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

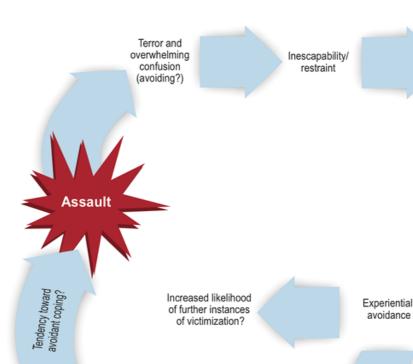
- Poor prognosis
- Increased guilt and shame
- Poor response to traditional treatments
- For survivors of CSA, may be part of a process that increases risk for revictimization
- No interventions specifically for survivors of this experience
- May hinder efforts at investigation and/or prosecution, especially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



Tonic Immobility

Muscle rigidity
Waxy flexibility
Mydriasis
Diminished vocal capacity
Tremors
Decrease in body temperature
Eye closure
Attenuated responsiveness
Endogenous analgesia

Changes in memory quality

Possibly with Concomitant Avoidance
Eye closure
Checking out
Avoiding visual contact
Intense urge to flee

Experiential

Possibly with Concomitant Peritraumatic Dissociation

Checking out
Changes in attention
Changes in perception of time
Depersonalization/derealization
Changes in memory quality

departure of

A brief period characterized by:
Confusion
Tremors
Guilt/worry about what other might think
Gradual return to movement
Crying

ntial Other
acute or chronic
trauma responses,
notably
re-experiencing

With or Without Stalked by the shadow of TI in response to consensual sexual activities (Muscle soreness during immediate recovery period)

Therapies that provide:

- Psychoeduction 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