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.
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