

Peritraumatic Tonic Immobility

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What it is

- A reflex originating in the limbic system
- Part of an adaptive, organized “fight, flight or freeze” response to crisis
- A response humans share with many other creatures – “deer in the headlights,” chickens, rabbits, monkeys, sharks
- May be an acquired response in humans; more likely to be seen when it has been seen in the past

What it is not

- A cognitive process – it is a reflex and cannot be chosen or avoided
- Dissociation – on the contrary, memories during the experience tend to be sharp, sensory memories
- Learned

What it looks like

- Motor inhibition
- Suppressed vocalization
- Waxy flexibility with some tremors in extremities
- Slow response to stimuli
- Intermittent eye closure and mydriasis
- Slowed heart rate, breathing, respiration
- Lower body temperature and subjective feelings of being very cold
- Muscle spasms
- Of short duration – seconds to minutes

A Glimpse

- <https://www.youtube.com/watch?v=UcLA-vqgutk>
- <https://www.youtube.com/watch?v=ozUjZUIJ5lg>

What It Looks Like: The Aftermath

- Shaking/tremors
- Reports of feeling cold
- Intense desire to flee
- Calm demeanor – parasympathetic response
- Experiential avoidance – don't want to think or talk about it
- Confusion

When it happens

- TI happens only in the face of an imminent and *inescapable threat* with accompanying *fear*
- Can occur in humans in a broad range of contexts (dobermans, humans, planes)
- Discrepancies of size and power may increase the likelihood of TI
- In the context of violence, children may be more likely to experience TI, as they are more likely to experience a threat as inescapable; what about other discrepancies of size or power (race, gender, SES)?

Why it matters

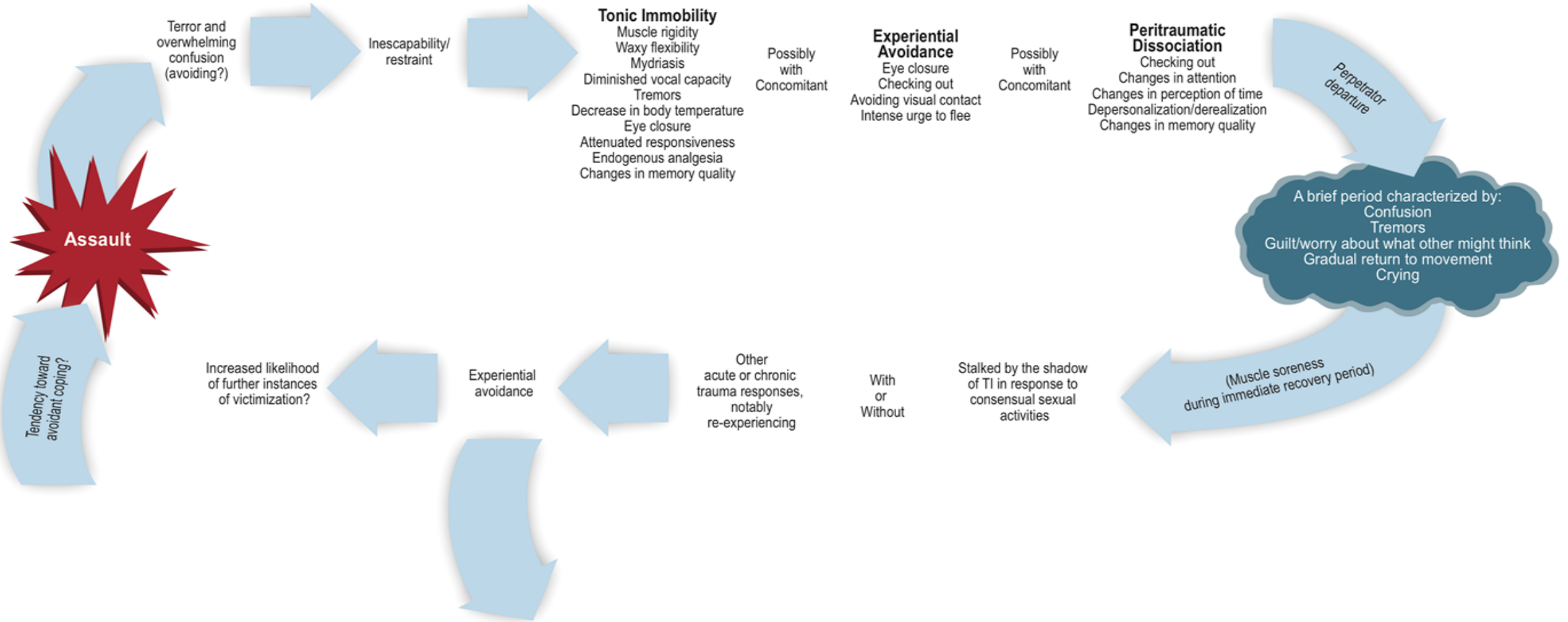
- Poor prognosis
- Increased guilt and shame
- Poor response to traditional treatments
- For survivors of CSA, may be part of a process that increases risk for revictimization
- No interventions specifically for survivors of this experience
- May hinder efforts at investigation and/or prosecution, especially in cases of SA

Prevalence

- In aggregate, literature indicates approximately 40% to 50% of sexual assault survivors experience this reaction
- Appears to be similar for other types of events
- Documents TI across a broad range of events
- Affirms that both fear and inescapability are necessary conditions

Prognosis

- Consistent findings of relationship between TI and PTSD symptom severity
- Poorer responses to treatment noted in TI groups
- Some findings indicate differential response to potential threat among TI groups



Therapies that provide:

- Psychoeducation about both trauma and TI.
- Normalization and Validation of trauma responses, including TI specifically.
- Cognitive restructuring of shaming & blaming responses, and other maladaptive constructs responding to the trauma.
- Tools for decreasing both experiential avoidance of negative emotions and specific responses to trauma cues, including the shadow of TI.
- Candidates:
 EMDR? ACT? exposure? cognitive processing therapy?
 Distress tolerance techniques?

Practice Implications

- Jurisprudence – defining consent
- Law enforcement – investigating sexual assault with this awareness may be helpful
- Victim services and crisis intervention responses – normalizing this response
- Clinical implications – normalizing and languaging this response; reducing experiential avoidance