a lack of integration between the two halves during movement. When standing for a period of time, the individual may habitually twist at the waist as if twisting away from something. Even when asked to stand straight, she may still show a twist, though less marked, about the waist because of chronic contractions throughout the body. The left and right halves of the body may also look split from each other, with different chronically held postures or poor integration during body motion (DYCHTWARD 1986, p. 26).

Imagine now that something is terrifying you. A monster from a movie I wish I had not seen as a child works well for me in this exercise. You will probably find that your head moves back and your eyes and mouth open wide while your shoulders pull upward and your arms stiffen. After a gasp, your breathing nearly stops and your chest

narrows as your belly and pelvis pull in and up and your legs stiffen (KELEMAN 1985, p. 73). Extreme terror such as this, when real, cannot be continued for long; it paralyzes the organism and leads to shock and organismic collapse ("scared to death"). Schizoid individuals do not look completely like this. They have recovered enough from their terror to go on with life. But the pull inward and upward away from the earth is retained in the body. Space within the abdomen/pelvis and chest, where "core" feelings arise, is severely restricted and the inner organs contract and lose mobility. The classic schizoid individual is elongated, narrowed and rigid. His underdeveloped musculature (usually described in bioenergetics as "stringy" when palpated) and its upward pull tend to give him a gaunt, bony, angular appearance. This body type is common in European artwork from the Middle Ages, when the thrust of Christian spirituality was so strongly upward, away from the terrors of life on earth (and Hell below). It was the only body type which could be carved into the high, thin columns which grace many Gothic cathedrals (JANSON 1966, p. 250). As in paintings of Christ from that era, the crucifixes which people buy today to hang on the walls of their homes or around their necks continue to portray the ideal spiritual god/man with a distinctly schizoid body type (FRIEDLANDER 1965, Plate 77).

If you assume a terrified posture once more and survey your joints, you will notice that they freeze up. Now relax just enough to walk around and get what you need with your hands. Your joints will move somewhat but they will retain a frozen quality, and your movements will be stiff, jerky and mechanical. Lowen (1975) writes that in the schizoid it is the smaller, deeper muscles around the joints which are chronically contracted. This suggests that at the shoulder, for example, the large, superficial trapezius and deltoid muscles would not be particularly tight, but the several smaller, deeper muscles which connect the scapula with the humerus and spine would be quite contracted. Lowen (1967) explains that in some schizoid individuals (not the classic type) the superficial muscles may even be flabby, while in others the body may look fuller or even athletic because the large superficial muscles have been developed. Nevertheless, in these individuals the smaller, deeper muscles around the joints are still especially contracted.

Although we are not studying muscles in detail here, I would like to interject a bit of information in order to clarify Lowen's brief remarks about the schizoid's muscles. It is true that, over most of the body, larger muscles cover smaller ones. Large muscles, which are efficient at generating power, can be used to impact the environment forcefully (for prehistoric man, killing and cutting up a mammoth; for us, carrying home a heavy grocery bag). Small muscles are important in positioning body parts in relation to gravity and to each other (aiming the spear; balancing your body and grocery bag on one leg while you kick the kitchen door open with the other). Thus it makes sense that small muscles would be unusually contracted in the schizoid's body as she holds its parts together and pulls upward against the fragmenting impact of ter-

ror. However, for any single movement or holding pattern, many muscles, large and small, work together in a highly intricate fashion. Any schema that divides large from small muscles is oversimplified. Large muscles certainly play a part in posture and how we align our body parts with each other; small muscles can work cooperatively to generate powerful movements. I find that I cannot tighten the deep, smaller muscles of my shoulders to pull them in and up, as the schizoid does, without some tightening as well of the large trapezius, deltoid, and pectoral muscles. I do not think that Lowen means that chronic contractions are absent in the schizoid's larger, more superficial muscles, but that he finds them present to a much lesser degree in the schizoid body than in the rigid and narcissistic character structures. The schizoid, who wants to *withdraw* from the environment, does not hold as much tension in the powerful superficial muscles as do narcissistic or rigid individuals, who want to *control* the environment.

Remember too that not every large muscle is superficial. You already know that the diaphragm is a large muscle, but it is not located near the body's surface. It is always tightly contracted in the schizoid, and if the diaphragm is tight the large abdominal muscles nearby will by necessity also be tight.

Although the schizoid body is frequently described as rigid, it should not be confused with the rigid character structure. Lowen writes in *Betrayal of the Body* (1967): "The rigidity of the schizoid is like ice compared to the steel of the rigid neurotic." There is a brittle, easily broken quality to the schizoid's rigidity, as opposed to the rigid character's strength. Although the schizoid's bones are held together rigidly, he will often appear to have little physical substance holding them together. The rigid individual has a well-developed muscular system which is more alive and resilient. He too has some chronic muscle tensions, but as I mentioned above, their pattern is different from the schizoid's.

In another, somewhat different schizoid pattern of mobility that is not uncommon, the joints are actually very flexible. These individuals may be dancers or serious yoga practitioners. Despite their ability to move smoothly and flexibly, they nevertheless have a frozen quality as well too. Their movements lack spontaneity and do not express the instinctual and emotional energies at the core. Thus the body still lacks aliveness and appears emotionally unresponsive.

Lowen (1967) points out that the motility of schizoid individuals may be either reduced or exaggerated. Those with reduced motility have a robot-like quality to their movements, while those with hypermotility tend to be restless and make rapid, uneven and inappropriate movements. The latter pattern, according to Lowen, represents a "running away" from the body and its feelings.

In bioenergetics we tend to conceptualize the schizoid's lack of body feeling and awareness as a result of the head-body split. He has dissociated from his body and stays in his head. However, the body itself continues to play an important role in its

numbness. Most of our information about our own bodies and their parts comes through movement. Specialized nerve endings in all our muscles provide the brain with constant information about the stretching and contracting of our muscles. If the joints are frozen, movement is decreased and the brain receives too little proprioceptive (positioning) information for good body awareness to develop.

The Ocular Block: The Schizoid Head and Neck

Take your hand now and press your fingers firmly along the lower part of the back of your skull. Right behind each ear is a bony knob, the **mastoid process** (a part of the temporal bone). Just above the mastoid processes and extending between them is a hard, prominent ridge along the occipital bone (Fig. 2). Between the mastoid processes, just below the **occipital ridge**, you can press into neck muscles. These muscles are a few of the many head and neck muscles which attach to the occipital bone and the mastoid processes (Fig. 11). Others are too small and deep to feel.

If you briefly imagine again that you are being terrified and focus now on what is happening at the back of your head, you can probably feel that as your neck stiffens and your head pulls back, the muscles of this occipital area contract strongly. You can probably also feel with your fingers that the occipital muscles are harder now. In schizoid clients this low occipital (also called nuchal) area will always be tightly contracted on palpation but other neck muscles may not be as markedly tense (Lowen 1958).

When this contraction becomes chronic as it does in the schizoid, it is known as an ocular ("related to the eyes") block. What do you notice about your vision if you maintain strong tension at the base of your skull for a while? You won't be able to turn your head very much, of course, so you may soon notice that you are having difficulty seeing most of your environment. You may even be able to feel yourself splitting off emotionally from your environment and have a sense of your eyes "going off" as they cease to focus on and stay in contact with the environment.

We turn our heads constantly and mostly unconsciously in order to focus our eyes on people and things in our environment. With our eyes we constantly assess the safety and interest of the environment. When we wish to stay in contact with it or make a new contact with someone who has entered the environment, we focus on objects in it or on that person in order to get more information. In the case of a person, when we turn our focus to her we are also communicating with our eyes our desire to make a connection. When the head, neck and body are properly aligned and occipital tension is absent, these turning movements are smooth: slow and small when the environment is unremarkable, quicker and larger when it is more stimulating.

In addition to the many neck muscles that attach to the occipital bone, the large **occipitofrontalis muscle** (Figs. 3, 4 and 11) attaches here, passes over the scalp area, and attaches at the other end to the skin of the eyebrows and nose. Functionally, this muscle directly joins the occipital and eye areas. When it is tense there will be tenderness at the base of the skull, the top of the skull, the forehead and above the eyes.

Surely it is no coincidence that the **visual cortex**, the part of the cerebral cortex that processes nerve impulses from the retinas of the eyes, is in the **occipital lobe** of the brain (Fig. 13), just deep to the area you have been feeling with your fingers. The muscles here are very important to the constant regulation of our visual focus.

Notice that when you pull your head back and straighten your neck, tightness develops in the muscles at the throat and jaw as well (Fig. 11). Open vocal expression is cut off. The schizoid individual tends to have a flat voice, in part from tension at the throat, in part from respiration too restricted to provide full, spontaneous air flow through the vocal cords. Although the schizoid character is often technically articulate, choosing his words and grammar well, the listener has the feeling that he is speaking with deliberate effort, even against an obstacle, rather than spontaneously (Lowen 1958).

In the classic schizoid individual the ocular block will result in a marked misalignment of the head and neck with the rest of the body. Lowen (1958) writes that the "schizoid attitude is one of detachment, as if the head were pulled out of the main line of energy flow in the body." The head itself, contracted and tight from chronic contractions over the scalp and face, looks gaunt (Lowen 1958). It appears not only to be pulled up away from the rest of the body, but also away from the plumb line along which it would be centered if it were well-aligned. Classically, the head is pulled back and the neck straightened so that the normal gentle curve of the cervical spine (posteriorly concave) decreases or is lost (KENDALL, McCREARY AND PROVANCE 1993, p. 91 B). Frequently the head-body disjunction is expressed physically by the head being held in a twist to one side (ROLF 1989, p. 56). The head may also be held so that it appears from the front to be upright and facing forward, not tipped or twisted, yet over one shoulder rather than the sternum (ROLF 1989, p. 260). In this case the cervical vertebrae have been pulled laterally out of alignment.

Although the classic schizoid head and neck are pulled back, most people in our society carry their heads too far forward. The ocular block can still occur with a forward head if the head is pulled into the neck or tipped up somewhat to generate tension in the occipital muscles (try it).

The Facial Mask

Return for a moment to your terror exercise and notice what happens to the muscles of your face. They too take on a frozen quality. The forehead contracts (occipitofrontalis muscle), raising the eyebrows and opening the eyes wide. The mouth opens but the jaw is set tightly. In this position you will find that the numerous muscles of facial expression around the eyes, nose and mouth cannot move freely. With terror the face is like a mask, frozen into one expression. In addition, since the schizoid tends to be gaunt, without much facial fat to round the contours of her face, the hard appearance of the face is augmented.

I found children's faces with this full-blown expression of terror in a tragic book of photographs of Jews disembarking from cattle cars at the Auschwitz railway platform (HELLMAN 1981, p. 159). Occasionally the schizoid adult retains the wide-eyed, open-mouthed mask of terror, but more commonly the full expression of terror is defended against and not so completely expressed. A stiff, unchanging smile is a frequent feature of the schizoid mask (Lowen 1967). The smile is not related to any feelings of pleasure and is often inappropriate to the subject at hand. Sometimes the muscles above the mouth that form a sneer are contracted, more so than the muscles that pull the corners of the mouth out into a grin, so that the face expresses being "above" others. Or the mouth may be tightly closed, the lips narrowed, the chin set rigidly because the large **temporal** and **masseter muscles** are chronically contracted (HELLMAN 1981, p. 70). The schizoid's mouth is never full and sensuous (Lowen 1958) and "a rigid jaw...is invariably present" (Lowen 1967).

Lack of Contact: Schizoid Eyes

The schizoid's eyes may or may not be opened wide with terror but they are never warm and alive. They lack expression and they do not make contact with others (Lowen 1958, 1967). Often they appear vacant, as if "no one is home" (HELLMAN 1981, p. 70). They may have a faraway look, or a suspicious look that expresses fear of and confusion about the immediate environment. If the eyes are wide with terror, the eyeballs may appear to be bulging.

The eyes are capable of tremendous variation in expression because so many sensitively innervated muscles are involved in looking and seeing. How is contactlessness of the schizoid's eyes achieved anatomically? We have already discussed how the occipital block prevents the neck muscles from moving the head smoothly in order to focus the eyes on the environment. In addition, the **extraocular muscles** (Fig. 12 B) normally move the eyeballs smoothly. In the schizoid individual the eyeballs often move from side to side in an exaggerated, jerky way or do not move very much at all.

The jerky movements of constant surveillance express fear and suspicion, while lack of eye movement conveys deadness, extreme lack of connection to and interest in one's surroundings, being "gone" or "off."

Focusing also involves the small muscles in the eye which change the shape of the **lens** (not visible; it's deep to the pupil) and the **iris**, the colored ring of the eye. The iris contains two muscles, one to dilate the pupil and one to shrink it. While light and drugs change the size of the pupil most dramatically, the process of focusing also affects it. These changes are subtle and not easily perceived as body reading data, but the size of the pupil does make a contribution to whether the eyes appear soft or hard. The amount of tear fluid in the eyes also plays a part. Eyes appear soft or warm when they are relaxed and receptive, connected to their environment but not struggling to focus on just one thing or too many things at once. They are not trying not to focus, either. Eyes look hard or cold when they are intentionally not focusing on someone trying to make contact, or if they are focusing very aggressively on someone or something. The schizoid clearly will not have soft eyes. If overwhelmed by feelings, schizoid characters may even appear to have a look of rage in their eyes which is so cold it looks demonic (Lowen 1967).

Nearsightedness and farsightedness are also problems of focusing and may make a contribution to contactlessness. They result from changes in the shape of the lens and eyeball. Physicians consider near- and farsightedness to be inherited. Many body workers believe that they develop from trauma which a child does not want to "see." The truth is probably a complicated mixture of both.

The muscles around the eyes also play a role in their expressive appearance. A small muscle within the upper eyelid raises it, and if it is chronically contracted the person may appear to have either bulging "bug" eyes or an unblinking stare as part of an expression of terror. A muscle between the eyebrows (*corrugator supercilii*) draws them down into a ridge, and constriction of the ring-like muscle around the eye, the **orbicularis oculi**, causes squinting. A schizoid individual who chronically wears a wide-eyed, terrified expression cannot constrict these muscles when it would be appropriate to do so. On the other hand, a perpetual look of intense focusing, achieved by chronically constricting these muscles, can also be a mask. It is worn, for example, by the beetle-browed scholar who sits alone day and night in the library, searching endlessly for answers in books.

Schizoid Respiration: Chest and Abdomen

In healthy respiration the chest and abdominal movements are integrated. As the chest expands with inspiration, so do the abdomen and the pelvic floor (if we have reached that nirvana of muscle relation). With expiration, both relax again to a smaller circumference. This is called **abdominal breathing**.

Now imagine once more that you are terrified and notice your breathing pattern in your chest and abdomen. You probably gasped a small amount of air into your upper chest and held it there. When you did have to breathe again, you continued to breathe shallowly into the upper part of your chest. Your abdomen no longer expanded with each inspiration and in fact it may have been sucked in during inspiration. This type of breathing, called **costal** (“of the ribs”) **breathing**, is an emergency pattern of breathing. It is used forcefully by people whose lungs are so diseased that a normal respiratory effort does not bring in enough oxygen—during a severe asthmatic attack, for instance. In times of panic it is a part of the terrified organism’s attempt to freeze, to move as little as possible and make as little noise as possible; to “play dead” as many animals do in order to avoid being attacked and killed. As you no doubt could tell from your little experiment with costal breathing, it does not provide enough oxygen for vibrant body functioning. You may also have realized that your lack of oxygen and the constricted sensations you had through your chest were in themselves making you feel more terrified.

In the classic schizoid character structure, costal breathing has become chronic. The ribs may flare outward because the small muscles between the ribs, rather than the stronger, more efficient diaphragm, have been trying to create space for the lungs to expand during inspiration (Lowen 1958). Costal breathing is not synonymous with shallow breathing, which is a more generalized description covering several different patterns of breathing. Although it is a type of shallow breathing, it is distinguished by movement primarily of the upper chest and by the paradoxical movement of the abdomen, which is sucked in during inspiration and pushed out during expiration (KENDALL, McCREARY AND PROVANCE 1993, p. 327). Because the chest and abdomen are now at odds with each other, rather than expanding and contracting together as a unity during respiration, the schizoid’s body is functionally and dramatically divided at the waist into an upper and lower half.

You may recall that the **diaphragm** is a dome-shaped muscle with a “mushroom stem” central tendon that attaches to the spine (Fig. 17). When the diaphragm contracts, it descends and flattens to create a negative pressure in the lungs so that air will flow into the lung passages. In order for the diaphragm to descend normally during inspiration, the abdominal and pelvic muscles need to be relaxed and able to move outwards. Otherwise they offer resistance to the diaphragm’s downward movement. In schizoid breathing the abdomen moves inward, so the diaphragm cannot descend. The

diaphragm contracts but is frozen in an undescended position. The extreme tension in the diaphragm also contributes to the schizoid split at the waist, between the upper and lower halves of the body (Lowen 1958).

Hung Up: Schizoid Shoulders, Arms and Hands

The scapulas, when relaxed, lie in a dropped position on the upper back, but with fear they are elevated (Fig. 14 A). In your imagined terror you probably noticed that you drew your shoulders up sharply. This reflex reaction to terror becomes chronic in the schizoid and gives her shoulders a "hung up" look (Fig. 15, lower left). Observers may see haughtiness and "being above it all" in such shoulders if the terror is not fully expressed by the body. When the scapula is immobilized in this position, chronic tensions are present in the deep muscles which attach to it (Lowen 1967).

You may also have felt yourself pulling your upper arms in. This is part of the desperate "holding together" we mentioned earlier (KURTZ AND PRESTERA 1984, p. 41). The upper end of the humerus is being pulled deeper into its socket in the scapula. When seen from the front, the upper chest often looks narrowed side-to-side as a result, as opposed to the front-to-back narrowing of the oral character. Although the tension in the deeper muscles of the shoulder may be greatest, you will frequently note an accompanying sign in the more superficial muscles. Contractions in the front part of the upper arm (anterior part of the deltoid muscle) and the upper chest (upper pectoral muscle) cause the contours of these muscles to separate from each other and leave a noticeable valley between them (ROLF 1989, p. 222). And functionally the arm and chest do separate. The schizoid may be able to generate adequate power in his arms, but their movements appear split from those of the torso. Only the arms appear to be taking part in the movements; the torso remains rather still. Arm movements look mechanical but not impotent, as they do in the oral character.

The schizoid's arms and hands look tense. When the shoulders are narrowed the arms are held in tightly at the sides of the body as a result, either along their whole length or to the elbows. In extreme terror the fingers straighten but they cannot be held in this position for long if the individual needs to use them to provide for his survival needs. Chronic tension patterns of clawing or making a fist are common. The hands are also frequently cold because in a poorly oxygenated state of emergency the body withdraws blood from the periphery in order to provide enough oxygen to the vital visceral organs and brain (Lowen 1958, 1967).

Ramrod: The Schizoid Spine

The twenty-six bones of the vertebral column form well over a hundred joints with each other and the skull, ribs and pelvis. There are an even greater number of muscles around these joints. As you imagine again that you are being terrified, notice your spine pulling up straight. Now try to twist along your spine. You will find that overstraightening your spine prevents the many small rotator muscles along it from being able to act. This lack of fluid movement in the torso—a “ramrod” quality—is often very striking in the schizoid individual (Lowen 1967).

Pulling Up: The Schizoid Pelvis, Legs and Feet

Standing in your terrified posture, notice your feet, legs and pelvis. You may notice your toes or arches pulling off the floor, stiff ankles, hyperextended (locked) knees, tensing of the thigh and buttock muscles in an attempt to narrow the pelvic area, and tightening and raising up of the pelvic floor. No doubt you will feel quite ungrounded in this posture. Not only are you pulling up and away from the ground; the stiffness in your legs (as well as the rest of your body) makes the fluid, moment-to-moment process of balancing, or staying aligned with the earth's force of gravity, very difficult.

The schizoid's feet are contracted and tense. The chronic muscle contractions shape the foot into a high arch (DYCHTWARD 1986, p. 54). The big toes may pull up off the ground or the toes may clutch or claw at the ground. The feet are weak, often cold, and they may be abnormally white or even slightly blue as a result of decreased blood perfusion. The feet tend to be supinated (the soles face toward each other a bit; Fig. 24, lower middle) with the weight carried on the outer edges of the feet (Lowen 1958, 1967).

The ankles are quite immobile, frozen into one position, and the knees are stiff and hyperextended (Fig. 25, upper right). The feet are planted too wide in an effort to stabilize the legs and body (HELLER AND HENKIN 1991, p. 130). The legs frequently appear bowed (Lowen 1958, 1967), often secondary to knee hyperextension, as we discussed in Chapter 2 (ROLF 1989, p. 183, upper left and center).

You may have noticed that as your spine pulled up and straightened (losing its normal lumbar curvature) and your thighs and buttocks tightened, your pelvis also moved. Straightening the spine and legs pushes the sacrum forward. In bioenergetics the schizoid pelvis is considered to be forward (in other body workers' terminology, tilted posteriorly—the upper rim moves posteriorly). Remember that a cocked-back pelvis is possible only if the lumbar curvature is exaggerated (try it). Since the lumbar

curvature is straightened in response to terror, a cocked-back pelvis will not be present in the full-blown schizoid character structure.

Lowen (1958) writes that in the schizoid “there is no freedom at the hip joint. The result is an immobility of the pelvis which is more severe than that seen in any neurotic structure.” As at the shoulders, there are some smaller, deeper muscles at the hips which will be especially contracted in the schizoid. A group of five muscles in the inner thigh (the **adductors**, Fig. 3) attach to the femur and pubic bone and pull the thighs toward each other. Six muscles (the **deep thigh rotators**) beneath the large buttock (gluteus) muscles (Fig. 4) attach to the femur and ischium and rotate the thighs outward (laterally). Both of these motions are part of the instinctual response to terror. For the last time, take your terrified posture while you try to notice these two motions. You will appreciate how tightly you have pinched in your genital-anal area in front and back, and how little pelvic movement and pleasure would be available to you if you had to express your sexuality from this position.