

5-1-2012

I still have to overcome just being captured inside myself: The experience and meaning of peritraumatic tonic immobility among survivors of sexual violence

Sunda Friedman TeBockhorst

Follow this and additional works at: <http://digscholarship.unco.edu/dissertations>

Recommended Citation

TeBockhorst, Sunda Friedman, "I still have to overcome just being captured inside myself: The experience and meaning of peritraumatic tonic immobility among survivors of sexual violence" (2012). *Dissertations*. Paper 127.

This Text is brought to you for free and open access by the Student Research at Scholarship & Creative Works @ Digital UNC. It has been accepted for inclusion in Dissertations by an authorized administrator of Scholarship & Creative Works @ Digital UNC. For more information, please contact Jane.Monson@unco.edu.

© 2012

SUNDA FRIEDMAN TEBOCKHORST

ALL RIGHTS RESERVED

UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

I STILL HAVE TO OVERCOME JUST BEING CAPTURED INSIDE MYSELF: THE
EXPERIENCE AND MEANING OF PERITRAUMATIC TONIC IMMOBILITY
AMONG SURVIVORS OF SEXUAL VIOLENCE

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Sunda Friedman TeBockhorst

College of Education and Behavioral Sciences
Department of Counseling Psychology

May 2012

This Dissertation by: Sunda Friedman TeBockhorst, M.A.

Entitled: *I Still Have to Overcome Just Being Captured Inside Myself: The Experience and Meaning of Peritraumatic Tonic Immobility Among Survivors of Sexual Violence*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in the College of Education and Behavioral Sciences, Department of Counseling Psychology

Accepted by the Doctoral Committee

Mary Sean O'Halloran, Ph.D., Chair

Basilia Softas-Nall, Ph.D., Committee Member

Heather Helm, Ph.D., Committee Member

Angela Henderson, Ph.D., Faculty Representative

Date of Dissertation Defense March 2012

Accepted by the Graduate School

Linda L. Black, Ed.D., LPC
Acting Dean of the Graduate School and International Admissions

ABSTRACT

Friedman TeBockhorst, Sunda. *I Still Have to Overcome Just Being Captured Inside Myself: The Experience and Meaning of Peritraumatic Tonic Immobility Among Survivors of Sexual Violence*. Published Doctor of Philosophy dissertation, University of Northern Colorado, 2012.

While tonic immobility is a phenomenon well known and documented in the animal world, far less is known about its physiologic correlates and manifestation in human beings. This study examines the experience of tonic immobility from the perspective of seven women who have survived a sexual assault accompanied by tonic immobility. It yields a description of the experience of tonic immobility and how it is construed by survivors using phenomenological methodology. Results indicate that themes associated with the experience include a period of initial overwhelming confusion, feelings of terror, a desire to distance oneself from the experience, an intense desire to avoid visual contact with the perpetrator's face often accompanied by periods of eye closure, an inability to volitionally control body movements or vocal response, an urge to flee, experiencing physical numbness during the crisis, changes at the moment of vaginal penetration, differences in attending during immobility, crystalline memories of the perpetrator's departure, confusion immediately after an assault ended, a gradual return to volitional movement, shaking during recovery periods, muscle soreness in the days and hours following tonic immobility, vivid memories associated with the

experience, a period of experiencing feelings similar to tonic immobility during consensual sexual encounters, and negative impacts on subsequent relationships. Individual textural descriptions and individual structural descriptions for each co-researcher follow. A composite textural-structural description of the experience of tonic immobility also emerged. Implications for theory, research and practice are discussed. Recommendations for future research include research into several of the facets of the phenomenological experience of TI, any cognitive contributions to TI including the ways in which attention is directed during the experience, the contributions of physical sensations, especially vaginal penetration, to TI, and the experience of muscle soreness after an experience of TI.

Key words: phenomenology, tonic immobility, peritraumatic, sexual assault

ACKNOWLEDGEMENTS

I am deeply indebted to and grateful for the unending, unconditional support of my husband, Nik Friedman TeBockhorst, and my mother, Deanna TeBockhorst. Without their unlimited supply of patience, unqualified support and countless hours of practical help in the form of childcare and other assistance, this simply would not have happened. Their faith in my ability to persevere and indefatigable cheerleading – in which they were joined by a chorus of other cherished voices – helped keep me moving to the finish line. I offer my thanks.... and anything else I might be able to do in order to reciprocate.

My advisor, Sean O’Halloran, Ph.D., offered insightful commentary and helpful ideas throughout many drafts, and I am grateful. Likewise, my committee members were supportive and responsive, and insightful in their feedback and commentary. My thanks to Basilia Softas-Nall, Ph.D., Heather Helm, Ph.D., and Angela Henderson, Ph.D.

I have come to believe that it takes a village to complete a dissertation, and for the support, encouragement, advice and faith of so many in my village, both those named and un-named here, I am eternally grateful. Thank you.

TABLE OF CONTENTS

CHAPTER	PAGE
CHAPTER I: INTRODUCTION.....	1
NEED FOR STUDY.....	1
STATEMENT OF PURPOSE.....	4
RESEARCH QUESTIONS.....	4
DEFINITIONS OF TERMS.....	5
BOUNDARIES OF THE STUDY.....	6
CHAPTER II: REVIEW OF THE LITERATURE.....	8
TONIC IMMOBILITY LITERATURE.....	9
SEXUAL ASSAULT LITERATURE.....	13
SEXUAL ASSAULT INVESTIGATION.....	20
CHAPTER SUMMARY.....	22
CHAPTER III: METHODS.....	24
EPISTEMOLOGY.....	27
THEORETICAL PERSPECTIVE.....	28
METHODOLOGY.....	29
RESEARCH DESIGN/METHODS.....	31
CO-RESEARCHERS.....	31
INSTRUMENTS.....	34
PROCEDURE.....	34
DATA ANALYSES.....	36
TRUSTWORTHINESS.....	38
CHAPTER SUMMARY.....	41
CHAPTER IV: RESULTS.....	42
CORE THEMES.....	43
INDIVIDUAL TEXTURAL DESCRIPTIONS.....	55
INDIVIDUAL STRUCTURAL DESCRIPTIONS.....	73
COMPOSITE TEXTURAL-STRUCTURAL DESCRIPTION.....	85
CHAPTER V: DISCUSSION.....	88
SUMMARY OF THE STUDY.....	88
DISCUSSION.....	91
Findings Consistent with.....	91
Prior Literature.....	91

Findings Not Predicted in	94
Prior Literature.....	94
IMPLICATIONS.....	101
Theoretical Implications	101
Research Implications.....	108
Practice Implications.....	112
LIMITATIONS.....	115
CONCLUSIONS.....	117
REFERENCES	119
APPENDIX A: INTERVIEW GUIDE.....	129
APPENDIX B: CONSENT FORMS.....	131
APPENDIX C: HORIZONS.....	136
APPENDIX D: INVARIANT CONSTITUENTS.....	165
APPENDIX E: IRB APPROVAL	201
APPENDIX F: ARTICLE MANUSCRIPT.....	203

CHAPTER I

INTRODUCTION

Need for Study

There is a frequently cited phenomenon among humans in the face of threat: the “fight or flight” response. While “flight or fight” has been recognized terminology ever since Hans Selye (1950) identified the General Adaptation Syndrome, we now recognize a third prong of this adaptive syndrome available to humans in a crisis: the “freeze” response. The freeze response has only recently been recognized in humans, and has not been well researched.

The fight or flight responses are part of the initial “alarm reaction” phase of the General Adaptation Syndrome, and are among the “phenomena elicited by sudden exposure to stimuli, which affect large portions of the body and to which the organism is... not adapted” (Selye, 1950, p. 10). These reactions are hypothesized to be a reaction originating in the limbic system that causes an overwhelming urge to run away from a perceived threat (flight) or to become aggressive (fight).

As with the fight or flight response, the freeze response is hypothesized to originate in the limbic system and is “an innate and evolutionarily adaptive component of an organism’s defensive reaction” (Fuse, Forsyth, Marx, Gallup & Weaver, 2007). Freezing, often referred to as ‘tonic immobility’ or ‘peritraumatic immobility’ (TI), is

marked by the presence of profound and reversible motor inhibition, suppressed vocal behavior, Parkinsonian-like tremors in the extremities, attenuated responsiveness to stimulation, periods of eye closure, changes in respiration, heart rate and body temperature, muscle hypertonicity (muscle spasms), mydriasis (pupil dilation), and waxy flexibility (Fuse et al., 2007).

Tonic immobility is not well studied. The literature that is available concerning the TI has established the phenomenon as a theoretical construct and provided anecdotal data supporting it (Bovin, Jager-Hyman, Gold, Marx & Sloan, 2008; Burgess & Holmstrom, 1976; Coxell & King, 2010; Fiszman et al., 2008; Galliano, Noble, Travis & Peuchl, 1993; Heidt, Marx & Forsyth, 2005; Humphreys, Sauder, Martin & Marx, 2010; Leach, 2004; Lima et al., 2010; Marx, Forsyth, & Lexington, 2008; Moskowitz, 2004; Nijenhuis, Vanderlinden & Spinhoven, 1998; Schmidt, Richey, Zvolensky & Maner, 2008). However, establishing TI as a known human response to terror, and describing the phenomenon as it is experienced by survivors, remain important tasks, as the ability to accurately understand and describe the nature and meaning of the phenomenon to its survivors is the first step towards accurately identifying, diagnosing and treating the sequelae of such a response.

Moreover, while much of the data that describes TI in humans is theoretical in nature, a substantial body of data documents the phenomenon in animals of all variety, from insects and crustaceans up to and including primates (Suarez & Gallup, 1979). It has been demonstrated that, in animals, this particular response pattern tends to be acquired by animals who have experienced it; after acquiring this response pattern to threats, animals confronted anew with a threatening circumstance will preferentially

access this response and “new possibilities of escape do not instigate physical escape” (Nijenhuis et al., 1998). This poses the important question of whether or not similar findings might be made in humans. If, in fact, tonic immobility as a response to threat, or to a particular type of threat, is acquired and subsequently accessed preferentially by human survivors, the potential ramifications for treating those affected by multiple traumas should be explored. Knowledge about these processes could be important tools in guiding treatment and recovery processes.

What little information has been gathered regarding humans freezing in response to trauma provides insight that will be of potential interest to psychologists involved in the treatment of traumatized people: peritraumatic TI has been significantly associated with less hopeful prognoses when compared to survivors who did not freeze in the face of trauma (Fiszman et al., 2008; Heidt, et al., 2005). If survivors who freeze are at increased risk for “depression, anxiety, posttraumatic stress disorder (PTSD), and peritraumatic dissociation” (Heidt et al., 2005) and respond more poorly “to standard pharmacological treatment for PTSD” (Fiszman et al., 2008), the implications for treatment of trauma are quite significant, and may reach as far as to suggest that peritraumatic TI “should be routinely assessed in traumatized patients” (Fiszman et al., 2008, p.193). There is, therefore, a need to study the lived experiences of survivors who have experienced a freeze response in order to glean clues as to what might prove helpful in their particular treatment and recovery processes.

Finally, the implications of a peritraumatic TI response in survivors of sexual assault in particular should be studied. The path to recovery from sexual victimization is often arduous and complicated. The literature currently available indicates that “TI is

thought to be particularly relevant to survivors of rape and other sexual assault” and that “sexual assault is a trauma that appears to entail virtually all of the salient elements associated with the induction of TI in nonhuman animals, namely, fear, contact, and restraint” (Marx et al., 2008). If TI is a specific risk factor for complications in treatment and recovery, clinicians should be prepared to render aid to survivors that is tailored to their particular needs in this regard. In addition, peritraumatic TI may create additional burdens for survivors of sexual violence who choose to seek redress via the criminal justice system, by, for instance, minimizing or nullifying their abilities to engage in behaviors that would support their claims of assault, such as fighting, screaming, or running, thus making of them ‘atypical’ victims who are less likely to be believed or supported (Rose & Randall, 1982). In this case, additional supports targeted toward this specific eventuality are indicated for both clinical and criminal justice professionals, and should be explored.

Statement of Purpose

The primary purpose of this study is to provide meaningful descriptions of the lived experiences of trauma survivors who have frozen in response to perceived sexual aggression, and to identify themes common to their narratives of those events. A particular theme that is explored is the ways in which survivors who have been impacted by TI in response to sexual aggression on more than one occasion experience the recurrence of TI and construct meaning out of these events.

Research Questions

The questions guiding this investigation are:

- Q1: What are the narrative themes that facilitate description of the freeze response and its psychological sequelae?

Q2: What are the narrative themes that describe the significance and meaning of having experienced this event?

These questions were explored using a qualitative framework and phenomenological methodologies.

Definitions of Terms

Clusters of meanings – the thematically similar constituents of the experiences; the core themes defining the experience (Moustakas, 1994, p. 121)

Horizon – a phrase or symbol that describes some aspect of the experience (Moustakas, 1994, p. 95)

Horizontalization – the process of listing every phrase used by co-researchers to describe the experience (Moustakas, 1994, p. 120)

Invariant constituents – those phrases and symbols that recur across descriptions of the phenomenon; the defining elements of the experience (Moustakas, 1994, p. 121)

Member checks – the solicitation of feedback on findings from co-researchers already interviewed, who are asked to review preliminary analyses; this is a common approach to increasing the credibility of qualitative studies (Merriam, 2009, p. 217)

Phenomenology – a rich description that embodies the lived experience of the event itself, as well as its meaning for those who experience it (Merriam, 2009, p. 24-27)

Structural description – a description of how the experience was subjectively experienced by co-researchers (Moustakas, 1994, p. 135)

Textural description – a description of what events occurred during the experience (Moustakas, 1994, p. 133-135)

Tonic Immobility – a temporary, involuntary, and unlearned response to an imminent, inescapable threat characterized by immobility, muscle rigidity, waxy flexibility, intermittent eye closure, unfocused gaze, tremors, limited vocalization, hypothermia and endogenous analgesia (Fuse et al., 2007, p. 266)

Boundaries of the Study

This study is descriptive in nature and does not attempt to establish a causal relationship between trauma and a freeze response, or to establish the pathways by which such a response may become acquired. Moreover, this study does not identify the specific factors that interact with a freeze response to produce poor prognoses for survivors who have experienced TI. Specific risk factors for acquiring, accessing, or being put at risk for mental illness by a peritraumatic freeze response are not identified, beyond, of course, the history of sexual victimization and peritraumatic TI itself.

The participants in this investigation were bounded by parameters of sex and trauma history, as well. Participants included only females who have experienced TI in response to sexual aggression. Moreover, only participants from the Rocky Mountain region were included.

Further, how either women or men would experience an episode of tonic immobility in the context of an incident other than sexual violence is not addressed here, but is an interesting and important question. The degree to which the specifically sexual context of these assaults may have contributed to or interacted with tonic immobility is not possible to isolate within the scope of this work, but whether or not the experience of

tonic immobility or the relationship of a survivor to it afterward is impacted by the nature of the event that provoked this response is a worthwhile question.

In addition, although this study may suggest a need for study of specific interventions tailored to those affected by a freeze response, identifying what those interventions may look like is beyond the scope of the current study. This study attempts to document the experiences of those impacted by peritraumatic TI. Ideally, this information can then be used to take the further step of working towards specific therapeutic interventions that can offer increased benefit to these survivors.

CHAPTER II

REVIEW OF THE LITERATURE

Three broad areas of study provide insight into the phenomenon of tonic immobility (TI): the limited but growing literature specifically devoted to TI; sexual assault literature provides some inroads into exploring TI; and, finally, literature exploring law enforcement trends in investigating reports of sexual assault provides some clues as to why survivors who experience TI in response to a perceived threat may be less likely to be believed when they choose to report an assault than those who did not.

First, there is a small but growing body of literature exploring TI as a human response to crisis. The literature that is available falls primarily under two categories: the first establishes the theoretical groundings for the phenomenon of TI in humans, while the other provides preliminary quantitative analysis of TI.

Also, literature regarding sexual assault sheds light on this topic. Here, we find, for instance, that re-victimization rates are very high, and that re-victimization tends to be a qualitatively different experience for those who endure it than initial victimization. Further, available literature provides detail about recovery processes for survivors; in particular, some literature describes the ways in which many survivors tend to re-evaluate, re-analyze and re-story their experiences as part of the recovery process.

Finally, there is literature that provides insight into the trends in investigating sexual assault, how victims are profiled, and how they are discredited. This literature provides a fairly clear picture of why women who experience TI are less likely than others to be believed should they choose to make a report to law enforcement.

Tonic Immobility Literature

In 1979, Suarez and Gallup published a brief “theoretical note” in the psychological literature discussing the similarities between the known phenomenon of tonic immobility as a defensive response in animals and the little-explored phenomenon of survivors of sexual assault who reported having been “absolutely stiff,” “paralyzed,” unable to “vocalize or call out,” “insensitive to pain,” and “freezing cold” (Suarez & Gallup, 1979, p. 317) during the attacks they endured. They referred to this response in humans as “rape-induced paralysis.”

While they had made an important connection, the TI trail in the literature went cold for sometime thereafter. One researcher made another brief theoretical note that some people tend to display “passive” fear responses, including freezing, and that these people may be more disposed to anxiety and depression as a result (Hamilton, 1989). Another group of authors also noted that “there are similarities between freezing, concomitant development of analgesia and anesthesia, and acute pain in threatened animals and severely traumatized human beings” (Nijenhuis et al., 1998), though these authors did not distinguish between dissociative and TI responses in humans; these are separate and distinct phenomena, and generally treated as such in the literature.

It is interesting to note that Taylor et al. (2000) hypothesized significant gender differences in response to stress, and pointed out that females have historically been

vastly under-represented in studies of human responses to stress. While their exploration of the fight-or-flight response did not specifically include mention of TI as a component of this phenomenon, they did make some potentially important connections between the hypothalamic-pituitary-adrenal (HPA) and sympathetic-adrenal-medullary (SAM) axes and their interactions with androgens and other sex hormones in response to stressors. Specifically, they hypothesize that estrogen and testosterone may have significant mediating impacts on the neuroendocrine responses of the HPA and SAM axes to stressors, and therefore, on sex differences in response to such stressors. They propose that women are significantly more likely than men to engage in neither a fight nor a flight response to a threat; rather, women may be predisposed to “tend and befriend,” or tend to offspring and seek affiliation with other women, in order to mediate stress responses in themselves as well as their offspring. If such a difference exists, it is reasonable to believe that sex differences in accessing peritraumatic TI may also exist. This difference is of importance not only in the heat of an acute critical incident, but also in coping styles and responses in the aftermath of such an incident. When women are dealing with this type of “continuous stress response” (Taylor et al., 2000, p.414), maintaining an awareness of the potential that women are more likely to “tend and befriend” as they heal may be especially salient for those hoping to design effective intervention and treatment strategies for women affected by TI responses.

More recently, additional theoretical descriptions have appeared in the literature, hypothesizing of TI as an “evolved predator defense” (Marx et al., 2008, p. 74) and noting that “psychoeducation regarding its involuntary and defensive nature may help normalize trauma-related reactions” (Zoellner, 2008, p. 98). These overviews have noted

that “TI is evolutionarily highly conserved (uniform across species)” (Bracha & Maser, 2008, p.91) and is experienced by humans across a broad spectrum of critical incidents (Bracha & Maser, 2008; Leach, 2004; Moskowitz, 2004).

However, there has been a decided emphasis on TI as a response to sexual victimization in the literature as it has evolved to preliminary empirical analyses. Though Schmidt et al. (2007) and Fiszman et al. (2008) have explored TI as a more general response to critical incident stress (oxygen deprivation and urban violence, respectively), others have extended the theoretical bases of the construct into the empirical literature using sexual assault as a focal point of investigation. Lima et al. (2010) also found that, among their sample ($n = 36$) of survivors of violence including armed robbery, vehicle accidents, sexual assaults and burns, “tonic immobility was the best predictor of a poor response to treatment” (p. 224), where all participants had been diagnosed with PTSD using the PTSD Checklist and all were treated using “standard pharmacotherapy.”

For example, Heidt et al. (2005) explored the relationship between childhood sexual abuse (CSA) and TI. Over fifty-two percent of their sample ($n = 39$) reported experiences consistent with TI in response to episodes of CSA. Moreover, having experienced peritraumatic TI was positively correlated with “increased reports of depression, anxiety, posttraumatic stress disorder (PTSD), and peritraumatic dissociation” (Heidt et al., 2005, p. 1166). These authors also found that a greater age difference between perpetrator and victim was positively correlated with peritraumatic TI, a finding that is consistent with theoretical postulates that inability to escape tends to predispose to TI, as it could be indicative of “size/strength differences between person

attacked and perpetrator,” (Coxell & King, 2010, p. 376) thus making escape a more difficult proposition for the victim.

Lexington (2007) also found that peritraumatic TI was associated with poor outcomes relative to controls in a sample of female undergraduates. For example, in her study, those in the TI group were more likely to engage in emotion suppression as measured by the Berkeley Expressivity Questionnaire, (reliability coefficients [α] from .71 to .76 in the derivation sample, test-retest reliability for the full scale is substantial [$r = .86$] and values for the subscales were satisfactory, ranging from .71 to .82, indicating strong reliability for the measure). They were also more likely to experience more severe symptoms of PTSD as measured by the Posttraumatic Stress Diagnostic Inventory (coefficient alpha of .92 for the total PTSD score and coefficient alphas of .78 for Reexperiencing, .84 for Avoidance, and .84 for Arousal subscales with strong two-week test-retest reliability [.74] as well as symptom severity [effect sizes for change in symptom severity over a two-week interval range from .12 to .17), in addition to significantly increased negative affect, guilt and shame as measured by the Emotion Regulation Questionnaire (coefficient alphas of .79 for the reappraisal scale and .73 for the suppression scale, as well as high test re-test reliability with alphas of .69 for both scales across 3 months). Moreover, she extended findings by demonstrating that, among her sample ($n = 96$), heart-rate reactivity to a hypothetical date rape scenario was significantly lower among the peritraumatic TI group than among either non-victim or non-TI victim control groups. Similarly, she found that the TI group of her sample was significantly more prone to negative affect, guilt, and shame in response to the scenario as compared to the other two groups. In an interesting, and perhaps related, finding,

Lexington (2007) found that those who had been victimized but not experienced peritraumatic TI (as measured by the Tonic Immobility Scale-Adult Form) were less likely than the TI group to engage in cognitive reappraisal of their assault experiences during the recovery processes.

Finally, Fuse et al. (2007) have introduced into the literature a quantitative instrument with which to measure a person's experience with it – the Tonic Immobility Scale. Available in both child and adult forms, this scale “is comprised of two independent factors: physical immobility and fear” (Fuse et al., 2007, p. 265), which seem to be the two components most broadly comprising a TI response, as it is marked by motor inhibition, inability to vocalize, tremors and subjective feelings of terror and inability to escape. Factor analysis suggests that this two-factor model of appraisal is a good, though not perfect, fit with available data describing the components of TI and that some additional factors may need to be considered for a more thorough evaluation of TI using this measure. It is interesting to note that, among the sexual assault survivors who comprised the sample for these factor analysis studies, “the experience of TI is relatively common” (Fuse et al., 2007, p. 278); 42% of their sample endorsed symptoms of moderate immobility, while 10-13% endorsed extreme immobility.

Sexual Assault Literature

Sexual assault is a pervasive problem in the United States. Koss, Gidycz & Wisniewski (1987) found that 54% of college women surveyed nationwide reported a history of sexual victimization. Other studies have found that as many as 44% of women in the community had experienced a “rape or attempted rape” at some point in their lives (Russell, 1984). More recent research (Basile, Chen, Black & Saltzman, 2007) estimated

that one out of every fifteen adults in the United States “have been forced to have sex during their lifetime” (p. 437). Turchik, Probst, Chau, Nigoff and Gidycz (2007) reported that 28% of their sample ($n = 378$) of undergraduate women were victimized over the duration of their 2-month prospective study (p. 605). Exact numbers are difficult to establish because few victims choose to report their experiences to authorities (Fisher, Daigle, Cullen, & Turner, 2003), and because methodological approaches to collecting this data vary widely; for example, Russell’s (1984) study is considered one of the more methodologically sound in the field because she interviewed participants in person and made inquiries using behavior-based, rather than medico-legal, terminology, while other studies to this point have collected data either by telephone or by using a very limited sample (Menard, 2005, p. 4). By any measure, though, all reports tell us that the prevalence of sexual assault is relatively high in our country. One often-reported statistic holds that one out of every three to four women and one out of every five to six men experienced some type of sexual assault by the time they reach adulthood.

Moreover, studies have shown that women who have previously been sexually assaulted are at far greater risk for further incidents of sexual victimization (Ellis, Atkeson, & Calhoun, 1982; Gidycz, Coble, Latham, & Layman, 1993; Gidycz, Hanson, & Layman, 1995; Hanson & Gidycz, 1993; Himelein, 1995; Koss & Dinero, 1989; Layman, Gidycz, & Lynn, 1996; Norris, Nurius, & Dimeff, 1996). For instance, Russell (1984) found a sexual assault rate between 33% and 68% among women with a history of childhood abuse, and that the rate of re-victimization was dependent on the severity of the abuse endured during childhood. Classen, Palesh and Aggarwal (2005) indicate that their literature review found that “two of three individuals who are sexually victimized

will be revictimized” (p. 103). Coxell and King (2010) report that the same seems to hold true in what limited data are available concerning male victims, citing evidence that “men who have experienced child sexual abuse are more likely to report” sexual assault (p. 373).

Finkelhor and Browne (1985) describe a process by which sexual abuse survivors may be placed at greater risk for sexual traumas in the future, known as the process of “traumatic sexualization,” a “process in which a child’s sexuality (including both sexual feelings and attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse” (p. 531.) Traumatic sexualization may occur in several instances, particularly, “when frightening memories become associated in the child’s mind with sexual activity” (Koss & Dinero, 1989, p. 248). Such memories put the affected individual at greater risk for sexual victimization in the future. Reid and Sullivan (2009) found in their analysis that “traumatic sexualization is a possible consequence *and* a predictor of sexual victimization” (p. 495).

In fact, Himelein’s (1995) data analysis showed that of the factors she investigated, a pre-college history of victimization was “the strongest predictor of college dating victimization” (p. 43). Gidycz et al. (1993) found that women in their prospective analysis (wherein study participants are identified and then followed forward for a defined period of time during which data are collected) were “almost twice as likely to experience a sexual assault” (p. 164) during the nine-week period of the study if they had a history of sexual victimization than if they did not.

Finally, Noll, Horowitz, Bonanno, Trickett and Putnam (2003) also report in their prospective analysis that “compared to nonabused participants, sexually abused

participants were twice as likely to have been raped or sexually assaulted” (p. 1464) over the duration of their study.

While the high frequency of sexual assault in the United States is itself problematic, it also predisposes a large number of survivors to a host of future difficulties. Among those is a clear correlation between a history of having been victimized and a greater probability of being revictimized in the future. The particular mechanisms by which this pathway between victimizations is created remains, as yet, unclear.

There is evidence that neurobiological reactions that typically take place “at the time of trauma play a role in the long-term potentiation...of traumatic memories” (Van der Kolk, 1996, p. 229). As a result an individual is inclined to ‘remember’ the initial trauma when subsequently aroused, and to respond with “hyperresponsivity within the amygdala to threat-related stimuli, with inadequate top-down governance over the amygdala by the medial prefrontal cortex and the hippocampus” leading to an “indelible quality of the emotional memory” (Shin, Rauch, & Pitman, 2005, p. 60). In this way, “if we later encounter a similar threatening situation, specific fear-related areas of the brain turn on more quickly and activate the fear areas with greater efficiency” (Bremner, 2002, p. 4). It is these neurobiological reactions which make survivors faced with a new trauma predisposed to re-access the same coping mechanisms they have accessed in the past.

This has been demonstrated in animal research by LeDoux, Romanski and Xagoraris (1989). These researchers found that single exposures to intense stimulation could produce “lasting changes in neuronal excitability and enduring behavioral changes” (p. 232). Van der Kolk (1996) reported that “people with PTSD developed opioid-

mediated analgesia in response to a stimulus resembling the traumatic stressor” (p. 227) as many as 20 years after the traumatic stressor occurred. Moreover, “patients who have learned to dissociate in response to trauma are likely to continue to utilize dissociative defenses when exposed to new stresses” (Van der Kolk, McFarlane & Van der Hart, 1996, p. 423).

What can be seen is a functional pattern wherein those who have learned through an initial experience of victimization to access a particular coping strategy will continue to access that response to any further stressors that resemble the initial stressor. Persons who have survived an initial sexual assault or series of sexual assaults by freezing are likely to respond with the same defense mechanism when confronted with sexual aggression in the future.

In addition, the sexual assault literature yields glimpses of peritraumatic TI descriptions. The experience of freezing when confronted with sexual aggression has been described by survivors in a variety of ways. In Burgess and Holstrom’s study (1976) victims reported that “I felt faint, trembling and cold...I went limp”; “I froze...paralyzed for a moment”; or “I blanked out” (p. 415). In Schultz’s (1975) work, others indicated that “my body felt paralyzed” (p. 14), and in Russell’s (1984) work some participants reported that “my body went absolutely stiff” (p. 219). A 25-year-old survivor stated that she “was frightened, petrified like an animal; and realizing the inescapability of it, only wanting them to get it over with” (Parker, 1972, p. 110). Others’ reports of feeling “freezing cold” (Russell, 1984, p. 219) are consistent with the decrease in body temperature in tonic immobility, while reports of little or no pain are consistent with the correlation between the freeze response and opioid-mediated, stress-

induced analgesia. It is interesting to note that, although he does not specifically address a freeze or TI response in his overview of the physiology of stress responses, Selye (1950) does point out that the “alarm reaction” to sudden traumatic stimulus includes, in its first stage: “hypothermia, hypotension, depression of the nervous system, (and) decrease in muscular tone” (p. 10).

Galliano et al. (1993) studied “physiological tonic immobility as explanation of nonresistance during attack” (p. 112). In this study, 37% of the women studied demonstrated immobility during the sexual assault. Having experienced this type of trauma response was associated with particular sets of post-assault behaviors and attitudes. Burgess and Holstrom (1976) found that one third of the victims in their study were “unable to use any strategy to avoid the attack” because they were “physically paralyzed” (p. 415).

In addition to shedding light on the incidence and prevalence of victimization and re-victimization in our culture, and on the descriptive phrases used by survivors regarding their TI responses, the sexual assault literature points out that one of the crucial processes of recovery for victims is the process of re-constructing meaning and identity through re-storying, re-evaluating and re-analyzing their own narratives. For some survivors who have recently experienced a re-victimizing event, this process of re-construction may be particularly salient following the more recent event, when the process of re-construing will involve both initially traumatizing events as well as more recent events. This, in essence, may be the point at which the survivor seeks to “achieve a sense of mastery, reduce attendant anxiety, and find meaning related to the initial experience of victimization” (Lynn, Pintar, Fite, Ecklund & Stafford, 2004, p. 160).

Erbes and Harter (2002), for instance, point out that “when constructions are not useful in anticipating experience, this invalidation leads to revision of the constructions. Constructions available to people are also constrained by their prior construing of events..... The meaning making system that evolves through successive construing of events both provides and limits alternatives for future behavior” (p. 30), thus, “sexual abuse survivors may find themselves constructing realities in ways that are divergent from those of non-survivors” (p. 38).

Survivors may feel compelled to “understand the causes of an (assault), to evaluate its inevitability, and to reconstruct alternative scenarios for how things could have gone differently” (Koss & Harvey, 1991, p. 68). In particular, survivors of sexual assaults may feel an urgent need to ascribe blame for the assault, and though “many attributions appear to be self-blaming” (Koss & Harvey, 1991, p. 69) many direct their re-construing efforts toward this end. In fact, for at least some steps in the process of recovery, self-blaming may be adaptive for some survivors, as assigning blame may be preferable to believing in a world that is “a chaotic place (as this) subsequently would threaten (her) sense of control” (Anderson & Doherty, 2008, p. 35) and increase her feelings of vulnerability to future predations. Wyatt and Newcomb (1990) assert that the results of their research indicate that it is particularly true of sexual abuse that “causal attributions for life events and reactions to them depend greatly on the nature of those events *and how they are processed and integrated over time*” (p. 763, emphasis added).

Morrow and Smith (1995) noted that “reframing the abuse” (p. 30) was an important coping strategy used by survivors, while Abarbanel (1986) pointed out that during the recovery process “the victim rethinks the rape situation. She considers the

threats and the violence inflicted by the rapist, her feelings, her cognitive assessment of the dangers and risks in the situation, her actions, and the rapist's responses to her behaviors" (p. 102).

Sexual Assault Investigation

A survey of available literature documenting recommended practices for investigating sexual assault reports indicate that a person who has experienced peritraumatic TI may be less likely than others to be believed when filing a claim of sexual assault with law enforcement authorities. The very nature of TI itself predisposes survivors to fall into categories likely to be seen as suspicious by investigators. Therefore, while it may be difficult to discern which particular individual in any given instance will face the ramifications of having experienced TI, falling into this class may create some *prima facie* tendency to be viewed with suspicion. This could prove to add to the difficulties such a survivor would face.

Moreover, reviewing the evolution of the literature over time yields little evidence that prevailing attitudes about sexual assault investigation have undergone substantive transformation in the past two decades. On the contrary, very similar language can be seen across guides for this type of investigation over time.

For example, Turvey (2005) includes a checklist of items that investigating authorities may consider suspiciously indicative of a false report. Some of the items therein include:

The pseudo-victim claims that over-whelming force was used or that she resisted greatly or that there were multiple assailants; the account is either overly detailed or overly vague; the pseudo-victim is indifferent to her injuries; there are escalating personal problems in the life of the pseudo-victim; the pseudo-victim's post-assault behavior is inconsistent with the allegations. (p. 240)

A brief review of the known symptoms of TI (as outlined above) tells us that overwhelming force will be seen quite often when a TI response is elicited, that memory processes are not impaired but may even be sharpened during TI, that endogenous opioids may account for analgesic affects, that a prior history may contribute to personal problems, and that “post-assault behavior” may present as calm, even detached.

Rose and Randall (1982) suggest that a survivor viewed by investigators as ‘legitimate’ will have the “ ‘appropriate attitude,’ as evidenced by visible emotional trauma and a proper spirit of cooperation” (p. 29). Lonsway, Welch and Fitzgerald (2001) explored training programs with police officers for sexual assault investigation; they assert that “there is considerable evidence to suggest that rape myth acceptance is in fact widespread” (p. 697) among the law enforcement population. Myths about rape include the ideas that ‘good’ women don’t get themselves into threatening situations, that female reluctance for sex is a normal obstacle to be overcome, that male aggression is normal and consistent with consent, and that ‘real’ rape is effected by a strange man wielding brutal physical force (Davion, 1999, p. 232).

Finally, Frohmann’s (2003) qualitative inquiry into the process of discrediting survivors’ allegations during investigation showed that investigators rely on “typifications of victim’s demeanor” (p. 165) to decide whether or not to pursue charges. Some of the phrases used by investigators to discredit victims’ claims included “I don’t like her body language,” “she didn’t do all the right things..... she’s not even angry about what happened to her,” and “she has low self-esteem and self-confidence” (p. 165), all of which would be consistent with peritraumatic TI responses.

Chapter Summary

Together, the literature from the respective studies of TI, sexual assault, and investigative trends paint a dark picture of the processes that may be at work for women who experience peritraumatic TI, and, in particular, for those women who choose to report what they have experienced as assaultive sexual behaviors. However, understanding the phenomenon itself – the lived experiences of those who've survived it, and what these mean to survivors – remains an important task in psychology. It is especially important for would-be helpers to understand the experience of TI and what happens to those whom it affects.

Working toward an understanding of the experience and meaning of peritraumatic TI for survivors will provide us with a number of valuable opportunities as academics and clinicians. First, such understanding will allow us to begin the work of preventing and ameliorating mental health and interpersonal relational problems in those who have experienced TI in response to sexual aggression, which were problems noted by Fiszman et al. (2008), Humphreys et al. (2010), and Bovin et al. (2008).

Secondly, for those in whom problems and pathologies form and persist, understanding the phenomenon will allow us increased opportunities to provide meaningful, effective interventions and treatments. To date, no interventions specific to this problem have been identified.

Third, if an acquired TI response is, in some subset of survivors of sexual traumas, part of a pathway to increased susceptibility to further instances of victimization, understanding the role this phenomenon plays in these events may allow us to reduce rates of revictimization in a population of people currently at markedly

increased risk. Classen et al. (2005) provide a good overview of data concerning pathways from victimization to revictimization.

Finally, being able to describe the experience of TI and its meaning in the lives of survivors will be a critical step in reaching out to members of the law enforcement community and providing education about how this process will affect survivors of sexual violence and their demeanors in its aftermath. Hopefully, such education and outreach could provide the means for a change in the ways that sexual assaults are viewed and investigated such that survivors who have experienced TI are treated with more compassion and less distrust in the event of a law enforcement investigation.

CHAPTER III

METHODOLOGY

After I graduated from college, and before I returned to graduate school, I worked primarily in the field of victim services, after having done several years of this work on a volunteer basis during college. I worked both with non-profit organizations that specifically served survivors of sexual violence, and for law enforcement agencies providing services to victims of many types of crimes or critical incidents. Over the course of this time, I had several experiences with victim/survivors who articulated frightening and confusing experiences during these critical incidents.

I vividly remember the language that some of them used as they told me their stories, in what seemed to be attempts to make sense of their experiences as they narrated. They said things like: “I couldn’t move, “ or, “I just watched that clock, because I couldn’t get up,” or, “I should have screamed,” and even “I am a failure because I didn’t get up and go.” They were able to construct compelling and vivid narratives about what it felt like in these moments when they were physically incapable of moving or calling out. Yet, none of us were able to make sense of the experience, to lend it some credence or validity as a response to terror, or even, to name it.

Just as vividly, I remember my own feelings of impotence as I watched many of them decompensate. To a person, they articulated versions of a belief that what had happened to them was their own fault, because they had not responded ‘appropriately.’

They could not accept that they had ‘chosen’ to remain passive in the face of a threat, had not defended themselves or protected their children, had not fled or screamed or somehow asserted their own agency. In their efforts to make sense of the events, to reconstrue the world into one that made sense while incorporating a horrific event, they landed on this logical explanation: I share heavily in the blame, because I froze. If only I had done something differently, maybe the outcome would have been different. Really, it was my fault.

Even worse, I watched as some of them were aided and abetted in such a belief by the criminal justice system, which sometimes accused them of lying about a sexual assault when they indicated that they had been unable to fight, to run, or to cry out when the assault commenced. After all, they would be informed, “real” victims have evidence to support their claim that they did not consent – defensive injuries, or stories of running or screaming or crying. In the eyes of the law, failure to indicate the withholding of consent in these fashions was tantamount to granting consent. In other words, the assault was no assault at all, and the survivors who had experienced it as one were lying for their own reasons, or so they were told. It is worth noting that, though I saw this response in survivors of incidents other than sexual assault, sexual assault is the only type of incident for which I ever saw a victim blamed in this fashion for her own complicity in being terrorized.

What was I to do, in my capacity as a helping person, here to support these survivors? I couldn’t offer any helpful explanation; I had none myself. I couldn’t name the experience, or offer normalizing information, or provide respite from the emotional battering of blame they were experiencing. I was as helpless as they were, because I was

in the same situation that they were in – I was baffled by what had happened to them and felt helpless in the face of it. All I had to offer was what felt like a rather meager reassurance that I truly and deeply believed that they were not to blame, that what had happened had in fact happened to them and not because of them, that this was not something they had chosen. It never helped, because the conviction of my own beliefs in these regards was not sufficiently compelling to overcome their own need to make the puzzle pieces re-connect in a meaningful and sensible way. The only explanation that could make this happen, or the only one available to us at the time, was their own complicity in the victimization. While unsavory, at least this explanation lent some stability and predictability to the world in the aftermath of their victimizations.

The victim/survivors I worked with adopted this explanation because it was the only one that helped the world make sense again, though they did so at some great cost to their own well being. For myself, I never was able to adopt this explanation. Those feelings of helplessness that I experienced while trying in vain to offer some succor to those I was tasked with helping have translated into a desire to achieve greater understanding of this phenomenon, which I now know as peritraumatic TI, and, more importantly, to endeavor to provide greater understanding for those impacted by the experience and those trying to provide help and support for survivors. It is my fondest hope that, possessing this information, victims and those who choose to support them will be much better prepared to answer the questions and doubts that arise in the aftermath of such an event in a way that is more helpful to survivors than blame. It is my fondest hope that there is power in information, and that by beginning to articulate the story of

peritraumatic TI and its meaning to survivors, I can, finally, offer something meaningful to aid those in need on their path to recovery.

Methodology

There are four “basic elements of any research process,” as defined by Crotty (1998, p.2), that should be clearly set forth: the epistemology undergirding the study, the theoretical lens providing structure for the study, the methodology, or strategy, used to approach the specific questions of the study, and, finally, the particular methods or research tools used to gather and analyze data. Accordingly, I will clarify the epistemology and theoretical perspective used herein, in addition to the methodological questions. These are both consistent with and the grounding for the methodological tools used to complete this analysis.

Epistemology

This work is grounded in a constructivist epistemology, which defines a scope of “epistemological considerations focusing exclusively on the meaning-making activity of the individual mind” (Crotty, 1998, p. 58). Alternatively defined, constructivist epistemologies “theorize about and investigate how human beings create systems for meaningfully understanding their worlds and experiences” (Raskin, 2002, p.1).

Because of our unique capacity for language, human beings who have experienced peritraumatic TI are likely, within a constructivist framework, to use language to define, cope with and relate to the experience. We will use language to find ways to accommodate such a novel, and likely distressing, experience into the framework we already use to make sense of the world around us, and to create a sense of safety via some ability to predict the world around us. This new series of constructs will, in turn,

play in a role in an individual's future engagement with the world, and the meaning she finds in daily activities and occurrences.

This pattern of meaning-making is a critical point of engagement for a constructivist view of peritraumatic TI. Though available literature is consistent in pointing out that having experienced TI in response to a crisis is correlated with a poor prognosis for recovering from trauma, there is nothing currently available that begins to define or articulate the role that language and meaning-making play in such prognoses. Examining patterns in meaning making in relation to TI will establish some groundwork for providing meaningful supports for survivors; access to normalizing information about such patterns may in itself provide raw material for creating constructs that accommodate the event without being so destructive as the alternatives. Defining the meaning and place of the experience of tonic immobility in the lives of those who have lived it will be the goal here.

Theoretical Perspective

The theoretical lens that provides a framework for methodology and viewing results in this investigation is phenomenology. Phenomenology as a theoretical model for viewing the world and human experiences is rooted in the philosophies of Edmund Husserl and Martin Heidegger; specifically, it is a movement “*begun and elaborated* by Husserl and then radically *transformed* by Heidegger” (Moran, 2000, p. 4, italics in original). Jean-Paul Sartre, Maurice Merleau-Ponty and Jacques Derrida, among others, then explicated and relied on the theoretical lens of phenomenology to guide their works.

According to Moran (2000), phenomenology “emphasizes the attempt to get to the truth of matters, to describe *phenomena*, in the broadest sense as whatever appears in

the manner in which it appears, that is as it manifests itself to consciousness, to the experiencer” (p. 4, italics in original). Within a phenomenological framework, a primary goal “is a rigorous description of human life as it is lived and reflected upon in all of its first-person concreteness, urgency, and ambiguity” (Pollio, Henley & Thompson, 1997, p. 5). It is, at its essence, a particular “philosophical approach to the study of experience” (Smith, Flowers & Larkin, 2009, p. 11).

Within a constructivist framework, both the experience of TI itself and the ways in which an affected individual accommodates and makes sense of the experience are important experiences to elucidate. Using a phenomenological approach allowed me to provide a meaningful description of the moments themselves during which an individual was immobile; moreover, the ways a person must then find to cope with the experience are part and parcel of the way in which the experience “manifests itself to consciousness” and therefore relevant to this phenomenological investigation.

Methodology

This investigation approached data collection and analysis using a qualitative design, and phenomenological research methods (Crotty, 1998). Since the “task of the phenomenologist ...is to depict the essence or basic structure of experience” (Merriam, 2009, p. 25), the primary approach of this study was to request of those who have experienced it the most meaningful, nuanced description of the experience of tonic immobility we as co-researchers could, with our combined efforts, yield. While “the phenomenological interview is the primary method of data collection” (Merriam, 2009, p. 25) for most phenomenologists, I used specific strategies for interviewing co-researchers and analyzing data, as set forth in the next sections.

The phenomenological method of inquiry rests on a number of assumptions about the investigation at hand. Chief amongst these is the assumption that it is our own subjective experiences of the world around us that construct our realities, that these experiences should be a major focus of investigation of phenomena, and that “the meanings or essences of phenomena are derived, not presupposed or assumed” (Moustakas, 1994, p. 46).

From these assumptions, then, a number of methodological points are in order. As a research tool, phenomenology: is holistic, seeking encompassing and rich descriptions of phenomena as they are experienced by co-researchers, rather than focusing on any single aspect of experience; seeks to understand the meaning that phenomena carry for those who experience them; is “committed to descriptions of experiences, not explanations or analyses” (Moustakas, 1994, p.58); assumes that the most pertinent data set for any given question is the narrative descriptions and conversations that occur when reflection on the topic is approached with intentionality and curiosity; rejects a strict divide between subject and object, acknowledging instead that all co-researchers participate as subjects, relying on their active discursive processes to arrive at meaningful descriptions and definitions (Moustakas, 1994).

As regards this last point of intersubjectivity, it is important to note that the logical implication of this is that there are no ‘objects’ of study in a phenomenological investigation. Rather, there is a group of equally invested co-researchers who set about making sense of a phenomenon, and who contribute to both the construction and analysis of the data set that occurs. ‘Co-researchers’ is the terminology used by Moustakas (1994)

in outlining his phenomenological methodology, and, accordingly, it is the terminology I will use here.

Research Design/Methods

Data were collected using semi-structured interviews with co-researchers who are members of the community. Ultimately, this study strives to produce a rich phenomenological description of the experience of tonic immobility and its sequelae. Using Moustakas' (1994) modification of the Van Kaam Method of analysis this study aims to "obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience" (p. 13), namely, the freeze response.

Co-Researchers

Co-researchers were seven undergraduate women ranging in age from 18 to 20 years. Six of these described their ethnic background as "White Caucasian" and one as "White Hispanic." They were recruited from three targeted populations. First, participants in the undergraduate research pool at a mid-sized Rocky Mountain-area university were screened and those who had had relevant experiences were invited to participate in data collection and analysis. Participants were screened using the Tonic Immobility Scale-Adult Form (TIS-A, Appendix B), as outlined in the 'Instruments' section, below. Those who indicated a willingness to do so were contacted and asked to complete a semi-structured interview lasting approximately one hour. Six participants were ultimately recruited from this pool.

Secondly, advocacy agencies providing services for survivors of sexual violence in Northern Colorado were asked if they were willing to display fliers asking community

members who use their services if they would be willing to speak with the researcher. Staff at these agencies were provided with a brief overview of TI, available literature regarding TI, and information about the nature and purpose of this study. In addition to the fliers generally available at these agencies, staff were asked to speak with any of their clients who may be viable candidates for inclusion in this study. Staff members were asked to provide a brief overview of TI and this study, and to provide their clients with a flier. Those who were interested were able to take a flier. They could use this form to provide their contact information, and return the flier to a counselor at the agency. One participant was ultimately recruited from a university-affiliated group, and was included after screening with the TIS-A.

Finally, a discussion page – “Freezing and paralysis during rape” – created by users of the Rape and Incest National Network’s (RAINN) Facebook page was used as a medium for communicating with those affected by this phenomenon. Created by a user who had recently read research on the phenomenon of TI, this is a group of people who have commented on the experience and meaning of TI in their own lives. A request identifying the nature and purpose of this study was posted to the group requesting participation from willing and eligible group members in the Rocky Mountain region. Contact information for the researcher was provided for those who wished to participate. No participants were ultimately recruited from this forum.

Selection criteria for inclusion included having had the experiences of peritraumatic TI in response to sexual aggression. Co-researchers were screened for this criterion using the TIS-A, which was completed during an in-person meeting with the principle investigator after informed consent was obtained. 15 individuals completed

screening with the TIS-A; seven of those produced scores within the cut-offs for inclusion (see 'Procedure,' below) and went on to complete interviews, while eight were not included in this as their scores fell below the predetermined cut-off scores. Scores on the immobility subscale of the TIS-A ranged from 22 to 36 with a mean of 29. Scores on the fear subscale of the TIS-A ranged from ten to 13 with a mean of 11.71. Those seven individuals who completed the interview were considered co-researchers for the purposes of data collection and analysis for phenomenological content. The material they provided during interview constituted the narrative material analyzed for phenomenological content.

It is worth noting that no constraints were placed here on the timeframe of the assault relative to the time of interview; all potential participants who met criteria of having experienced TI based on the relevant measure were considered as potential interviewees. However, while reality may be viewed by a quantitative researcher as “a single, fixed, objective phenomenon waiting to be discovered, observed, and measured” (Merriam, 2009, p. 213), this qualitative investigation assumed that “reality is holistic, multidimensional, and ever-changing,” and that, therefore, “assessing the isomorphism between data collected and the ‘reality’ from which they are derived is thus an inappropriate determinant of validity” (Merriam, 2009, p. 213). Rather,

“what is being investigated are people’s constructions of reality – how they understand the world. And just as there will be multiple accounts of eyewitnesses to a crime, so too, there will be multiple constructions of how people have experienced a particular phenomenon, how they have made meaning of their lives, or how they have come to understand certain processes.” (Merriam, 2009, p. 214)

In this spirit, it was a co-researcher's current phenomenological relationship with her experience of TI that is elucidated here, which is considered relevant regardless of the amount of time elapsed since the assault itself.

Instruments

Since the overarching objective of this study is to produce meaningful phenomenological descriptions of tonic immobility, the primary tool of data collection was semi-structured interview with co-researchers who have experienced it. These interviews were designed to last about an hour with each co-researcher, and to facilitate free, narrative responses that "describe the experience fully" (Moustakas, 1994).

An interview guide (Appendix A) was used to facilitate the interview process. (Moustakas, 1994; Seidman, 2006.) The guide contained several questions that were asked of all co-researchers; however, since the goal of facilitating rich description and shared understanding remained paramount, additional questions were asked during the interviews in order to clarify, elicit, or explore the narratives generated during interview.

Procedure

Approval to contact human subjects was obtained via Institutional Review Board prior to any attempts to contact potential co-researchers. All initial outreach attempts to identify potential co-researchers, as outlined in the 'Co-Researchers' section above, described the nature of the study being undertaken; once contacted in person, co-researchers were offered the opportunity to have any questions or concerns they had about the study addressed and informed consent was obtained and documented (Appendix D). They were then asked to complete initial demographic information and the TIS-A. The TIS-A

“is a two-part, self-report measure designed to assess the presence and severity of specific features of TI in human survivors of sexual victimization (e.g., physical restraint, involuntary immobility, sense of life endangerment). This measure is completed retrospectively and asks respondents to report about experiences that occurred at the time of their sexual assault. Part 1 of the TIS contains 10-items designed to assess the core features and components of TI. These items evaluate experiences and behaviors that occurred during the most recent sexual assault. Responses to the questions included in Part 1 are made using a 7-point Likert-type scale (range 0–6). Several items (i.e., 3, 8 and 11) are reverse worded in order to minimize biased or careless responding.” (Fuse et al., 2007, p. 269)

Items on the TIS-A load primarily on two factors: tonic immobility (factor one) and fear (factor two). The TI factor accounts for 43.76% of the variance of items on the scale, and has an estimated internal consistency factor of .94. Factor two, fear, accounts for 23.51% of variance on the scale, with an estimated internal consistency of .90. Both factors account for 67.26% of variance (Fuse et al., 2007, p. 270). Part I of the TIS-A is designed to measure the experience of TI, while Part II is designed to explore phenomenological aspects of the experience. This is the only quantitative tool available for use in exploring tonic immobility.

Co-researchers whose results indicated the experience of TI were asked to complete a more comprehensive demographics form that is part of the TIS-A (Appendix C) and to participate in lengthier interviews for purposes of data collection. Co-researchers whose scores met the following criteria were included in further data collection: 1) The combined score for items loading on the TI scale (items 1, 2, 4, 6, 7, 9 and 10) met the minimum cutoff score of 21, and; 2) the combined score for items loading on the fear scale (items 3, 8 and 11) met the minimum cutoff score of 9 (Heidt et al., 2005). Those who did not meet criteria for participation were offered resources for support and follow-up for survivors of sexual violence, as were all those who did ultimately participate. Participants were not offered incentives for participation.

Once co-researchers were briefed on the nature of the study, and appropriately screened for inclusion criteria, they were asked to participate in the process of data collection via semi-structured interview (Appendix E). Interviews took place at locations mutually agreeable to the co-researchers, were recorded and transcribed, and took about an hour each. All interviews were completed in a private office with nobody but the interviewer and the interviewee present. Co-researchers were asked to choose a pseudonym for data analysis in order to guard their anonymity. Interviews included investigation of the experience of TI through conversation, questions, and reflection. Questions asked were guided by an interview guide (Appendix A), though questions were modified or additional questions asked as necessary in order to facilitate the most complete understanding possible.

Once initial interviews had been completed and preliminary analyses conducted, co-researchers were re-contacted and offered opportunities to reflect on their initial interviews and the results of the preliminary analyses, and to offer any further reflections, clarifications, or questions that they had. Using these member checks, the data set was refined and our shared understanding of the peritraumatic TI response increased.

Data Analyses

Data analyses was undertaken using Moustakas' (1994) modification of the Van Kaam method of phenomenological data analysis, which calls for seven basic steps. As Creswell (1998) points out, "all psychological phenomenologists employ a similar series of steps" (p. 54).

The first step in data analysis was horizontalization. This is the process of identifying horizons of the experience, those things that can be a "grounding or condition

of the phenomenon that gives it a distinctive character” (Moustakas, 1994, p. 95).

Transcripts of interviews were studied and all expressions relevant to the experience under investigation were listed. (Appendix F).

Secondly, of each expression listed, two questions were asked, as called for by Moustakas’ (1994) method during this “reduction and elimination” step (p. 120): 1) “Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it?” and 2) “Is it possible to abstract and label it?” (p. 121). The first question is necessary to identify the horizons of the experience; the second, to complete a meaningful analysis. Expressions that did not pass these two tests were eliminated, and those that remained were the invariant constituents of the experience (see definitions in Chapter One). (Appendix G).

Third, invariant constituents were reviewed for similar thematic content, then grouped accordingly. The thematized invariant constituents were considered the core themes of the experience of TI.

Fourth, invariant constituents and core themes were validated. First, transcripts were reviewed anew so that invariant constituents and core themes that were established could be checked against the data set. Those that were not either explicitly expressed or compatible across narratives were discarded. At this point in the data analysis, co-researchers were contacted for brief follow-up interviews and offered the opportunity to reflect further on, ask questions about, or clarify their thoughts on the experience of peritraumatic TI, the data set generated, and, specifically, the invariant constituents and core themes that had been identified at that time. All co-researchers who were contacted were asked to review the core themes that had been identified, and to reflect and

comment on these as well as the invariant constituents particular to their own experience. In the interests of respecting the time commitment being made, they were not asked to review full transcripts of their interviews. All but two of the co-researchers responded to requests for and fully completed member checks. Analysis was completed for these two using interview transcripts alone. All themes generated were checked with participants during member checks. Where they added any commentary other than agreement, this was noted underneath the invariant constituents (Appendix G).

What then remained was used to produce an individual textual description of TI for each co-researcher. The textural description depicts the ‘what’ of the experience of TI, the things that contribute to the experience. The next step in data analysis similarly produced an individual structural description of TI for each co-researcher. The structural descriptions depict the ‘how’ of the experience, the underlying structures of the TI experience that provide it with its meaning and felt essence. Each of these descriptions relied on the validated invariant constituents and core themes to facilitate description.

Finally, a composite textural-structural description of the meanings and essences of peritraumatic TI was produced. This description reflected the invariant constituents and core themes, and, ultimately, the lived experience of those affected by this phenomenon.

Trustworthiness

While quantitative research establishes trustworthiness using the broad concepts of reliability and validity, and the more narrow concepts of internal validity and external validity, there are conceptual analogues typically described as more useful in evaluating the trustworthiness of qualitative methodology (Merriam, 2009). In qualitative studies,

the question of trustworthiness tends to be approached using the concepts of *credibility*, *dependability*, and *transferability*. *Credibility* is roughly analogous to the quantitative concept of internal validity as both concepts address the question of “how congruent are the findings with reality” (Merriam, 2009, p. 213). Qualitative approaches place more emphasis on the question of “whether the results are consistent with the data collected” (Merriam, 2009, p. 221), than on the replicability of the results; in keeping with this priority, qualitative approaches use *dependability* measures where a quantitative researcher might discuss reliability. Finally, where a quantitative investigator would be concerned with external validity, this qualitative research will place greater priority on “an obligation to provide enough detailed description of the study’s context to enable readers to compare the ‘fit’ with their situations,” (Merriam, 2009, p. 226) and seek to enhance the *transferability* of findings.

Trustworthiness was addressed in this investigation in a multi-pronged approach. Credibility of the study was strengthened using triangulation (Merriam, 2009; Smith et al., 2009); specifically, an independent investigator who had completed doctoral coursework, including coursework in qualitative methodologies, audited the results and conclusions. This person’s task was “to check that the final report is a plausible or credible one in terms of the data which have been collected and that there is a logical step-by-step path through the chain of evidence” (Smith et al., 2009, p. 183). Another use of triangulation to strengthen credibility of this investigation were the member checks (Merriam, 2009, p.217), wherein co-researchers were offered the opportunity to reflect and comment upon conclusions before they were finalized. Similarly, both triangulation

and the audit trail are components of establishing the dependability of the results here (Merriam, 2009).

Transferability in this investigation was enhanced by striving for “rich, thick description” so that “readers will be able to determine how closely their situations match the research situation, and hence, whether findings can be transferred” (Merriam, 2009, p. 229). Finally, for Moustakas (1994), as well as other phenomenologists and qualitative researchers, a critical component of transferability is “the Epoche... a process of setting aside predilections, prejudices, predispositions” (p. 85). I endeavored to bracket my own experiences and assumptions accordingly throughout the research process; a major tool towards this end was the use of consistent journaling before and after each interview session, which allowed such bracketing process to occur explicitly and with transparency.

In addition, Polkinghorne (1989) proposes five specific questions to ask of a phenomenological inquiry to enhance trustworthiness:

1. Did the interviewer influence the contents of the subjects’ descriptions in such a way that the descriptions do not truly reflect the subjects’ actual experience?
2. Is the transcription accurate, and does it convey the meaning of the oral presentation in the interview?
3. In the analysis of the transcriptions, were there conclusions other than those offered by the researcher that could have been derived? Has the researcher identified these alternatives and demonstrated why they are less probable than the one decided on?
4. Is it possible to go from the general structural description to the transcriptions and to account for the specific contents and connections in the original examples of the experience?
5. Is the structural description situation-specific, or does it hold in general for the experience in other situations?

Chapter Summary

The overarching goal of this study was to produce a meaningful, nuanced, credible and transferable description of the experience and meaning of tonic immobility as it is experienced by survivors of sexual violence. To this end, I used phenomenological theory and methodology, grounded in a constructivist epistemology. The primary tool for data gathering was semi-structured interviews, which were conducted with co-researchers after they had been screened for inclusion using the TIS-A. Data were analyzed using Moustakas' (1994) modification of the Van Kaam method for phenomenological analysis, which calls for a series of specific questions and steps, in order to yield a rich phenomenological description of tonic immobility. Credibility, dependability and transferability were enhanced here by the use of triangulation, member checks, audit trails, rich description, journaling, and five specific questions proposed by Polkinghorne (1989) specifically to enhance these aspects of a phenomenological investigation.

CHAPTER IV

RESULTS

This chapter will provide an initial overview of the core themes identified as primary constituents of the experience of tonic immobility among these co-researchers. These themes included initial periods of confusion, feelings of terror, choosing to ‘check out’ during assaults, eye closing and avoiding visual contact, feelings of paralysis, the intense urge to flee, feeling physically numb, changes in experiencing at the moment of penetration, attending to clocks and mirrors, crystalline memories of perpetrator departures, confusion after assaults, guilt and worry about what others might think, a gradual return to movement, shaking or shivering, physical soreness after assaults, a residual version of tonic immobility I have called the ‘shadow,’ effects on subsequent relationships, and feelings of guilt and shame.

Descriptions of core themes are followed by individual textural descriptions of the experience of tonic immobility for each co-researcher, individual structural descriptions of the experience of tonic immobility for each co-researcher, and, finally, a composite textural-structural description of the experience of tonic immobility.

Textural and structural descriptions are fundamental to Moustakas’ (1994) approach to phenomenological description, and are used as the foundation upon which the composite description is built. With textural descriptions, the goal is that “from an extensive description of the textures of what appears and is given, one is able to describe

how the phenomenon is experienced” (p. 78, italics in original). Structures are “the conditions that precipitate the textural qualities, the feelings, sense experiences, and thoughts, the structures that underlie textures and are intimately bound within them” (p. 78). Hence, “structural description involves conscious acts of thinking and judging, imagining, and recollecting, in order to arrive at core structural meanings” (p. 79). Using these descriptions, the composite textural-structural description is built, the goal of which is “representing the group as a whole” (p. 121).

Core Themes

Initial Overwhelming Confusion

Co-researchers all described a period of crushing confusion as assaults commenced. They described racing thoughts associated with this confusion, and a pattern of thoughts that seems to be aimed at making the assault make sense in some way or at understanding events differently than what they appeared to be, i.e., in some context other than violence. They also indicated that after an initial period of racing thoughts, their minds would “go blank,” and/or that they experienced an inability to control their own thoughts that was distressing. For all co-researchers, this period of confusion was very prominent in their memories and a critical part of the onset of TI, as they felt paralyzed by their inability to comprehend the unfolding events meaningfully.

Co-researchers described this with phrases such as: “I was just so confused;” “I didn’t really know what to do;” “your mind kind of goes blank;” “it was like, ‘what’s happening?’;” “I couldn’t understand what I was feeling;” and “this can’t be happening.”

Terror

All co-researchers described overwhelming fear at the start of assaults. Many of them described this as occurring alongside confusion in a way that made the two seem indistinguishable or inseparable. Many of them also described a point at which the initial terror yielded to nothingness, or an absence of or distance from their emotional experiences.

This was described with phrases such as “I was terrified but at the same time I, there was just nothing there;” “I knew what I wanted to say but it was just like this gripping fear I didn’t even understand;” “it was definitely a lot of fear;” “I remember being completely terrified;” “it is just, the fear cripples you;” and “I didn’t have any emotion.”

Choosing to ‘Check Out’ During the Assault

Co-researchers described a strong urge to shut down their engagement with the assault, to not be mentally or emotionally present. They all described this in terms that suggest a voluntary self-protective measure they took. Most of them described the solace this offered as a distance from the events, a numbness that offered relief from the terror and confusion. However, some of them also described this as a means to guard their inner selves from intrusion or control at the hands of the perpetrator; effectively, they opted for the only form of agency available to them in those moments when their bodies were not in their control, and locked their minds away so that they could not be touched even as their bodies were abused. ‘Checking out’ or ‘going blank’ were a – possibly, the only – means of self-defense available.

“In the moment I chose to check out;” “that was kind of like my only answer to it;” “I remember thinking ‘this isn’t happening, he isn’t here;” “I just pretended I wasn’t there;” “I just kind of tried to mentally check myself out as much as I could” and “I closed my eyes and didn’t think about it” are all phrases used by participants to describe this aspect of their experience.

Eye Closing and Avoiding

Visual Contact

Co-researchers reported that they experienced an urgent desire to avoid visual contact with the unfolding assaults and especially with the perpetrator. Nearly all of them indicated that they accomplished this by choosing to close their eyes when they realized the assault was unavoidable. One of them reported that she studied the design on the sheets that she was on very intently. One of them watched herself in a mirror. Nearly all of them indicated that, in addition to a generalized desire to not see what was happening, they had a very intense urge to avoid seeing the perpetrator. The face and/or eyes of the perpetrators seemed to be particularly charged stimuli, and many participants articulated a very vivid memory of seeing a perpetrator’s face or eyes just before they decided to close their own. One participant stated that her periods of eye closure were voluntary at times, and other times they “just happened.”

Co-researchers described this by saying things like: “I remember not wanting to look at him – anywhere else but not at him;” “I didn’t want to see him;” “I do know I closed my eyes the entire time, I didn’t want to look at him;” and “I was telling him ‘no’ and then after that I kind of closed my eyes and didn’t remember anything.”

Being “Captured Inside My Own Body” – Paralysis

Co-researchers described an inability to move their bodies voluntarily for most or much of the assault. This period of immobility was described with very sudden onset in the moments as the initial period of confusion and terror gave way to a numbness that eclipsed both physical and emotional sensation. In addition to an inability to move the larger muscle groups, co-researchers were also unable to vocalize. Some noticed a whisper emerge when they intended to scream, others were not able to call out at all. It was described by some but not all as being accompanied by a feeling of tingling or creeping coldness that moved throughout their bodies progressively.

The inability to move volitionally was described as feeling “too scared to move;” “I couldn’t really talk during it, I couldn’t fight and scream;” “I was kind of frozen;” “I shut down pretty much;” “it was like somebody turned off the lights on my whole body;” and, “being captured inside myself.”

Intense Urge to Flee

Co-researchers described a very strong desire to run away or leave when assaults commenced, accompanied by an inability to do so. The inability to run was either externally imposed (i.e., not physically possible in the face of the perpetrator’s physical control) or internally generated (i.e., a desire to move was experienced along with the realization that volitional movement was not occurring), or, often, both.

Phrases describing this included: “the most thing was that I knew I wanted to get out of there, that was the biggest thing;” “I wanted my legs to move so that I could get up and go but I couldn’t get them to move;” and “you just want to leave.”

Physical Numbness

Co-researchers almost all indicated that they were not aware of painful sensations during the assault itself, although one was. Some were aware at the time that they felt physically numb, and some were not aware of this during the assault, but they did report becoming aware of pain associated with injuries from the assault after they were sure the assault was over. None of the participants in this sample experienced major injuries or injuries that required medical attention during the assaults they discussed, though a number of them did experience bruising, soreness or abrasions associated with the force of the assault, and some of them experienced genital pain or soreness associated with the assaults.

Co-researchers described this with words including: “just through the whole experience I just felt numb;” “the pain would come (after it was over);” and “I don’t remember feeling anything.”

Changes at the Moment of Penetration

Co-researchers described particularly stark or vivid memories at the moment during the assault when vaginal penetration occurred, accompanied often by an awareness of changes in their own bodies. Co-researchers described this moment variously as the moment when they began shaking or experiencing creeping coldness, a moment of particularly vivid or most vivid memory imprint, the strongest impetus to mentally ‘check out,’ and/or associated this physical sensation with the strong desire to avoid seeing the perpetrator’s face. One co-researcher did not endorse this experience, stating that she was “zoned out” by this point in the assault.

Phrases used to describe this aspect of the TI experience included: “I first started shaking when he was like first inside me and I was crying, I remember that is when I first started shaking;” “I looked away as soon as I felt him;” and, “I really tried to go off into a different world at this moment.”

Clocks and Mirrors

This theme is included due to the depth of intensity with which those co-researchers who described it did so, though not all did. However, a sub-set of four co-researchers described very vivid memories of attending intently to either a clock or a mirror at some point during their assaults. Digital clocks drew the attention of some co-researchers in dark rooms, and they described long periods of gazing at digital clocks; in one case, a participant described doing so in an active effort to pretend she was elsewhere. Other participants articulated very vivid memories of periods during their assaults when they looked in mirrors, and these moments were especially salient moments of the assault for them. They looked at themselves rather than at perpetrators, and describe feelings of detachment as they gazed. One person also described being drawn to a television, and attending to it.

“Instead of like seeing the clock in my room, but like pretending it is like an apple tree;” “I remember looking in a mirror as he said that to me;” “I remember staring at the bright green lights of the clock that was on the bookshelf;” and “I saw in a mirror (and) I was crying really hard and tears were silently like spilling out” were some of the phrases used to describe this.

Crystalline Memories of Perpetrator Departure

Co-researchers described very vivid sensory memories of the moments that the perpetrators stepped away from their bodies and/or left the rooms. They described these memories as qualitatively different from others, and very vivid and defined. One person did not experience this because she intentionally kept her eyes closed and feigned sleep when the perpetrator left in an effort to avoid engaging him at all. Another person did not experience this because she, rather than the perpetrator, left the room; in this case, her descriptions of her own movement away from the perpetrator and out of the room were noticeably starker and more vivid than others.

Co-researchers said things like “ I remember when he got up and walked out, I always remember that” and “after hand is a lot more clearer than before hand” to describe this.

Confusion Immediately After Assaults

Co-researchers described a return of swirling confusion, generally immediately following the moments when they realized the assault was over. They described an onslaught of thoughts, generally focused on trying to figure out what had just happened and how it had happened, and on what to do next.

Phrases co-researchers used to describe this included: “I didn’t know what happened at the time;” I just cried, I didn’t know what else to do;” and, “I felt like lost.”

Guilt and Worry About What Others Would Think

Co-researches all indicated that their experiences of the assault were permeated by significant concerns about what others would think about them after the assault. This concern typically set in as the assault started, was often described as occurring during the

assault itself, and again was often described as a significant contributor to feelings of confusion and distress just after the assault. The worry or guilt was sometimes described as more general in scope, and in many cases focused on a specific individual or individuals in the person's life, often a parent.

Co-researchers described this with words like: "I just remember feeling really guilty afterwards;" "that's when I really froze up, was knowing that everyone would be mad at me;" and "I almost felt like I would get in trouble."

Gradual Return to Movement

Co-researchers described a period after assaults of continuing to feel, to some extent, paralyzed and empty. Many of them described periods of lying still and crying as they attempted to get their bodies to return to volitional movement. Some of them have particular memories of trying to move their hands, and watching with detachment as their hands were slow to respond. They described this period without urgency or need, and with some detachment. A return to movement often came along with a specific goal, usually getting dressed and/or leaving the scene.

Co-researchers said things like "it took me a minute or two to get off the desk;" "I would say gradually, like, 'here are my hands;'" and "I would just lay there, like I was still unable to move," to describe this.

Shaking or Shivering

Co-researchers described a range of experiencing uncontrollable shaking or shivering. For most but not all, this occurred only after the assault was over and they experienced the return of volitional movement. A minority experienced shaking or shivering during the assault itself. Most did not describe this in terms that denoted

significant distress or discomfort associated with it, but did notice it as part of the recovery period immediately after the assault. It was often associated with feeling cold, though it was not attributed to feeling cold; the sensations were linked but distinct.

Phrases such as “I went home and the shaking stopped and I was just numb;” “it was like I was cold, like my body, like I was shivering;” and “I remember um just being really shaky and um just walking out shaking” described this aspect of the TI experience.

Physical Soreness Afterward

Co-researchers reported that they experienced some soreness in their muscles in the hours and days after the assaults they endured that was not associated with any impact or injury. This was described as feeling like they had “worked out,” and made extensive use of their muscles, though they weren’t necessarily aware of having done so. It was described as occurring in the legs, in the abdominal area, and/or “all over.”

Co-researchers said things such as “I remember I was sore the next morning, I thought I used my abs for some reason” and “the rest of me was sore, like my whole body was sore” to describe this.

Quality of Memories

Co-researchers described their memories associated with the assaults in two ways. First, they described extraordinarily clear, vivid and sense-laden memories that were closer in nature to flashbulb memories than ordinary narrative memories. Secondly, they described the memories of the assaults as extremely aversive, and describe active attempts to stifle, blur and/or avoid them; for those using this type of language, it was clear that they do so in an intentional and active fashion. Some participants alternated between these types of descriptions, or incorporated some language of each type in their

descriptions. For example, some participants who stated that they chose not to recall the memories, and therefore experienced them as “fuzzy” or otherwise unclear, were able without any particular effort or prompting to provide very specific, clear and detailed recollections of specific parts of the assaults, complete with very stark sensory details. None of the co-researchers described their memories associated with assaults in which they became immobile as entirely absent or have any noticeable portions of ‘missing’ time.

Co-researchers used phrases including: “I can vividly remember that;” “there are points where it is way too vivid, like very like I am right back there;” “(more clear) than what I did yesterday;” “I really remember everything... I pushed all those memories away;” “I don’t like to think about it;” and “all of it just stands out, it is so vivid, it is like, second to second I can remember everything that happened” to describe this.

The Shadow of Tonic Immobility

Co-researchers described a long standing impact of having become immobile during an assault that I have called the “shadow” of tonic immobility because of its apparent similar but muted characteristics lacking in the intensity of the original experience – a thing that is in the shape of its precursor while lacking the same detail, because it seems to follow the original experience, and because it is a dark, cold thing that episodically passes over these co-researchers. Co-researchers described this as one of the most significant impacts of this experience on their lives, and in most cases as something that they continue to struggle with and fear. Having been rendered incapable of volitional movement under conditions of extreme duress and terror has, for these

women, left them with the repeated, episodic recurrence of something similar, but not the same.

Provoked by sexual contact, and sometimes by situations where feelings of fear, anger, being out of control, or being somehow disregarded, the shadow of TI moves over these women and threatens immobility. It does not seem to actually steal their volitional movement away entirely, though some do feel momentarily as though they can't move or can't move normally. It is predictably triggered during consensual intimacy, and incurs significant distress.

Most participants here described it as being accompanied by feelings in their body – often muscle tensing, though these were described in non-specific terms – as well as by overwhelming emotion. It feels like a threat or a warning that they may not be safe, and/or that their bodies could freeze up on them again at any moment. Some described it as similar, but without the same qualities of racing and then blank minds or of terror and then absent emotion that characterized the TI accompanying the assault itself. Some reacted by kicking, clawing or screaming. Co-researchers universally described this as something that has impacted relationships subsequent to the assault. Many participants described it as very helpful when their partners reacted to this with calm, soothing reassurance, and/or with physical distance.

Phrases used to describe this included: “I haven't ever felt that scared but I do feel resistant that it can happen again, so it's just a fear;” “like it could go back to that same degree but it never has;” “the feeling that I won't be able to have like control over myself or like my actions and my emotions or anything (is scary);” “it is not the same but it is definitely associated;” “I will be like ‘oh no, it is happening,’ but I can't really stop it

once it starts;” “I would take awhile and after all that was drained out I was able to speak;” “It’s a little bit different in that when it first happened I was scared but I wasn’t, now, I can feel the fear, there is no shutting down, I just can’t move;” and “my body doesn’t feel the same way it did then, I know I still have control over it and stuff like that but there’s just something that always kind of leads to it.”

Subsequent Relationships

Co-researchers described significant difficulties engaging in romantic relationships since being assaulted. They talked about two particular contributing factors. First, they described longstanding and usually still recurring interferences in attempts to be consensually sexual with partners by the shadow of tonic immobility and by flashbacks to the assaults, which incur significant fear and distress, and makes relationships difficult. Secondly, they described significant difficulties with the emotional engagement and vulnerability required to support a fulfilling relationship.

Co-researchers said things like “it’s really, really difficult for me to open up;” “it was very, very, very difficult to start a new relationship, I didn’t feel safe, I didn’t feel like I deserved it;” and “it would be easier to like you know just do the act instead of having emotions come out” to describe this.

Guilt and Shame

Co-researchers described extreme depths of shame and guilt after and about their experiences of being assaulted. This did not seem to be attributed in any specific way to TI, but rather to be one of the more global impacts of experiencing sexual violence, though for some co-researchers TI did intensify these feelings. For those whose guilt and

shame were exacerbated by TI, they described feeling as though they blame themselves for their inability to escape or stop the assault.

“I felt dirty;” “I was horrified;” and “the effects afterwards was that I was dirty, disgusted, oh it was just an awful feeling” were some of the phrases used to describe this.

Individual Textural Descriptions

Alex Individual Textural Description

Alex^{1, 2} “was just so thrown off I didn’t know what to do” when she was assaulted as a young adult by a recent acquaintance, and the confusion that followed was paralyzing. She was “just confused” and “really freaked out” to “believe this was happening.” She was confused because she knew him, and couldn’t understand how things had moved to assault.

For Alex, when she “just couldn’t think,” she also “just couldn’t move,” and these two things seemed to go together. She recalls being scared initially, but then moving quickly to a state where she “didn’t have any emotion.” At the same time, she “had so many emotions running through me that I just – everything was on lock down.” However, she does have a vivid memory of watching in a mirror and seeing that she “was crying really hard and tears were silently like spilling out.” Simultaneously, she “was frozen during, but it felt like I was not there.” She “couldn’t move” and “couldn’t feel anything.” She “felt stuck,” and “was trying to say something but it was like I couldn’t make my mouth say it louder than it would.” For Alex, “it was like somebody turned off the lights on my whole body.”

¹ In order to protect confidentiality, all names used herein are pseudonyms chosen by co-researchers.

² Alex was not available to complete member checks; all material here represents exclusively that obtained during interview.

Overwhelmed by the events, Alex “just kind of tried to mentally check myself out as much as I could.” She “wanted to block it out so badly” because she “felt like there was nothing I could do” and ‘checking out’ was “kind of like my only answer to it.”

She characterizes her memories of the events overall as vivid, however, some moments were particularly vivid, sensory-laden memories for her. She “would definitely say that’s the most vivid (seeing his face above her)... I don’t think I can ever forget.” She also notes that “making eye contact with them of course is the one thing that really stuck out to me of the whole event.” Alex also remembers that she “first started shaking when he was like first inside me and I was crying, I remember that is when I first started shaking.” She also especially remembers “when he got up and walked out, I always remember that because I was just so confused.”

Confusion characterized the moments just after the assault ended for Alex, when all she “could think about was what was I going to do?” She “had nowhere to go” and “felt like lost.” She was “really confused,” wondering “what happened,” and “what was I supposed to do?” She remembers “shaking a lot” afterwards. Movement returned gradually for Alex, who “just kind of laid there...just staring” for awhile, during which she still “couldn’t move.” Her “body was like freaking out” and she “just couldn’t make myself get up...even though I wanted to get out of there so bad.” When she was able to get herself moving, she “just ran out” because “the most thing was that I knew I wanted to get out of there, that was the biggest thing.”

In the hours and days following the assault, Alex became aware that her wrist was very sore after the assault. She also realized the “the rest of me was sore, like my whole

body was sore.” Her “body just felt kind of like exhausted...like I had like done a huge workout but I hadn’t.”

Alex continues to be affected by her experience with tonic immobility and its shadow. Physical intimacy, in particular, can bring for Alex uncomfortable familiarity where her “body doesn’t feel like the same way it did then, I know I still have control of it and stuff like that but there’s just something that always kind of leads to it...like I feel like I can imagine feeling that but it doesn’t happen.” When this happens she feels “a little tense and stressed out... but I have never really lost more than a couple of seconds.” She believes that this is “more of a kind of way for myself to like check to like make sure I am in an okay situation.”

She also experiences difficulties with emotional intimacy since her assault almost a year ago, and finds that it has been “really really difficult for me to open up.” She doesn’t “want anything like that to happen so I definitely try to keep my walls I guess up pretty high.”

Alex made sense of her TI by explaining it as “just my way of escaping and that is how I kind of put it in my terms.” She does wish the immobility hadn’t happened and that she “could have or would have put up a bigger fight.” She is still “definitely trying to keep it out of my mind.”

Asylum Individual Textural Description

Asylum’s³ experience of immobility transitioned from initial confusion, “like, what’s happening” and the “initial shock of ‘what’s going on here’ and then ‘oh my God I can’t move’” when she was assaulted during her late teens by her boyfriend at the time.

³ Asylum was not available for member checks; all material here represents exclusively that obtained during interview.

Physical and cognitive paralyses teamed up in her experience, so that she “couldn’t really say anything” and “couldn’t really think anything so I just laid there and watched a clock.” For Asylum, “things stopped” when she “shut down” and “her body stopped working.”

She was terrified during the assault, but once “that fear got to a certain point, I shut down” and “couldn’t really feel anything.” She recalls thinking “this isn’t happening, he is not here,” and “not wanting to look at him.” She would “look anywhere else but at him” throughout the experience.

Asylum “was afraid of what my mom was going to say” during the assault. She also remembers that “as he was pushing into me, I looked away as soon as I felt him.” She has very vivid memories of “staring at the bright green lights of the clock” that was in the room, and of wanting desperately to get her “legs to move so that I could get up and go but I couldn’t get them to move.”

Movement returned gradually for Asylum. She “couldn’t get myself to move so he rolled me over on my side and I curled up in a ball and cried.” Then she “slowly came out of the “weird catatonic state I was in and eased myself out of bed and started crying.” She also recalls muscle soreness the next morning, when her whole body was sore and felt as though she had “used my abs for some reason.”

TI has thrown its shadow over Asylum’s experiences since the assault, especially when she is experiencing physical intimacy. These times feel more like “residual effects” to Asylum. During these experiences she would “pull away or freeze up” and she would “tense up like I was getting ready to run but it would get to a point where my muscles were so tense that I just couldn’t.” She felt like she “didn’t want him to touch me, I just

wanted to back off and get away.” When this happened with her current boyfriend he would sense her tension at times and “would shake me and ask what was wrong...and then the tension would slowly drain. It would take awhile after all that was drained out that I was able to speak.” This feeling is “similar” to the immobility she initially experienced, but “it’s a little bit different” because she was aware of her fear during the initial experience, but distant from it, while when it happens now, “I feel the fear, there is no shutting down, I just can’t move.”

It has been “very, very, very difficult” for Asylum to start new relationships since this experience, though she has found one that is significant for her. She “didn’t really want to talk about” her assault experiences with her boyfriend “because I wanted to forget it ever happened, but it was affecting the relationship.” Though reluctant, her partner was insistent that they discuss things, which has been helpful for her; she is “glad that he managed to pull it out of me and we have gotten a lot closer since then.” Since they discussed things frankly, she feels safer “because I know that he is not going to do anything that I don’t OK first,” and because he is able to be stable and provide comfort when she has “a little freak out.”

Elizabeth Individual Textural Description

Elizabeth experienced a marked period of initial confusion when she was assaulted at age ten years by a twelve-year old male cousin. Her confusion was significant and overwhelming because her “brain knew what was going on but I couldn’t understand the experience” and quickly was “so overwhelmed that I couldn’t, I didn’t really have the ability to like, know what was going on.” For Elizabeth, things

“progressed so quickly from, from just nothing into this happening” that she “couldn’t understand what I was feeling.”

Terror consumed Elizabeth, and her response was to become so “detached from everything it was like I was dead inside.” During this period, she became “very analytical.” Part of detaching for Elizabeth was a desire to not see the perpetrator or what was happening, which she accomplished by looking away and studying sheets.

As the assault progressed, Elizabeth continued to feel overwhelmed by her cognitions, and experienced a number of paralyzing thoughts that “everyone would be mad at me” and “that’s when I really froze up.” She thought of others in general, as well as specific people: “I just knew my dad was going to hate me, like I knew that and that was the worst feeling in the entire world.” Enormous guilt and shame accompanied these thoughts for Elizabeth.

Alongside the cognitive overwhelm she experienced, Elizabeth’s body “just froze up.” She told herself that “you should definitely do something, you need to run away, you need to get away. But then I couldn’t do anything.”

Elizabeth describes her memories of the assault and her immobility as “very flashbulb-esque” and extraordinarily vivid, sometimes “way too vivid.” Some moments, in particular, are very vivid for her. She describes her memories as most vivid and very sensory in nature at the moment that penetration occurred. Another thing she remembers “very vividly (is) looking at his face and looking at his eyes, and then I just couldn’t move, couldn’t do anything.” She also vividly remembers the moment she knew the assault was over, though the quality of her memories changes noticeably after that and she is not able to remember much of the immediate aftermath. Other particularly vivid

sensory memories of her assault include two specific memories of looking in mirrors during the assault.

Overwhelming confusion continued to reign after the assault for Elizabeth, who, more than wondering what to do, felt some realization that there was nothing she could do. After the assault ended, Elizabeth was “very shaky” for a long time, and for “hours afterward” would experience periods of uncontrollable shaking. Sometimes, she felt very cold during these periods. Elizabeth’s return to movement came very gradually and it was “like waking up out of a nap and you are in a fog and then you slowly become aware and able to function.” Elizabeth describes this fog as lasting for up to a couple of days after the assault, until she was able to return to her own home. She did feel pain during her assault, and then, in the period following it, realized that her body was sore as well. She experienced muscle tension, soreness and fatigue during the hours and days after the assault.

Elizabeth continued to experience periods of overwhelming terror and immobility when she was being interviewed by law enforcement officers in regards to her assault some time afterward and, for her, “all the experiences I had with (prosecution efforts) are all um, pretty much like go hand in hand with that feeling of complete detachment and the inability to move.” As she was being interviewed, she feels that she “must have seemed completely comatose” because, after being asked a question she would “just sit there” feeling that she “knew what I wanted to say but, it was just like this gripping fear that I didn’t even understand.” She “knew that I shouldn’t have been afraid at that point because I was in no danger, but I was so afraid that I couldn’t answer for the longest time.”

Elizabeth continues to struggle with the shadow of TI in her life, and is particularly vulnerable to this struggle when she is experiencing moments of physical intimacy, or at times when people around her discuss sexual assault in crude, dismissive or aggressive ways. She says that it can feel “like falling away from the world” and that she “can almost feel it is happening again.” This can happen for her anytime she feels stressed or out of control, and it can feel very alarming that she is not sure if she might not be able to control her body again. When discussing this theme during member checks, she reiterated that she “can’t say more emphatically, yes” that this experience has been an enduring and significant aspect of her experience with TI.

Relationships have been very impacted by Elizabeth’s experiences. She notes in particular that she is “well practiced in forgiveness” after disruptions to her relationships with family members when the assault came to light and Elizabeth felt blamed and shamed by them. She also believes that it has affected her current romantic relationship in some ways, noting in particular the ways in which she can sometimes react adversely to physical contact when she is triggered. She believes that, when her experiences do impact her relationships, that they tend to make her relationships stronger because when people don’t “look at me differently, treat me different, or treat me like I’m fragile or anything” that this increases her trust in them.

As she has construed these events in her life since then and made sense of them, Elizabeth notes a duality. She acknowledges the numerous and varied negative impacts the experience has had for her, however, she also states that she wouldn’t remove them from her life if she were able. She believes they have given her “serious purpose in my life,” and that they are part of what makes her who she is today. She believes that, had

she not experienced TI during the assault, she may not have experienced overwhelming guilt to the extent that she did, however, she also believes she is more empathic because of it and has chosen her career goals with this experience in mind. Ultimately, she believes that “God can use me for good and um, because I went through that like that is what my purpose is.”

Jennifer Individual Textural Description

Jennifer responded to sexual assaults by creating agency where it was possible, chiefly by “let(ing) my mind just go somewhere else,” since, as a small child subjected to repeated assaults by a foster father, her options were few. She “pretended I wasn’t there” and knew “everything (that) was happening but at the same time like I, my mind was concentrating on something else.” Closing her eyes was “absolutely” a part of this for her because she “didn’t want to see him.”

Terror and confusion were intertwined for Jennifer during these experiences, and for her, terror “plays into the confusion because you get scared.” She recalls wondering things like “why is this happening” at the onset of an assault, but then would pretend to be asleep and keep her eyes closed in order to minimize her engagement with the terror and confusion. She experienced a flood of thoughts about and urges to flee during the assaults, as well, but realized that “if I had run away then I would have had to face him, he would have known I knew what was going on” and that “if I retaliated or became aggressive then that would show my emotions letting him be able to come in.” Instead, she found agency in her ability to mentally disengage.

Her body would yield to the terror and confusion she experienced by freezing up, “like bricks, you know, hard as bricks, just kept everything very stiff.” Her “breath

shortened” when this happened and she would “tense up and not move, immediately close my eyes, but inside it was more like a creeping feeling, like the cold, kind of starting like in the gut and it kinda like went throughout and I just froze.”

Jennifer describes her memories of these experiences as very clear, more clear “than what I did yesterday.” She remembers “the room I was in, like everything, the smells, the feeling, like the crevices of his hand, like I really remember everything.” She does describe qualitative changes in her memories at the moment of penetration. She simultaneously is aware that these memories are not something she wants in her awareness and she “really just like put those away.” She made a point to “not think about them, just push them all away,” and the active process of not remembering has been an important one for her. She quite specifically doesn’t “remember what his eyes looked like, everything else but not his eyes.” She also does not remember the moments of his departures because she made a point not to look at him, and to feign sleep.

In the immediate aftermath of an assault, she would “open my eyes and... un-tense I guess. Just like kind of like let my lungs go but um I would just feel like ants all over me. Kind of like the shivers and that feeling and then the pain would come, from being penetrated. I didn’t feel it during the process, I felt it after.” She experienced confusion during this time, too, thinking “what should I do? How could this happen? Um how can I get out of this?” In the longer term aftermath, Jennifer would experience muscle soreness in the hours and days after an assault, “from all the muscles in the body tensing up so much.”

Jennifer also experienced immobility when she was interviewed by law enforcement officers regarding her assaults. For her, this process was difficult and “when

they were like ‘how did that make you feel’ I wouldn’t answer,” and “when I touched the doll and I realized what I had to do I would just freeze and be like ‘I don’t want to do this, like I don’t want to revisit it.’”

Jennifer continues to be affected by the lingering shadow of TI, which, when she encounters it, is similar but not the same “because that was when I went completely hollow.” However, “it is definitely associated because whenever I get angry I also get scared about what’s going to happen, and so I guess it is kind of like the same fear but not the same circumstances.” She also notices that “whenever I get angry or frustrated I just go raging, it is different because with the freezing my mind would drift but with the fear I have racing thoughts.” This experience is characterized by fear of the experience itself, “not so much fear for my life but fear for the outcome, like what is going to happen because I didn’t know what was going on, I didn’t even know what it was you know.”

Jennifer’s relationships continue to be affected by these experiences in her life. She struggles with emotional intimacy and physical intimacy and hasn’t “been able to open up as much as I would like.” It is vital to her sense of safety that she feel that her emotions are locked safely away, untouchable, which “definitely creates a lot of trouble in relationships.” She yearns for intimacy, however, she is not able to “just fully open up, just have someone caress not only my body but my feelings.” She doesn’t “always stay in the moment” when she does engage in sexual activities, “like I am signing up for this but I’m not signing up for the emotions, I don’t think I exactly freeze up when I have sex but I don’t focus fully on that or the emotions or the character that I’m fully with you know.”

Jennifer's current constructions regarding her experiences with immobility during assault reflect the duality that "in a sense this experience made me stronger and weaker." She feels stronger and more confident than she otherwise might, and believes that her immobility was an important protective reflex without which "I wouldn't be as strong as I am with it, maybe as OK with it, like not that I'm OK with it but I accept that it happened." She continues to feel, too, that "innocence was stripped away from" her, and to feel drawn toward a trust and mutuality in relationships that, for now, eludes her in her need to keep herself safe from the threat either of renewed assault or the terror and confusion of sudden involuntary immobility.

Maree Individual Textural Description

Maree's most recent experience of TI during a sexual victimization was, for her, fundamentally intertwined with her early experiences of being sexually abused by a much older relative. One of the defining elements of the assault she endured at the age of 17 years was an awareness of the memories of her earlier abuse pushing at the edges of her consciousness, and, for a time, actually invading when she "did have like one or two flashbacks of stuff happening when I was like two or three" years old. Maree was acutely aware of her desire to avoid these memories and her fear that they might be unavoidable as she was attacked by an acquaintance; she "just remember(ed) thinking about that (the memories of early abuse)" during the assault, and "mainly I was scared that like the memories from when I was younger, like I was scared that they would come up because I was told that those memories don't go away forever and they can come back." For Maree, her terror was twofold, her primary terror being the looming

memories of earlier terrors, which combined seamlessly with the more immediate terror of the unfolding rape.

Maree's experience both during and after this assault was actively characterized by her very conscious desire to avoid all memories and thoughts associated with any of her victimization experiences. During her most recent assault, she experienced a paralysis of confusion because she "couldn't even control my thoughts. I didn't want to think about the past, I didn't want to think about what was happening (in the moment), I didn't want to think about what would come of it but that was all I could think about. All I could see were like little memories and I didn't want to, I didn't want to see any of that." She particularly remembers confusion at the onset of the assault, and again immediately after it ended when she felt "like I was really in shock that something like that could happen to me."

An integral part of Maree's experience of avoiding both the experience at hand and her earlier memories was the closing of her eyes. She remembers seeing his face just before closing her eyes, and remembers "telling him 'no' and then after that I just kind of closed my eyes and didn't remember anything." 'Not remembering anything' has been an active process for Maree, who unequivocally agrees that these memories are things "I don't like to think about" and that she chooses not to remember.

Perhaps as a result of her wish to avoid these memories, Maree simultaneously describes memories as fuzzy or unavailable, and particular aspects of the assaults in great detail. She provides very clear, sensory-laden memories of moments during both the most recent and a childhood assault, and states that her memories of the immediate aftermath of the most recent assault are more vivid than those of the moments before the

assault, though she is able to describe those in detail as well. Both of the memories she describes as vivid involve the final moments of an assault, and the physical separation of the perpetrator from her body.

Maree describes the physical component of TI as feeling “kind of frozen” and “not even being, not being able to be in control of what was happening to my body and my mind.” She describes physical numbness during the assault, and an awareness of pain and soreness in her body in the hours and days afterward. She became aware of genital soreness later – “it wasn’t comfortable because I didn’t want it” – as well as a more generalized soreness in the muscles of her back and legs. She also noticed some pain in her “tailbone,” which she attributes to being placed on a hard surface during the assault.

Relationships in the aftermath of her most recent assault have also been an important part of her experience. Initially, Maree felt a strong need to “be in control” and “getting to choose who I sleep with” was a driving need. This period was characterized by serial sexual encounters for Maree and “very short, you know, two-week long relationships,” during which time she “never went more than three days without having a new boyfriend.” Several months after the assault, Maree met the man who is now her husband. For her, his willingness to be patient with her difficulties tolerating emotional intimacy was a significant factor in the trust she placed in him. Maree struggled with feeling emotionally vulnerable in relationships because she “just wanted to be like in control” and lived in fear that her body might once again be out of her own control. While having found a relationship where she feels a bond of love and trust has been a significant part of her journey, she remains aware that her experiences have impacted her.

“Every once in awhile it will pop up” for her, and she has “just learned not to think about it on a day to day basis.”

**Sophie Individual Textural
Description**

Sophie was assaulted by a cousin after her sophomore year of high school.

Sophie’s initial moments of immobility during her assault were characterized by confusion, which was characterized by wondering “what the consequences were going to be” and “if my life was going to be over” or “if I was going to be a completely different person.”

Her confusion quickly shifted into “so much fear, so much distress” and “being completely terrified.” Sophie felt so overwhelmed by her terror that she chose to ‘check out’ mentally and didn’t want to see or be aware of what was happening to her. She is not sure if her closing of her eyes was volitional or not at this point, but did connect having her eyes closed to a powerful feeling of this “can’t be happening.” She feels that perhaps it was purposeful at some moments, while at others her eyes just closed.

Sophie “definitely” experienced an urge to flee as the assault started, but was not able to do so. Physically, “it was like I had no control over what I could do” during the assault when it felt as if “everything stopped.” For Sophie, “it is actually really bothering that there was absolutely nothing I could do and it wasn’t because I wasn’t strong enough, it was because there was nothing I could do, my body wouldn’t let me.” Sophie endorses during member check particularly vivid, sensory memories about changes in the way her body felt at the moment that penetration occurred, the perpetrator’s face and/or eyes, and the moment the perpetrator left her. Apart from these specifics, Sophie’s memories of the experience are “very vivid and I remember second by second

everything.” She describes “the most vivid would be like the first part of me not being able to do anything when I had lost complete control and nothing I could do.”

After the assault ended, Sophie experienced “just a lot of fear and I was like shaking, like rocking back and forth like cradled like a child and just shaking and crying and...” This felt “like I was cold, like my body, like I was shivering.” At this time, Sophie was simultaneously distressed and confused because she “didn’t know what else to do” and wondered “what am I going to do?” Sophie ran away from her assailant when the assault ended, and then felt as though movement “gradually came back, but I don’t feel like necessarily instant... like I would say, gradually, like ‘here are my hands. I can finally stop shaking and rocking.’” Sophie does not recall experiencing any physical pain during the assault, however, in the hours and days afterward, she did experience soreness in her muscles, particularly in her legs.

Sophie continues to experience particular aspects of her life standing in the shadow of TI, and describes this as “one of the biggest things that I’ve had to deal with” because “I never know if it might happen again.” This is particularly troublesome during moments of physical intimacy, and “it’s more when the sexual contact is happening and it’s like you are being too aggressive and I’m telling you to stop and you are not stopping and then that, it brings me back to that.” This “hasn’t been to that point where it was at” for Sophie, but it feels threatening to her that “it could go back to that same degree but it never has.” For Sophie, “it is extremely frightening that it can happen at any moment,” which leads her to ponder without resolution “what if my body decides to shut down on me at the wrong moment?” Over time “trusting that it is not going to happen every time” is getting easier for Sophie.

As time has gone by, Sophie has “had a really hard time like connecting with other guys” and was “very very standoffish to any, like any guy. Any. Because that sense that it might happen again or it might come back or someone might be too aggressive with me” was pervasive. She was not able to be intimate or have a relationship for a long time after this event, and “it hasn’t allowed me to get as intimate or as close to them as I wanted.” Sophie feels as though this trouble is just now starting to abate for her.

Sophie has struggled to make meaning of this experience in her life, and continues to wonder why she became immobilized. She feels that perhaps her sexual assault would not have been as difficult an experience for her without this component, because “not being able to move my body was one of the hardest things I ever experienced, it’s, the experience but also...not knowing why, and it is extremely frightening because it’s ‘what is wrong with me,’ I guess.”

Tiffany Individual Textural Description

Tiffany’s experiences with immobility during a sexual assault were ushered in with overwhelming confusion because “it was so unexpected” she “didn’t know what to do” on the occasions when she was assaulted as a teenager by her boyfriend. She describes this as “really confusing” and believes that “when you are in that situation the whole world stops” because “you can’t really think.” Her confusion centered around “thinking ‘why’ like over and over again.”

Terror was a primary component of Tiffany’s experience. She was “just scared” and “terrified.” Along with the terror came “extreme detachment,” which Tiffany states was “for sure” at some point in the assault a choice to ‘check out.’ Part of this was that

she “didn’t want to see what was going on” and “also didn’t want to see his face” so she closed her eyes.

Tiffany also “for sure” felt the urge to flee, however, felt unable to do so. Rather, she was “just paralyzed” and “just too scared to move.” She “couldn’t really talk during it, I couldn’t fight and scream.”

Tiffany feels that she “purposely (tries) to forget the memory of” these events, and doesn’t “want to think about it.” She “purposely want(s) to put it in the back of my mind.” Accordingly, she does not discuss her memories in great detail, but during member check she endorsed without elaboration particularly vivid memories of several things. She recalls periods during the assault of guilt or worry about what others might think. She stated that her experience changed qualitatively and the feelings of immobility in her body changed at the moment during the assault when penetration occurred. She endorsed “very” crystalline memories of the moment the perpetrator left. She did describe memories of physical numbness during the assault, stating that “just through the whole experience I just felt numb.”

After the assault ended, Tiffany experienced “some shaking” that was “just like minor.” She also experienced confusion during this time, feeling as though she “didn’t know what happened” and characterized this as “shock.” After the assault ended and during the period of confusion, Tiffany “would just lay there, like I was still unable to move,” and then would “gradually regain movement.” Her return to feeling normal in her body was slow, but “by the time I woke up the next morning I felt better.”

Since these experiences, Tiffany “for sure” continues to be affected by the shadow of TI. She is “terrified of it happening again” because “that can just happen to

me.” She is fearful that “with every person I will ever be with for the rest of my life or anytime I sleep with someone for the rest of my life” she will be at risk of renewed immobility: “that feeling of being so helpless is just terrifying in itself because all you want to do is scream and you can’t, or just pray someone walks in or sees you and it doesn’t happen.” When she experiences the physical sensations associated with this, it is a “‘don’t touch me’ sensation, just like stop. I cringe and like my whole body tightens and stuff... just makes me mad now.”

Tiffany’s relationships since these events have been and continue to be impacted by this. She has difficulty opening up about these experiences with important others, particularly romantic partners, and has had negative experiences after doing so. On the other hand, it is difficult to avoid in romantic relationships because “it did make me very scared to be sexually intimate,” and doing so can bring up “those terrified feelings.” Romantic relationships are fraught with issues of fear and trust for Tiffany.

As she construes these events now, Tiffany feels that “if I literally could have screamed or could have fought it probably would have been a whole different situation,” with fewer negative effects for her. However, taking the negatives in stride, she also believes that “it made me a stronger person” and that “things happen for a reason.”

Individual Structural Descriptions

Alex Individual Structural Description

For Alex, tonic immobility was an experience of multi-faceted paralysis. She was flooded with thoughts that overwhelmed and confused her, her emotions tumbled by and through her so rapidly and forcefully that she couldn’t catch or name them, and her body behaved in inexplicable and alienating ways. For her, the experience is the unyielding

line between dualities: too many emotions become no feeling at all, racing confusion becomes cognitive detachment, violent tactile sensations become numbness, the need to flee becomes the departure of volitional movement, a scream becomes a squeak.

Overwhelming internal stimuli combined with overwhelming external conditions to create the realization that there was nothing she could do, and her defense became a voluntary, intentional mental distance from the events. This was accompanied by a physical detachment and numbness that she did not choose but came over her quite suddenly.

While she prefers not to remember the events at all and intentionally distances herself from thoughts of them, when she does remember them, there are particular moments that stand out to her as especially vivid and sensory laden memories. She recalls with urgent emotion and poignancy the moments that she saw the perpetrator's face directly above her, the moment she first sensed vaginal penetration, a moment of watching events in a mirror, and the moment the perpetrator left the room. These memories are characterized by vividly re-experienced sensations and perceptions; they are not narrative but sensory in nature, though they are mediated and described with language. These moments also reflect the dualities of her immobility. Confused about what was happening and how, the face of her perpetrator directly above hers looms through the confusion with clarity; unsure of what happened but sure of what she did not want, her doubts are pushed away when penetration occurs; feeling no emotion after succumbing to a flood, she watches herself shedding tears in a mirror; still unable to grasp the reality of what is happening or has happened, and wanting only to flee herself,

she watches as the perpetrator yields control of her body back to her and leaves the room, only to find that she cannot yet command movement herself.

While mental distance was a coping tool that Alex chose, the physical reaction she experienced was not. The sudden paralysis of thought and body shadows her still; during moments of physical intimacy, she is threatened when this shade flits by. Her body tells her of its presence with tension and distress. She recognizes this as a warning to check that she is safe, and is able, generally, to let it move on by her. This has affected her relationships, and is part of a warning system that reminds her to keep her inner self, her emotionally vulnerable aspects, behind protective walls.

Asylum Individual Structural Description

Terror flitted quickly by Asylum when she was assaulted. She was afraid, but as the fear reached a crescendo and confused attempts to reconcile the situation in her mind failed, she stopped feeling emotion and realized that she couldn't move her body. She wanted to believe that this wasn't happening, that he wasn't there, but found herself unable to think, to move, to protest. The assault became real so fast, and the responses flowed through her so quickly, that the overwhelm took over and shut her down.

She couldn't think and couldn't move, and her attention was drawn to the digital clock in the dark room, which she watched as the assault progressed. She felt no emotions and nothing in her body while her assailant moved above her, oblivious to her distress. She experienced an overpowering desire to get out of there, to get up and move, but remembers only shaking her head as her voice failed her at the moment that he pushed into her. At this moment, she looked away, wanting to avoid looking at him.

Her memories are stark, and are described with particular clarity at certain moments. The moment of penetration is very vivid. The assault ending is also very clear. She has no memory of his face at all, and recalls being unable to look at it even in the days and weeks after the assault.

When the assault ended, Asylum continued to lie where she was, motionless. Her assailant moved her body into a position he preferred, and this provoked a response that seemed to be the first step back down a ladder to volitional movement. Gradually, she was able to move her body again, and began crying as she got out of bed. She felt dirty and needed to shower, which she did. The next morning, her whole body was sore, particularly her abdominal area.

Asylum feels the shadow of TI move over her still, at times. It feels similar, but not the same as the original immobility, more residual effects. This occurs during moments of physical intimacy. When it first happened, she felt fear only briefly, then nothing; when it happens now, she can feel the fear that comes with the threat. Her mind doesn't shut down as it did then, but her body can again start to feel as though she won't be able to move.

This has affected her intimate relationships, and continues to. She has also found it difficult to be emotionally vulnerable in relationships, but is glad to have found a partner who will work with her through her moments of fear and distress, and who can work with her to build trusting emotional intimacy. His knowledge of her difficulties in these moments was difficult for her to let him have, but is now very important to her in building the trust she feels in him.

Elizabeth Individual Structural Description

Throughout her experience of being assaulted, Elizabeth wrestled with the thoughts that flooded her. She couldn't understand what was happening, couldn't understand how she was supposed to be feeling as a result, couldn't untangle the web of complicated implications for her family relationships as she feared being vulnerable to a predatory cousin and faced the hate she believed her father would hold for her. She knew her family would be angry with her; this knowledge was paralyzing. Confusion and terror teamed up and became a unified force in many moments, leaving her all alone and scrambling for a grasp on something that could make it all go away. In those moments, she became very analytical, wondering how adults experienced consensual sex, and if she was somehow broken.

She became very detached then, and didn't want to see what was happening. She studied the pattern on the sheets in the room rather than see what was happening. She did become aware, at some point, that she wanted to do something to stop what was happening, but her body didn't cooperate, even when she knew help was easily available. The feeling of being frozen went hand in hand with the detachment, and returned later, when she was interviewed by police in regards to the assault. The experience of being questioned about the assault and the assault itself are all bound up together in a seamless memory of frozen detachment.

Memories of much of her assault are very vivid for Elizabeth, who also holds a large fuzzy and/or absent patch in her memory after the assault ended. Her memory is most vivid, and laden with both sensory and cognitive stimuli, at the moment of penetration. She also has very vivid memories of the perpetrator's face and eyes, and of

her desire to look away quickly. A moment that stands out for her is a moment when she contemplated her reflection in a mirror. Elizabeth recalls with a clarity unaffected by the passage of time the moment she knew the assault was over, and that she could leave, when she heard a parent summoning her return.

Just after the assault, Elizabeth's memory has been eclipsed. She doesn't know what happened during that time. What she does remember is a very slow return to feeling a normal response in her body to her commands to move it. She remained as though in a state of slowed or suspended animation, detached from her body and in a fog. She experienced a confusion that was, simultaneously, an understanding that there was now nothing she could do. Physical soreness and waxy flexibility stand out in her memory of those hours.

In the time since the assault, Elizabeth has not infrequently been picked up and held in the cold claws of TI's shadow. When it happens, she feels like she is falling away from the world. The threat that she may not be able to do anything hovers. This can be triggered by sensations associated with physical intimacy. It can also be triggered by exposure to insensitive or callous treatment of the topic of sexual violence, for instance, in jokes by peers or in movie scenes. This can affect her romantic relationship, however, in some ways it forges greater bonds of trust with her partner, too.

Elizabeth construes her experiences with sexual assault and TI in complicated ways. She is aware of the numerous and vast negative consequences being victimized has had on her life, and the hold they can continue to have. She also believes that the experience has created her life's purpose and feels driven to pursue this purpose. She feels lucky to be practiced in forgiveness after struggling through difficulties in

relationships with family members who blamed her for the assault, and to have the deep capacities for empathy and compassion that were informed by her own despair. TI, she believes, made the road to recovery more complicated for her as it contributed to her feelings of guilt. Nonetheless, she wouldn't change the experience if she were able, as it is part of the self she values and nurtures today.

Jennifer Individual Structural Description

Jennifer experienced tonic immobility as one aspect of overwhelming powerlessness. Repeatedly assaulted by a foster father as a child, she had no real options that would represent safety since she did not feel she could flee, fight him off or hide. She could not control his access to her body – what she could and did control was his access to *her*. She locked her personhood far away inside herself, like rocks deep in a cave, and made sure that he couldn't get to it.

She could not make sense of his behavior, and experienced confusion as assaults commenced, wondering why this was happening. Along with the confusion came a powerful desire to not be there, to not be in that situation. Jennifer affected this in part by keeping her eyes closed most of the time, often in combination with feigned sleep. Even when she wasn't being assaulted, Jennifer refused to look her attacker in the eye, ever. When she did open her eyes, she would look at the clock in her room and pretend it was an apple tree, or that she was playing somewhere else.

Confusion and terror intertwined quickly during her assaults, until they became indistinguishable one from the other. Working together, they wrested from her volitional movement. She contemplated running or fighting, but disregarded these options as too risky and/or impossible. Instead, her body cramped up, became tense and immobile,

freezing from the inside out. This happened suddenly and without warning, though predictably, during each assault and even when being questioned about the assaults by police officers.

When she was left alone after an assault, she would open her eyes and begin to feel the paralyzing tension unwind its tentacles and back away. Confusion reigned here, too, and she grasped at unattainable answers about what she should do, if it was over, how it could happen. Then, she would feel shivering start, and would become aware of genital pain. Later, she would feel soreness settle over her body from the extreme tension.

Jennifer has both extremely vivid memories, and a strong desire to avoid all of them. She makes an active effort to do so. She has vivid memories of the moments when penetration would occur. She made special efforts to avoid any visual contact with the perpetrator's eyes or face, and to pretend not to notice or to look when he left; this was part of her only avenue for protecting herself from him. She remembers a clock in her room, and of being drawn to the television if it was on.

Jennifer in some ways remains protected inside her cave, refusing to make herself emotionally available to romantic partners – a frightening prospect. From there, she can see the shadow of TI, which sometimes casts its pall over her still. She finds sexual encounters difficult at times, and still can feel the threatening tension steal over her body with a warning that she could lose all control, even her own control of her body, again at any time. While she doesn't seem to, the threat itself is frightening.

This affects her relationships now. She finds it difficult to trust a potential partner, to open up emotionally, or to be fully present during physical intimacy. She

wishes for a time when this is not true, but for now, that is a defining force in relationships for her.

Maree Individual Structural Description

Maree was terrorized by both internal and external stimuli as she was assaulted. Her mind raced with a practiced need to avoid memories of sexual violence, of her body being out of control. As she pulled into this vortex of competing needs – to avoid what was happening now, to avoid what had happened then, to side-step the looming fear of being beaten – her body too was pulled away from her control. As the assailant dragged her to another location, her body yielded volitional movement and was swept along; for Maree, this was neither more nor less terrifying than the crushing press of thoughts over which she also had no control – the two factors worked together to paralyze her.

Maree felt a panicked need to avoid contact with the reality she was in, and a significant part of this effort was her need to avoid all eye contact with the perpetrator. She has a vivid memory of seeing his face just before closing her eyes in an effort to block out both the thoughts and the physical realities terrorizing her.

The moments when she realized the assault unavoidable are very clear memories, as are those just after – Maree vividly remembers the assailant stepping away from her body – but the moments in between are lost in the vortex. In some ways, this is important to Maree, who has a strong pull to avoid these memories and is aware that she chooses to do so. The clear memories are sensory in nature – rife with details of light, color, texture and sensation.

Realizing that the assault was over, Maree continued to wrestle with confusion and shock about what had happened and how, what to do now. Her body was slow to

respond to her commands, and shaking. She slipped off the desk she'd been placed on, straightened her skirt, and forced herself toward the door. Shaky and confused, she stumbled out the door into the night to collect herself on a long walk home, sure that she needed to get herself together in order to hide the assault from her parents.

In the aftermath of the assault, control over her body and her choices has been a need that drives Maree's choices. She felt driven to prove to herself that she could be in control, that she could make her own choices, and continues to feel this need for control now. She believes the TI was helpful to her recovery, as, without it, she would blame herself more than she does. She continues to be aware of her need to avoid the memories that tormented her that night, and of that night itself, and is grateful to have found a partner in whom she can place her trust and still maintain the control she needs.

Sophie Individual Structural Description

Sophie experienced immense terror in the initial moments of the assault she experienced, and simultaneous confusion, wondering how drastically she would be changed by the events unfolding. Overwhelmed by the fear, the confusion, and the assault itself, Sophie made a decision to mentally distance herself from the events at hand. Concomitantly, her eyes closed – sometimes because she chose to close them and sometimes because they just closed.

Her body closed down, too. She had a tingling feeling all over, could feel her heart pounding in her head, and had no control over what she could do. Her body trembled and her mind raced. She felt a strong desire to flee, but her body had locked up on her and she couldn't command its movement.

Her memories of the event are crystal clear and unambiguous. She has very vivid memories of the moment that penetration occurred, of seeing the perpetrator's face and eyes just before closing her own, and of the moment the perpetrator stepped away from her.

As the assault ended, Sophie just cried. She didn't know what else to do, couldn't think what to do now. She bolted – driven by instinct – as soon as the assault ended, then felt her body taken over by cold and shivering when she stopped and sat down. Then, gradually, she became aware that she could control her body, became aware that her hands, were, once again, her own. Awareness of volition returned gradually through her body. As she recovered physically in the next hours and days, she was aware that the muscles in her legs were sore.

The shadow of TI has been an enormous weight for Sophie and she lives with the terror that she never knows when it might happen again. This is triggered by sexual contact, and although TI has never returned in its original form, there's a feeling that comes for Sophie when she is triggered that warns her that it could. She lives in fear of the immobility itself, and this has an impact on her intimate relationships. It combines with the difficulty that Sophie continues to have in trusting a partner, or allowing emotional vulnerability or connection to make relationships difficult. She felt unable to have an intimate relationship for some time after assault at all.

Sophie wrestles with explanations about what happened to her when she went immobile. She both believes and does not believe that it happened because she was not strong enough to prevent it from happening. She wonders if something is wrong with her

that precipitated this response. She feels that her journey after the assault would have been easier had she not frozen, because she now lives in fear of the TI itself.

**Tiffany Individual Structural
Description**

Tiffany went blank, frozen with the confusion and fear that enveloped her when an assault commenced. She was confused, couldn't get a bearing on why this was happening, couldn't think, crippled by fear. Unable to bear the onslaught of internal chaos and physical aggression in combination, she chose to mentally distance herself.

To this end, she closed her eyes. She didn't want to see what was going on, didn't want to see his face. Darkness bought her a distance that was her only answer to the fear, the confusion, and the helplessness.

Her body betrayed her; it responded to her desperate wish to flee with silence and with a shutting down. She couldn't do anything, and felt numb, unable to feel her body. She couldn't even think, and the combination, the onslaught, was too much – it was paralyzing.

She recalls with particular clarity the moment of vaginal penetration, seeing the perpetrator's face and eyes just before closing hers, and the moment the assault ended and the perpetrator stepped away. Simultaneously, she actively blots at the memories, making them hazy, making them distant. She doesn't want them in her conscious awareness, because it is painful to think of them.

When the assault was done, she just lie there and cried. She felt as though she was still in shock, confused about what had happened, what to do. She would gradually feel her body responding to her wish to move, and would slowly rise and dress herself in preparation for departure. If she felt pain from the assault, she felt it afterward.

Although she has left behind the abusive partner who battered her, she carries with her the sometimes overwhelming fear that her body may once again go vacant under duress. The shadow of TI has instilled enormous fear in Tiffany, who is leery of sexual intimacy and worries that she will carry this fear for the rest of her life. She is aware that her body could once again go dark at any time with anybody she is intimate with. Along with this fear goes her fear of emotional intimacy. It is difficult for Tiffany to trust others, and she has had a difficult time in subsequent romantic relationships.

For Tiffany, the TI made her recovery more difficult, as it contributed to her feeling that she didn't do the right thing in the moment. However, she also believes that having endured these events has made her a stronger person, and that everything, including her victimization, does happen for a reason.

Composite Textural-Structural Description

When it becomes unavoidably clear that an assault is underway, confusion reigns. "Why is this happening, how did this happen, what is happening" race through the mind as it struggles, somehow, to make this sudden turn of events make sense. This confusion is so overwhelming, it feels paralyzing on its own. But it is not alone – it is accompanied by a terror that is also overwhelming, gripping. The terror and confusion work together, inseparable. They sweep the mind away in their crushing wave, and with this wave, emotion, sensation and volitional movement ebb as well.

Suddenly, the body won't respond, the voice won't work. A whisper may squeak out, but any screams that come stay locked inside. It feels like the body has shut down, and this, in itself is alarming. A desire to get out of here, to run away is pushing, but it won't happen, because it can't. Neither the perpetrator nor the body will allow it.

The only way through this now is to check out. Mental distance will provide some safety from the intrusion of the perpetrator and from the paralysis itself. A choice is made to create and maintain mental distance. Emotions have gone numb along with the body, no feelings now seep through the distance. The perpetrator can control the body, but not the mind. Eye closure will ensure this distance, will help keep something between the assault going on outside and the choice inside to stay distant.

In suspended animation, attention shifts easily to the most prominent thing in the room; in the mirror, there is motion, in the dark, the clock glows brightly. This focus of attention allows the mind a focal point away from the assault, the paralysis, the terror.

When the perpetrator steps away, this signals the end of the assault. As he leaves the room, the body remains outside the realm of control. Alone, the mind returns its residency to the body slowly, testing to see if the hand will respond on command, watching as it does so, slowly.

Coldness seeps through the body, which signals its struggle to return to volitional movement with shaking. Clothes are retrieved, legs set in motion and the body now is safe, while the mind remembers the threat too well. Pain sparks where a wrist was crushed, where a bruise is imminent.

In the months and years ahead, moments of intimacy, while desired, are feared; the mind will sweep in with its warning: you may not be safe, you may never be safe, your body may be shut down again without warning at any moment. These physical sensations are triggers and the mind is swift now to react. Baffled partners struggle to soothe the spooked mind, aid its return to the body that said 'yes.' Unsure, the mind reserves the right to flight where the body is prevented, and the shadow looms large.

Chapter Summary

This chapter provided descriptions of the core themes that emerged, and which facilitate description of the experience of TI. These themes included initial periods of confusion, feelings of terror, choosing to ‘check out’ during assaults, eye closing and avoiding visual contact, feelings of paralysis, the intense urge to flee, feeling physically numb, changes in experiencing at the moment of penetration, attending to clocks and mirrors, crystalline memories of perpetrator departures, confusion after assaults, guilt and worry about what others might think, a gradual return to movement, shaking or shivering, physical soreness after assaults, a residual version of tonic immobility I have called the ‘shadow,’ effects on subsequent relationships, and feelings of guilt and shame. Core themes were followed by textural and structural descriptions of TI for each co-researcher, and, finally, a composite textural-structural description of the experience of TI.

CHAPTER V

DISCUSSION

This study investigated how women who have experienced tonic immobility (TI) in response to sexual violence describe and construe this experience and presented descriptions of TI grounded in the data from the co-researchers' narratives. This chapter provides a summary of the study, a discussion of the descriptions it yielded, and interpretations and implications. The chapter concludes with potential limitations of the study, and directions for future research.

Summary of the Study

Tonic immobility is a construct that has long been studied among other animals, but little studied in human beings until quite recently. The phenomenon itself has been well established and studied in many other species (Suarez & Gallup, 1979). However, work towards understanding what this phenomenon means to humans who experience it and how it occurs in humans is in its nascent stages.

Bracha and Maser (2008, p. 91) did note that "TI is evolutionarily highly conserved (uniform across species)," and it presents in humans in a similar fashion to what is seen among other animals. It also seems to be experienced by humans across a broad spectrum of critical incidents (Bracha & Maser, 2008; Leach, 2004; Moskowitz, 2004).

Preliminary work has indicated that experiencing TI during a critical incident may be predictive of poorer prognoses among survivors who experience it than among those who do not (Heidt et al., 2005; Lexington, 2007; Lima et al., 2010). The experience of TI may be relatively common among those who survive critical incidents, perhaps occurring in about 50% of women who experience sexual violence specifically (Fuse et al., 2007; Heidt et al., 2005; Schmidt et al., 2007).

Fuse et al., (2007) have introduced a quantitative instrument with which to begin studying TI, the Tonic Immobility Scale, available in both adult (TIS-A) and child (TIS-C) forms. This instrument includes two factors, fear and physical immobility, both necessary components of the TI experience. This instrument provides a concrete step in beginning to examine TI in humans.

However, little is known about how TI is experienced by human beings during the experience itself, or about how it might impact those who experience it as they accommodate a terrifying experience and concomitant TI into their construing of the world around them after such an event. Building such a knowledge base will provide the grounds for identifying useful ways to describe and study the human experience of TI, and to provide meaningful support to those affected by it. To this end, the present study utilized a qualitative approach to facilitate the collection and analysis of narrative data and yields phenomenological descriptions of survivors' experiences of TI during sexual violence and their constructions of meaning after such an event. These qualitative data provide insight into and description of the events surrounding TI that the quantitative TIS-A is not designed to provide.

The primary purpose of this study was to provide meaningful descriptions of the lived experiences of trauma survivors who have frozen in response to perceived sexual aggression, and to identify themes common to their narratives of those events, as well as to describe the ways in which survivors construe those experiences in the present. The primary questions guiding this investigation were:

- 1) What are the narrative themes that facilitate description of the freeze response and its psychological sequelae?
- 2) What are the narrative themes that describe the significance and meaning of having experienced this event?

Co-researchers who volunteered to participate were screened for inclusion using the TIS-A. Those whose scores were consistent with having experienced TI in response to an episode of sexual violence were then asked to complete semi-structured interviews during which they were asked to elaborate on and describe their experiences during and after the episode of TI.

Data were analyzed using Moustakas' (1994) approach to phenomenological analysis. Interview transcripts were scrutinized, relevant phrases were extracted and thematized, and ultimately used to identify themes that dominated the experience of TI and to produce phenomenological descriptions of the experience itself and its meaning in the lives of the co-researchers.

Ultimately, descriptions of the experience of TI were produced for each co-researcher and themes common among them were articulated. These were then used to produce a composite description of the experience of tonic immobility in the more general sense.

Discussion

Findings Consistent with Prior Literature

There are a number of components of the experience of tonic immobility that are predicted by the available literature regarding tonic immobility among both humans and animals. Tonic immobility is defined by diminished or absent volitional movement, accompanied by diminished vocal capacity. A known and defined necessary precondition for TI is the subjective experience of terror (Fuse et al., 2007). These two themes emerged strongly among the data, and were described as prominent components of the phenomenological experience of TI. Co-researchers' descriptions of being "captured inside" themselves so that they were unable to move or call out were powerful, evocative, and very consistent. Terror was also described consistently and repeatedly as a defining component of their experiences.

Prior literature also predicts periods of eye closure during episodes of TI, tremors, and endogenous analgesia among humans as well as animals (Fuse et al., 2007). These themes emerged among the data here, with some notable findings.

Participants did universally describe periods of eye closure as a significant and memorable part of their experiences with TI. However, only one of them described the eye closing in terms that suggested an absence of volition in this. Sophie stated that sometimes the eye closure "just happened," and that sometimes she was choosing to keep her eyes shut. All co-researchers described a very strong desire to avoid the visual stimuli associated with the assault in progress; in particular, they described a very urgent need to avoid visual contact with the perpetrators, and perpetrators' faces and eyes. Accordingly, they describe the act of closing their own eyes as a choice that they made in

those moments, and part of an action they chose to take in order to protect and distance themselves from the unfolding assault. Essentially, eye closure was an assertion on their parts of agency when little other option in this regard was available.

There is very little literature available regarding the behaviors of victims during the course of a sexual assault; none of what is available addresses eye closure as a specific behavior either directly or indirectly. Daane (2005) provides an overview of available literature that discusses victim behavior during the assault itself, and relies nearly exclusively on Burgess & Holmstrom (1976) and Galliano et al. (1993) for source material. Neither Daane (2005) nor Burgess & Holmstrom (1976) make any mention of eye closing at all, while Galliano et al. (1993) mention it only briefly to note that “eye closures” were among a constellation of behaviors seen more often among survivors who had felt immobile. No mention is made of the degree to which this may or may not be considered purposeful, or even volitional. Woodhams, Hollin, Bull & Cooke (2011) used a grounded theory approach to articulating victim response behaviors during assaults and provide a detailed overview of numerous responses. However, they collected their data from police reports rather than from victims themselves, so it is not particularly surprising that the data found there did not include such minutia as eye closure, and, indeed, no mention of it is made in their findings. Literature exploring TI among humans does not address this behavior specifically, other than to note that it would be expected based on what is seen among other animals (Fuse et al., 2007; Gallup & Rager, 1996; Humphreys et al., 2010; Lexington, 2007; Marx et al., 2008).

Tremors and shaking is consistently described as a component of TI (Fuse et al., 2007; Gallup & Rager, 1996). Among co-researchers in this study, this was described

typically as “shaking” or “shivering.” All co-researchers describe some component that was consistent with this, however, the degree to which they experienced it, or experienced it as a significant to them, varied widely. Some described shaking or shivering during the assaults themselves, though it was more universally described as occurring after the assault had ended and as they began to recover from the TI. Co-researchers consistently described a period of time after they realized the assault was over, but before they felt that they had entirely recovered volitional movement, during which they noticed shivering. They did not describe this in terms that denoted particular distress associated with it, nor did they focus on this as a particularly prominent aspect of the experience for them. Feeling cold was described as component of this experience.

A final theme that emerged here and that would be predicted by current literature is the experience that co-researchers here described as feeling physically “numb” during assaults, and which might otherwise be described as endogenous analgesia (Fuse et al., 2007; Gallup & Rager, 1996). Co-researchers reported that, to varying extents, either that they noticed during the assaults that their bodies were numb, or that they became aware of pain resulting from the assault only after they had recovered volitional movement and were sure they were safe, or both. Elizabeth was a notable exception, as she did recall feeling pain during the assault itself. It is interesting to note that the assault Elizabeth experienced was in fact a single episode of repeated assaults that took place over a long period of time in several different geographic locations; these changes required movement and vocalization of Elizabeth, who likely experienced several state changes as her circumstances changed over the extended time period involved. TI is unlikely to persist across these substantial changes, as, among animals, it has been shown

to stop abruptly in response to dramatic stimuli (Gallup & Rager, 1996 provides a comprehensive overview of TI among animals). It may therefore be that she experienced pain during portions of the assault when she was not affected by TI, or it may be that these details of her particular experience impacted her experience of analgesic effect accompanying TI, but this aspect of TI was otherwise universally and consistently described.

Findings Not Predicted in Prior Literature

Co-researchers here described what, for them, were very significant aspects of their experiences with TI that are not predicted by what is currently available in tonic immobility literature. Most significant among these themes were their experiences of very significant confusion, particularly as assaults began, and their ongoing struggles with the shadow of tonic immobility. Others that emerged were: the intensity of their desires to avoid visual contact with the perpetrator; the particular significance of certain moments during the assaults, including vaginal penetration, objects that drew attention such as clocks and mirrors, and the perpetrators' departures; physical soreness after the assault; and the quality of memories associated with the assault experiences.

Co-researchers here universally described a very salient and distressing period of crushing confusion when they realized they were being assaulted. This was inextricably linked with the terror they experienced such that they became a unified force in the moments just before they realized they were not able to move. This was one of the most memorable and distressing components of their experience, and participants described this as being associated with a racing mind struggling to force the experience into a familiar category of experience; they simply could not understand what was happening or

how it had come to this, but reached nonetheless for some explanation. This understanding universally evaded them until they reached the point of total overwhelm and began the process of distancing themselves mentally and emotionally from their situations. This distancing may be indicative of some level of dissociation, though co-researchers here described this as volitional; see the discussion in the “Theoretical Implications” section for more on this distinction. Some research has shown that people tend to respond to crises in general and sexual assaults in particular with a range of cognitive processing styles, that one of these is marked by confusion, and that those who experience mental confusion during an assault are more likely to develop PTSD as a result of the assault (Dunmore, Clark & Ehlers, 1999).

Current available descriptions of TI specifically do not include descriptions of a cognitive component of the experience, but in these results, this was a very strong theme. This may be in part due to the fact that TI has been studied in animals for a very long time (Gallup & Rager, 1996) but has only recently been examined in humans and so much about the human experience remains yet unexplored. Being unique in our capacity to use language to reflect upon and describe an internal and subjective state such as ‘confusion,’ humans alone will be in a position to articulate this component of the experience further, how it may impact TI onset, and what it means for survivors.

The other very significant aspect of co-researchers’ experiences was the ways in which they continue to experience what one called the “residual” effects of TI, what I have called its shadow. They described in very compelling and consistent ways how they struggle into the present time with a feeling that steals over them when they engage in consensual sexual activities that feels similar to, but not the same as, tonic immobility. It

feels threatening and distressing to them, and was perhaps one of the most salient aspects of their experiences.

However, available literature does not address this component of the experience specifically. Nijenhuis et al. (1998) noted that animals acquire and preferentially access a TI defense once they have had initial experiences with it. Working strictly within a behavioral framework, these authors point out that “the acquired associations between an extreme aversive stimulus and other stimuli are extraordinarily resistant to change” and highly aversive conditioned stimuli reliably elicit TI in animals (p. 248).

In these behavioral terms, co-researchers here may have not only acquired a response to an aversive stimulus, the response then cannot extinguish when they periodically expose themselves to similar stimuli in the form of sexual contact. Whether the shadow of TI is a muted version of TI that continues to re-appear in response to tactile or psychological trigger events after having been acquired during an initial experience remains to be seen, but for these participants, this enduring impact of TI was very significant and very distressing.

Another finding here that would be unique among humans and is not seen in prior literature is the intensity with which co-researchers described their desires to avoid all visual contact with the assault in general and the perpetrators specifically. All co-researchers here described this, and some even continued to avoid eye contact with perpetrators for weeks and months after assaults. This was a particularly aversive stimulus for them, and they recalled the desire to avoid visual contact very starkly. It has been demonstrated that birds remained immobile after an induction of TI when a human was in close proximity, and that “this effect was exacerbated when the experimenter

maintained eye contact with subjects during testing” (Gallup & Rager, 1996, p. 71). Among animals, both the presence of simulated eyes (Gallup, Nash & Ellison, 1971; Gagliardi, Gallup & Boren, 1976) and reflections of an individual animal’s own eyes (Gallup, 1972) have been shown to stimulate a TI response. It seems that, among both humans and animals, eye contact is potentially a contributor to TI responses.

Prior literature regarding TI also does not predict that certain moments during their assaults would be especially significant for co-researchers and charged in their memories, but several of these moments emerged as themes here. These moments included moments of eye contact with perpetrators combined with perpetrators’ very close physical proximity (participants found this highly aversive, see above), the moments when vaginal penetration occurred, the moments of perpetrators’ departures, and moments of attending to stimuli in the room including clocks and mirrors. No extant literature describes or explains the significance of these moments during an episode of TI in spite of their prominence in these narratives, though Heidt et al. (2005) did find that women who reported penile-vaginal penetration during an assault were more likely to report experiencing TI than those experiencing an assault without such penetration. They also found that those reporting penetration scored higher on the immobility scale of the TIS, but not the fear scale. Moreover, among animals, “application of pressure....to specific body regions serves to induce and/or enhance the immobility response” (Gallup & Rager, 1996, p. 61), though the reasons for this are not known. A connection between eye contact, proximity, gaze avoidance and threat level has also been established as they related to normal social interaction (Rosenfeld, Breck, Smith & Kehoe, 1984). It may be that both eye contact in close proximity and penetration are insurmountable evidence that

efforts to resolve confusion by finding an explanation other than violence have been futile, as these may be experienced as incontrovertible evidence that assault is unavoidable.

Much as eye contact and penetration signal progression of the assault, perpetrator departure likewise would signal the end of the assault and may be why these moments were particularly salient in memory and description here. These stimuli may specifically provoke some of the physiologic changes that accompany TI, as they may be experienced as indicators of the relative danger one is in and therefore of the body's need to respond accordingly. Nijenhuis et al. (1998) pointed out that, in animals, "imminence (of a defensive reaction such as TI) varies in terms of space" (p. 245) between prey and predator. Certainly, eye contact in combination with proximity (particularly, perhaps, of a face), vaginal penetration, and perpetrator departure would be significant cues regarding the physical space between assailant and victim and may therefore be cues that impact the physiologic defensive reaction of TI.

Attention being drawn to clocks and mirrors may indicate that attention during TI is altered; it seemed here to be associated with the mental and emotional distance co-researchers sought to put between themselves and their assaults as they described these moments with detachment and distance. Gallup, Boren, Suarez, Wallnau & Gagliardi (1980) noted that animals continue to scan their environments during episodes of TI. In human beings, this scanning could be easily drawn to light and motion in a room. Brain activity as measured by EEG does seem to change in animals, many of whom "have been shown to exhibit an increase in slow-wave activity following induction of TI similar to, but nevertheless distinct from, that observed during sleep" (Gallup & Rager, 1996, p. 68).

For co-researchers here, the focus on these objects may represent an easy landing place for attention that is altered by fear, TI, dissociation, or some combination of these.

Available literature also does not describe or explain muscle fatigue and soreness in the days and hours after an episode of TI as co-researchers here did consistently. This would be consistent, however, with the muscle rigidity that is known to characterize TI (Fuse et al., 2007) and may simply be an overlooked aspect of the experience since animals would not describe it and humans may not view it as particularly significant when compared to the other horrors that have been so recently endured.

Finally, available literature does not explain or describe the quality of memories associated with a TI experience. Co-researchers here offered separate and competing descriptions of their memories of events, alternately describing them as extraordinarily clear and as fuzzy or distant. It was clear that many made an active effort not to remember details. Lexington (2007) notes that vivid recall may be a feature of TI in humans. However, avoidance of stimuli associated with traumatic memories is a known response to traumas generally and sexual traumas specifically (Risser, H.J., Hetzel-Riggin, M.D., Thomsen, C.J., & McCanne, T.R., 2006) and this may account for some of that contradiction.

However, it is not explained by what is currently known about TI. Bovin et al. (2008) found a very significant relationship between having experienced TI during a sexual assault and the degree to which participants were affected by intrusive memories and re-experiencing, independent of the fear associated with the assault. Extending this finding, Hagenaars & Putman (2011) found that this relationship, while very significant, was mediated by self-reported levels of attentional control. This implies that memory

quality does seem to be heavily implicated by TI, and that some individuals are more able than others to control the degree to which they become intrusive and therefore problematic.

It is interesting to note in light of this that co-researchers' efforts to avoid memories associated with their assaults may be adaptive in some regard, at least up to the point where the avoidance itself may become pathological. As trauma survivors struggle in the aftermath of the traumatic event, an experience they often struggle with is the occurrence of intrusive memories of the event. The ability to avoid the intrusions may be adaptive in itself, as it may mitigate the cycle of intrusive memories. However, when avoidance becomes such an overarching objective as to prevent or curtail everyday activities, this in itself could begin to cause problems for survivors (Verwoerd, Wessel, & de Jong, 2009). While this would seem to denote that memory processes are implicated during TI, the ways in which memories are qualitatively impacted by a human experience of TI or the causal pathways by which this occurs are unclear at this time.

It may be that these co-researchers experienced a "reciprocal relationship between the nature of the trauma memory and the appraisals of the trauma/its sequelae" (Ehlers & Clark, 2000, p. 326), i.e., that their *post facto* cognitive processing of the event both impacts and is impacted by their memories for the event. For these individuals, their post-trauma appraisals of the event included significant guilt and shame. If it is true that "their recall is biased by their appraisals and they selectively retrieve information" (p. 326) accordingly, these post-trauma appraisals may impact the ways in which they report certain aspects of their experiences. Conversely, those aspects of the experience most affected by "particularly strong perceptual priming" (p. 326) of sensory stimuli during the

trauma may be less impacted by post-trauma appraisals, and the sensory nature of the memories reflected in the language used to describe them. It is important to note, however, that while these phenomena are noted in the case of trauma generally, they are not specific to TI and more research is necessary to explore whether or not, or how, TI specifically may have impacts on memory for the experience.

Implications

Theoretical Implications

A number of themes that came to light here carry implications for current theories about how humans experience TI and what it means to them. Among the themes with theoretical implications were the shadow of TI, ‘checking out’ during assaults as a defense against them, the ways in which co-researchers attended to clocks and mirrors during assaults, the confusion experienced by co-researchers, experiences surrounding vaginal penetration, and the moments surrounding perpetrator departures.

The shadow of tonic immobility was a dominant theme during interviews. Co-researchers talked at great length about the degree to which they continue to experience this in their lives, the extent to which it affects them and their relationships, and the fear and distress it engenders for them. This may be evidence that TI can be acquired as a preferential defense mechanism in the face of a threat, even when the only threat is the memories triggered by physical sensations. However, given that it seems to be a great burden on those who have experienced TI, it may be important that theoretical constructs explicating TI in humans begin to address this lingering component of the experience and its effects on healing and recovery.

Regarding the theme of ‘checking out’ during assaults, co-researchers were very clear that creating mental detachment from the assault in progress was a choice that they made and proceeded to actively pursue. They did describe feelings of distance and both physical and emotional numbness. The degree to which this was described as volitional would seem to indicate that this was not wholly a dissociative response, as would the fact that all co-researchers were able to describe with very vivid detail the progression of the assaults they experienced. While some were not willing to engage those memories extensively, even those who stated outright that they chose not to remember then did, seemingly without effort, describe great detail, though in some moments more than others.

There is however no reason to believe, at present, that TI and dissociation are in any way mutually exclusive events. One recent study explored the degree to which dissociation may be a factor in the experience of TI (Abrams, Carleton, Taylor & Gordon, 2009). These authors found but were not able to explain a systematic relationship between TI and dissociative symptoms. They offer two interesting potential explanations for this finding. First, they suggest that “emotional numbing may be related to dissociation and mediated by biological mechanisms resembling those that underlie freezing behavior” (p. 554), a suggestion that is consistent with the emotional numbing described here. Secondly, they suggest that “it may be that TI is a behavioral manifestation of extreme levels of peritraumatic dissociation” but note that “this is speculative and requires further study” (p. 555).

Moreover, the construct of ‘dissociation’ is sufficiently lacking in specificity or definitional accord that it is notably lacking in discriminant validity. In order to sort out

which components of the co-researchers' experiences could be accounted for by TI and which by dissociation, invested professionals will "need to do some conceptual and methodological housecleaning" (Braude, 2009, p. 28) with regards to defining dissociation, its denotations and its constituents or sub-categories. Dell (2009) points out that it is now "apparent that dissociation is notable for nothing, if not its heterogeneity. The word *dissociative* can be, and has been, applied to a bewildering variety of very similar cognitive/phenomenological phenotypes, which almost certainly derive from different mechanisms" (p. 759).

One of the least well studied faces of dissociation is peritraumatic dissociation, the type implicated here. However, there is some indication that peritraumatic dissociation may be associated with a tendency towards experiential avoidance (Marx & Sloan, 2004), which "occurs when a person is unwilling to remain in contact with particular private experiences (e.g., bodily sensations, emotions, thoughts, memories, behavioral predispositions) and takes steps to alter the form or frequency of these events and the contexts that occasion them" (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996, p. 1154).

A widely-used method for assessing coping styles acknowledges two primary types, problem-focused and emotion-focused (Lazarus & Folkman, 1984). It is interesting to note that Hayes et al., (1996) found that many of the emotion-focused coping strategies "clearly involve experiential avoidance" (p. 1158). Individuals who are accustomed to emotion-focused and perhaps avoidant coping strategies may experience a paucity of coping options when faced with an unavoidable and highly aversive event such as sexual assault. Accordingly, they may be more prone to peritraumatic dissociation in

response to this, if it is true that peritraumatic dissociation represents “a defensive response to trauma or stress” (Braude, 2009, p. 33).

In this case, dissociation then represents another form of “emotional avoidance behaviors” (Polusny & Follette, 1995, p. 158) for these individuals. If one’s preferred style of coping is avoidance, it would stand to reason that the highly aversive stimuli associated with an assault scenario would create a strong pull toward familiar avoidant coping skills, which urge could certainly be experienced as volitional. Whether or not any avoidant coping options are available in the moment, the *urge* to use these skills would be noticeable. Co-researchers here may have experienced just such an urge, and this may explain the degree to which they described their ‘checking out’ behaviors as voluntary, whether or not it accounts for any concomitant dissociative experiences they may also have experienced, and may or may not have been aware of.

It bears pointing out that individuals accustomed to a particular coping style, including avoidant, will likely continue to rely on this skill set in the aftermath of an assault, as it is what they know how to do. Both experiential avoidance and peritraumatic dissociation are correlated with higher levels of long-term impairment and PTSD after a trauma (Marx & Sloan, 2004; Polusny & Follette, 1995), as is TI. It may be that peritraumatic dissociation, experiential avoidance and TI are related in ways that are not currently understood. It may also be worth exploring whether the confusion that marked the onset of the assaults described here is in some way related to these phenomena, as much of the cognitive activity surrounding the initial confusion seemed to be aimed at avoiding the reality of imminent assault, or making sense of the experience in some way other than assault.

It may be that some or all of these co-researchers experienced some level of dissociation in addition to the TI that they described and explored here. It may be that dissociation, experiential avoidance and TI interact in complex and unexplored ways that create competing demands for memory, and it may be that co-researchers here are able to describe in great detail the moments most defined by TI while other moments were not described because they are distant or absent due to dissociation.

All co-researchers here were screened for inclusion using the Tonic Immobility Scale-Adult Form (TIS-A). However, the TIS-A itself may not yet be fine-tuned enough to distinguish with precision the degree to which any given individual's response is dominated by TI versus dissociation, or the degree to which they may occur simultaneously (Fuse et al., 2007). Given the subjective nature of the experience and the limits of language and memory in describing it, any meaningful attempt to achieve a nuanced distinction between these complex intrapersonal events during a time of extreme duress would be complicated.

However, given those co-researchers herein who described vivid memories of being drawn to clocks and mirrors (or in one case, a television), it may be that TI induces a cognitive state that is neither entirely dissociative nor normal. It may be that attention was easily drawn to the brightest thing in the room, or the only motion in the visual field. Among animals, some evidence shows that those in a state of TI "showed greater selectivity in attention to environmental stimuli" (Rodd, Rossellini, Stock & Gallup, 1997, p. 52). Once drawn, attention seemed to rest on these objects, and to create a pull towards a desired mental distance that participants both found soothing (inasmuch as that was possible in context) and remembered starkly. Attention during TI may be

myopically drawn to those things that are easily latched onto in an effort to stay distant from the events the body is being subjected to.

The extent to which co-researchers experienced confusion as paralyzing and concomitant with terror cannot be overstated, and may imply that cognitive contributions to TI in humans may be an overlooked factor of the experience. In fact, they describe awareness of overwhelming confusion that universally preceded, if only momentarily, the onset of physical paralysis. While TI is recognized as a physiologic process that is initiated by the limbic system, the degree to which a state of cognitive overwhelm precedes, defines or is a necessary precursor to the onset of TI in humans is not known.

For co-researchers here, it was the first awareness they had of very significant distress, and is how they experienced that initial distress. They did not necessarily distinguish between this cognitive reality and the physical processes that followed, and they may be very closely intertwined in the human experience of TI. Moreover, confusion was often the very first thing that co-researchers became aware of after they knew the assault was over and when they still felt unable to move. This could point to some cognitive contributions to the instigation of the physiological series of events that comprise TI in humans. In fact, the “ways in which events are construed, named, or appraised....may have major effects on the way in which they will be processed by individuals, indeed, by the brain where linguistic and semantic cues readily initiate a top-down appraisal of the emotional relevance of the event” during a trauma (Shalev, 2007, p. 220). If it is true that an initial appraisal and attribution is a critical component of the emotional cues sent to the limbic system, this period of confusion in these co-researchers may be an integral part of the onset of TI for at least some people who experience it.

For many co-researchers, a significant component of the confusion at some points was fear, guilt and worry about what others might think of them in the aftermath of the assault. Social context that reads women's sexualities in complex and often shaming ways (Muller & Llewellyn, 2011; Tanenbaum, 2000) may contribute to an initial cognitive overwhelm that robs women of options and precedes physical paralysis when they are faced with sexual violence. Focusing attention on anticipated future events like negative reactions from others rather than devoting it to present realities may diminish opportunities for action or escape. Similarly, prioritizing others' needs in regards to their sexualities above their own by privileging others' anticipated responses above their own actual responses may diminish capacities to recognize and act on those emotional needs and responses in real time.

For co-researchers here, the moment during assaults at which vaginal penetration occurred was very significant. Something about this specific experience triggered qualitatively different responses in them than, for example, having their clothing removed or being touched – whether violently or not – on other parts of their bodies or in other ways. For many, this was linked to very close proximity of the perpetrator's face to their own, and intense desire to avoid this. Current theories about TI do not address specific physical sensations that may provoke, heighten, sustain or otherwise implicate TI in humans, but it may be that such associations exist for us as they seem to for animals (Gallup & Rager, 1996). If so, results here implicate vaginal penetration as an obvious candidate for inclusion in such a category of sensations.

Likewise, specific stimuli that mitigate, complicate or break a TI response have seen minimal inclusion in current TI theories as they pertain to humans, which have

explored the possibility that a sudden noise or other such stimulus can contribute to the cessation of a TI response. This is reflected in some of the questions posed in the phenomenological component of the TIS-A. Human experience in this regard may well be found to mirror what is seen in animal findings, which is that “external stimuli can directly influence TI” (Rodd et al., 1997), and that TI tends to attenuate in the presence of sudden loud noises and in the presence of sudden movements in the visual field.

However, in these results, once it set in, co-researchers did not describe any remittance of TI until well after the assailant had stopped assaulting them and, generally, had left them alone. The moment at which the perpetrator moved away from their bodies and/or left the room was a very vivid moment in their memories. This particular stimulus, and/or the accompanying awareness that the assault had ended, may be involved in attenuating a TI response. It may be that the very vivid memories typically associated with TI peak at specific, significant moments. The physiologic process of memory formation may be influenced by TI, and provoked by the emotional and cognitive contributions to the state of TI, including both penetration and perpetrator departure.

Research Implications

A number of implications for future research are highlighted by the results here. These include implications for further research into several of the facets of the phenomenological experience of TI, including the shadow of TI, any cognitive contributions to TI including the ways in which attention is directed during the experience, the contributions of physical sensations, especially vaginal penetration, to TI, and the experience of muscle soreness after an experience of TI.

The shadow of tonic immobility, while very dominant in the narratives of co-researchers here, is not addressed in current research regarding how people are impacted by TI. Brown & Finkelhor (1986) provided a seminal piece and thorough overview of the many ways in which relationships can be affected by experiences of abuse, which has been further explored and confirmed by other research (Kallstrom-Fuqua, Weston & Marshall, 2004; Reid & Sullivan, 2009). However, more research specific to this phenomenon, which has not been addressed specifically in previous literature, would be very helpful in articulating what this is, whether it is primarily cognitive or physiologic in nature, and the extensive impact that it appears to have on those affected by it. It is possible that this “residual” impact of TI is part of a pathway that does not allow the response to extinguish even after years of freedom from actual assault. It keeps the fear and helplessness associated with TI very fresh in the minds of survivors, and may predispose them to TI when they are triggered by actual or perceived aggression.

In addition to a more precise articulation of what this experience is and how it happens, research focused on how, in practical terms, to help alleviate its impact on survivors could be of enormous value. Since little is known about the construct itself, nothing is known about how to help intervene in its progression. For survivors here, interventions that could help relieve them of this burden would be very helpful. Empirical exploration of just how to proceed in this regard seems to be indicated.

Research informing initial attempts at gaining some empirical ground in the search for techniques effective in decreasing the distress survivors who experienced TI may continue to experience in the form of the shadow of TI, as all co-researchers here described, may be grounded in prior research regarding what has been effective in

helping survivors of trauma and/or sexual assaults in the general sense. Narrowing down whether approaches already being used will be useful for the specific application of allowing women haunted by this response the freedom to explore consensual sex without feeling frightened or threatened by the shadow of TI may be a good first step. For discussion of specific directions that interventions may begin to take, see the discussion in the “Practice Implications” section.

Another implication for additional research is the potential contributions of cognitive processes to TI in humans. Results here were clear and consistent that overwhelming confusion was a major contributor to fear and paralysis, or at least that these things occurred simultaneously. Whether or not these processes are etiologically linked, they were phenomenologically inseparable for these co-researchers. Dunmore, Clark & Ehlers (1999) note that mental confusion during an assault is not an uncommon response. However, further research elucidating whether or not this type of confusion is a distinct contributor to or predisposes to a TI response could be important in helping us understand this experience in humans. It would be worth exploring whether a similar experience occurs in people who experience TI in response to events other than sexual violence, and/or whether or not people who have responded to a crisis without an episode of TI experience something similar.

In addition to the confusion component of the experience, another facet of the cognitive experience for some co-researchers here was the way in which their attention during the event was directed. Some co-researchers here indicated that they focused intently on clocks or mirrors, and articulated memories of having their attention passively focused on these objects during moments that made clear memory imprints. This may

indicate that attending during an episode of TI is altered in some way from normal attending, or that TI predisposes to an alteration of attending capacity in some way. Dell (2009) notes briefly that there is evidence that peritraumatic dissociation may be accompanied by “heightened sensory perception” (p. 762), which may account for this partially or completely. More research would help elucidate this.

Moreover, research devoted to the roles that physical sensation play, if any, in the provocation, onset, sustenance or mitigation of a TI response would help us to understand the phenomenon as it occurs in humans better. Co-researchers here indicated that the physical sensation of vaginal penetration may have contributed to their own TI responses. Further research may explore the degree to which this specific sensation either alone or in combination with the close proximity of the perpetrator’s face triggered or heightened a TI response. In animals, there seem to be some reliable physical stimuli that can provoke a TI response, such as inverting flight animals (e.g., rabbits or fowl) onto their backs (Gallup & Rager, 1996). Smith, Webster, Hartesveldt & Meyer (1985) did find that, among rats, vaginal-cervical stimulation “significantly potentiated tonic immobility” (p. 580). What if any physical stimuli predispose or provoke a TI response in human beings are not currently known, but exploring this question would help us to understand how human beings experience TI.

As research moves ahead in exploring tonic immobility, it is worth noting that refining the fear scale of the TIS may be important in maximizing its utility in identifying and measuring TI (Abrams et al., 2009; Fuse et al., 2007). Most notably within these results, while it is generally accepted that fear is a necessary *pre*-condition for TI, these participants described an abatement of fear as immobility set in. This suggests that TI and

fear may have an inverse relationship to one another as part of a larger, organized response set to a crisis. If this is the case, rather than seeing high scores on both the immobility and fear subscales of the TIS, in cases of extreme immobility it may be that scores indicating fear *during* the event may drop as immobility scores increase. In this case, the cut-off scores proposed by Heidt et al. (2005) may not be the best criteria for inclusion on a TI criterion, since this may exclude participants with higher immobility scores who felt less fear (and more numbness) during the critical event.

Finally, co-researchers here describe feelings as though they were recovering from unusual muscle exertion in the days and hours following TI. They describe sore muscles generally, and specifically in their legs and abdomens. None of the assaults experienced here involved periods of running/chasing, or of physical beatings, either of which might have explained this phenomenon. Further investigation into this experience could help us understand more about the physiologic processes of TI, and what those mean for survivors as they recover from an incident that invoked a TI response.

Practice Implications

Co-researchers were not of any consensus here regarding the degree to which they were helped or harmed in their recovery overall from sexual assault by having experienced TI specifically. Some believed that their recoveries were easier because they were aware that their bodies were not under their volitional control at the time of the assault, and they therefore experienced less shame and guilt about having been assaulted than they might otherwise have. Others were precisely the opposite: they experienced markedly greater shame and guilt as a result of having frozen in the face of the assault, and blamed themselves for not having been able to escape or prevent the assault. It is

worth noting, however, that the only two (Jennifer and Maree) who did not associate TI with greater shame and guilt both experienced assaults as very small children. It may be that, for them, this factor interacted in very significant ways with the TI as they construed events and their meanings in their lives.

For those survivors who did experience greater shame and guilt, education and information may be enormously valuable contributions to *post facto* attributions that survivors make about their experiences. Providing them with some evidence that, not only did they not choose the path their bodies ultimately went down, but that others have also experienced a response that was similar in quality and effect may be critical in helping them to navigate their way through their distress to a place of recovery. Validating and normalizing the many ways in which people have responded to traumas have been demonstrated to be very useful tools in helping them start to recover a sense of normalcy and health in their lives (Briere & Scott, 2006; Herman, 1997).

For those in the position of trying to facilitate the recovery of survivors who have experienced TI, these results would also seem to indicate that an awareness of the continued impact that the shadow of TI has in the lives of those who experience an initial episode could be invaluable. Whether or not current approaches may be useful in helping survivors find successful ways to cope with this repeated intrusion into their lives remains to be seen, but it would seem useful to explore this possibility. Approaches including Eye Movement Desensitization and Reprocessing (EMDR; F. Shapiro, 2001) exposure therapies (R. Shapiro, 2010) may be useful places to start helping survivors modify and ameliorate their long-standing experiences of feeling threatened by and frightened of the prospect of renewed immobility when they attempt to engage in normal,

consensual sexual activities. EMDR has demonstrated efficacy in addressing trauma in general (R. Shapiro, 2010) and sexual assault specifically (Rothbaum, 1997). Exposure therapies have been effective in helping trauma survivors (R. Shapiro, 2010), and Hayes et al. (1996) point out that “treatment of abuse survivors should involve, in part, exposure to previously avoided thoughts, feelings, memories and bodily sensations” (p. 1162). However, it should be noted that one study found that having experienced “mental defeat” during an assault was correlated with “inferior response to exposure in rape victims” (Ehlers, Clark, Dunmore, Jaycox, Meadows & Foa, 1998). Whether or not the construct of “mental defeat” may have any correlation to an experience of TI is a matter of speculation, but may indicate that caution is warranted in exploring the use of exposure therapies as a standalone approach with this particular population of survivors. Marx & Sloan (2005) nominate Acceptance and Commitment Therapy (ACT; Hayes, Strosahl & Wilson, 1999) as a potentially helpful approach to treating those whose problems stem from some combination of peritraumatic dissociation and experiential avoidance. Nonetheless, providing survivors with some freedom to engage in fulfilling sexual expression could, in itself, provide them with enormous relief from the distresses that continue to plague them in the aftermath of an assault marked by an onset of TI.

Outside the realm of clinical practice in psychotherapy, there are very real practical implications here in terms of law enforcement response to survivors. Providing meaningful education and information to members of law enforcement and prosecution teams about the physiologic nature of TI, the ways that it affects survivors both during and after critical incidents, and what to look for in this regard could, potentially, be very important. Doing this work could provide law enforcement officers with another tool in

their approaches to investigating sexual assault complaints, and help them in their decision making processes about which complaints to take seriously and which complaints to dismiss.

More importantly, providing such information to members of the law enforcement community may be enormously helpful to survivors who do choose to report. Given that current constructs within our system of jurisprudence define the active withholding of consent as a necessary component of any sexual assault, and that, historically, women are required in a successful prosecution to demonstrate having physically resisted, (Rowland, 2004), survivors who were unable to speak, to flee or to fight may face substantial barriers in their efforts to seek prosecutorial relief. In fact, in light of this, they may be actively disbelieved (Frohmann, 2012; Kreisel, 2005). However, if they are given a voice that brings their experiences into the realm of those understood by the law enforcement community, survivors would then be allowed more options, and, hopefully, more credibility. Whether or not this increases their chances of successful prosecution, it could at a minimum create an environment more likely to validate and acknowledge their experiences, and less likely to contribute to shame, blame, and guilt on survivors' parts.

Limitations

Co-researchers here were exclusively young adult female undergraduates who had experienced tonic immobility in response to one or more episodes of sexual violence at some point in their lives. Each of the co-researchers included here had experienced one or more episodes of violence perpetrated against them by a male person previously known to them. This sample was drawn exclusively in the Rocky Mountain region of the

United States, and was relatively ethnically homogeneous (six “White Caucasian” and one “White Hispanic”).

Whether or not men would experience similar phenomenological relationships to an experience of either sexual assault or to tonic immobility is a worthy and important question, but is not addressed here. As we live in a culture with very complicated social and cultural narratives about sex, gender, and gendered violence, it is impossible to know how the women in this sample would experience these events or construe their relationships with them without these dictates of social discourse. For example, we live in a culture saturated with discursive practices portraying women’s sexualities as passive and objective rather than subjective. The degree to which this may contribute to actual feelings of powerlessness and passivity when an assault commences, and therefore the degree to which cultural context may play a role in predisposing women to the overwhelming confusion and terror described here, cannot be answered within these data. Moreover, the extent to which any individual woman has or has not internalized these messages as they pertain to her own identity may play in a role in how she responds to perceived sexual aggression, however, this question is outside the scope of this research. Whether or not these factors contribute to post-assault or post-TI prognosis and recovery path is another interesting question outside the scope of this work.

Finally, this work was limited in its ability to detect whether or not tonic immobility is a phenomenon that human beings experience along a continuum of severity, i.e., is it possible to experience ‘more’ or ‘less’ tonic immobility according to person or event, or whether we experience it as a discrete categorical event, i.e., we either do or do not become immobile. This is not yet well established (Fuse et al., 2007). The

need to work within an operational definition that, for purposes of this work, was a cut-off score on the Tonic Immobility Scale, limited the ability to include women who may have experienced some version of tonic immobility that did not meet this threshold.

Conclusions

Tonic immobility as it is experienced by women in the context of sexual violence is a complex physiologic event that may be characterized by particular cognitive and emotional phenomenon, most notably, overwhelming confusion and terror. Much remains to be investigated about TI, but these results tell the story of a frightening event with very sudden onset during an assault, accompanied by changes in attending and diminished or absent volitional movement and vocalization and gradual remittance. It was accompanied in these instances by a certain mental and emotional distance from the events as they transpired. Notably, it left those affected by it dealing with some residual, shadow, version of immobility that continues to affect and distress those who have been impacted by TI in the context of sexual aggression when they attempt to engage in consensual sexual encounters. As much or more than the initial assaults themselves, this repeated intrusion into their lives is distressing and frightening, and leaves them fearing that the immobility could return at any time. It makes it more difficult for these survivors to heal, because the past continues to reappear as a current stressor.

Our understandings of the ways in which human beings experience tonic immobility continue to grow, but are still very much in their early and exploratory stages. As we do move ahead with exploring this complicated experience, these results make clear that the many and varied facets of the experience combine to make it overwhelming for those who face it during a crisis. As those affected by its onset during sexual

assault move ahead, their processes of construing and re-construing these events are dynamic and complicated. It is a fluid interaction of present and past experiences, of active and passive experiencing, in which, as Jennifer said, they “still have to overcome just being trapped inside” themselves.

REFERENCES

- Abarbanel, G. (1986). Rape and resistance. *Journal of Interpersonal Violence*, 1(1) 100-105. doi:10.1177/088626086001001007
- Abrams, M.P., Carleton, N.R., Taylor, S., & Asmundson, G.J.G. (2009). Human tonic immobility: Measurements and correlates. *Depression and Anxiety*, 26(6), 550-556.
- Anderson, I., & Doherty, K. (2008). *Accounting for rape: Psychology, feminism and discourse analysis in the study of sexual violence*. London: Routledge.
- Basile, K. C., Chen, J., Black, M. C., & Saltzman, L. E. (2007). Prevalence and characteristics of sexual violence victimization among U.S. adults, 2001-2003. *Violence and Victims*, 22(4), 437-448. doi:10.1891/088667007781553955
- Bovin, M.J., Jager-Hyman, S., Gold, S.D., Marx, B.P., & Sloan, D.M. (2008). Tonic immobility mediates the influence of peritraumatic fear and perceived inescapability on posttraumatic stress symptom severity among sexual assault survivors. *Journal of Traumatic Stress*, 21(4), 402-409. doi:10.1002/jts.20354
- Bracha, S.H. and Maser, J.D. (2008). Anxiety and post-traumatic stress disorder in the context of human brain evolution: A role for theory in DSM-V? *Clinical Psychology: Science and Practice* (15)1, 91-97. doi:10.1111/j.1468- 2850.2008.00113.x
- Braude, S.E. (2009). The conceptual unity of dissociation: A philosophical argument. In Dell, P.F. and O'Neil, J.A. (Eds.), *Dissociation and the dissociative disorders: DSM-V and beyond*. New York: Routledge.
- Bremner, J.D. (2002). *Does stress damage the brain?* New York: W.W. Norton and Company.
- Briere, J. & Scott, C. (2006). *Principles of Trauma Therapy*. Thousand Oaks, CA: SAGE.
- Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.
- Burgess, A.W. & Holmstrom, L.L. (1976). Coping Behavior of the Rape Victim. *American Journal of Psychiatry*, 133(4), 413-418.

- Burgess, A.W. & Holmstrom, L.L. (1977). Rape Trauma Syndrome. In Nass, D.R. (Ed.), *The Rape Victim*. Dubuque, IA: Kendall/Hunt Publishing.
- Classen, C.C., Palesh, O.G., & Aggarwal, G. (2005). Sexual revictimisation: A review of the empirical literature. *Trauma, Violence and Abuse*, 6(2), 103-129. doi:10.1177/1524838005275087
- Coxell, A.W. & King, M.B. (2010). Adult male rape and sexual assault: Prevalence, re-victimisation and the tonic immobility response. *Sexual and relationship therapy*, 25(4), 372-379. doi:10.1080/14681991003747430
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Thousand Oaks, CA: Sage Publications.
- Daane, D.M. (2005). Victim response to sexual assault. In Reddington, F.P. and Kreisel, B.W. (Eds.), *Sexual assault: The victims, the perpetrators, and the criminal justice system*. Durham, N.C.: Carolina Academic Press.
- Davion, V. (1999). The difference debate: Rape and moral responsibility. In Burgess-Jackson, K. (Ed.), *A most detestable crime*. New York: Oxford University Press.
- Dell, P.F. (2009). Understanding dissociation. In Dell, P.F. and O'Neil, J.A. (Eds.), *Dissociation and the dissociative disorders: DSM-V and beyond*. New York: Routledge.
- Dunmore, E., Clark, D.M., Ehlers, A. (1999). Cognitive factors involved in the onset and maintenance of post-traumatic stress disorder (PTSD) after physical or sexual assault. *Behavior Research and Therapy*, 37(9), 809-829. doi:10.1016/S0005-7967(98)00181-8
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38(4), 319-345. doi:10.1016/S0005-7967(99)00123-0
- Ehlers, A., Clark, D. M., Dunmore, E., Jaycox, L., Meadows, E., & Foa, E. B. (1998). Predicting response to exposure treatment in PTSD: The role of mental defeat and alienation. *Journal of Traumatic Stress*, 11(3), 457-471. doi:10.1023/A:1024448511504
- Ellis, E., Atkeson, B. & Calhoun, K. (1982). An examination of differences between multiple- and single-incident victims of sexual assault. *Journal of Abnormal Psychology*, 91, 221-224. doi:10.1037/0021-843X.91.3.221

- Erbes, C.R. & Harter, S.L. (2002). Constructions of abuse: Understanding the effects of childhood sexual abuse. In Raskin, J.D. and Bridges, S.K. (Eds.), *Studies in meaning: Exploring constructivist psychology*. New York: Pace University Press.
- Finkelhor, D. & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55, 530-541.
- Fisher, B., Daigle, L., Cullen, F., & Turner, M. (2003). Reporting sexual victimization to the police and others: Results from a national-level study of college women. *Criminal Justice and Behavior: An International Journal*, 30, 6-38.
doi:10.1177/0093854802239161
- Fiszman, A., Mendlowicz, M.V., Marques-Portella, C., Volchan, E., Coutinho, E.S., Souza, W.F., Rocha, V., Lima, A.A., Salomao, F.P., Mari, J.J., & Figueira, I. (2008). Peritraumatic tonic immobility predicts poor response to pharmacological treatment in victims of urban violence with PTSD. *Journal of Affective Disorders*, 107, 193-197. doi:10.1016/j.jad.2007.07.015
- Forsyth, J.P., Marx, B., Fusc, T., Heidt, J., & Gallup, G.G. (2000). *The Tonic Immobility Scale*. Albany, NY: Authors.
- Frohmann, L. (1991). Discrediting victims' allegations of sexual assault. In Pogrebin, M.R. (Ed.), *Qualitative Approaches to Criminal Justice: Perspectives From the Field* (pp. 158-170). Thousand Oaks, CA: SAGE Publications.
- Frohmann, L. (2012). Discrediting victims' allegations of sexual assault: Prosecutorial accounts of case rejections. In Copes, H. and Pogrebin, M.R. (Eds.), *Voices from Criminal Justice: Thinking and Reflecting on the System* (pp. 199-213). New York: Routledge.
- Fusc, T., Forsyth, J.P., Marx, B., Gallup, G.G. & Weaver, S. (2007). Factor structure of the Tonic Immobility Scale in female sexual assault survivors: An exploratory and confirmatory factor analysis. *Journal of Anxiety Disorders*, 21, 265-283.
doi:10.1016/j.janxdis.2006.05.004
- Gagliardi, G. J., Gallup, G. G., Jr., & Boren, J. L. (1976). Effect of different pupil to eye size ratios on tonic immobility in chickens. *Bulletin of the Psychonomic Society*, 8, 614-616.
- Galliano, G., Noble, L., Travis, L., & Puechl, C. (1993). Victim reactions during rape/sexual assault: A preliminary study of the immobility response. *Journal of Interpersonal Violence*, 8, 109-114. doi:10.1177/088626093008001008
- Gallup, G. G., Jr. (1972). Mirror-image stimulation and tonic immobility in chickens. *Psychonomic Science*, 28, 257-259.

- Gallup, G.G., Boren, J.L., Suarez, S.D., Wallnau, L.B., Gagliardi, G.J. (1980). Evidence for the integrity of central processing during tonic immobility. *Physiology and Behavior*, 25(2), 189-194. doi:10.1016/0031-9384(80)90206-1
- Gallup, G. G., Jr., Nash, R. F., & Ellison, A. L. (1971). Tonic immobility as a reaction to predation: Artificial eyes as a fear stimulus for chickens. *Psychonomic Science*, 23, 79–80.
- Gallup, G.G. & Rager, D.R. (1996). Tonic Immobility as a Model of Extreme States of Behavioral Inhibition. In Sanberg, P.R., Ossenkopp, K.P., & Kavaliers, M. (Eds.), *Motor Activity and Movement Disorders* (pp. 57-80). The Humana Press: Totowa, N.J.
- Gidycz, C., Coble, C., Latham, L., & Layman, M. (1993). Sexual assault experience in adulthood and prior victimization experiences. *Psychology of Women Quarterly*, 17, 151-168. doi:10.1111/j.1471-6402.1993.tb00441.x
- Gidycz, C., Hanson, K., & Layman, M. (1995). A prospective analysis of the relationships among sexual assault experiences: An extension of previous findings. *Psychology of Women Quarterly*, 19, 5-29. doi:10.1111/j.1471-6402.1995.tb00276.x
- Hagenaars, M.A. & Putman, P. (2011). Attentional control affects the relationship between tonic immobility and intrusive memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 42(3), 379-383.
- Hamilton, L. (1989). Fight, flight or freeze: Implications of the passive fear response for anxiety and depression. *Phobia Practice and Research Journal*, 2(1), 17-27.
- Hanson, K., & Gidycz, C. (1993). Evaluation of a sexual assault prevention program. *Journal of Consulting and Clinical Psychology*, 61, 1046-1052. doi:10.1037/0022-006X.61.6.1046
- Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford Press.
- Hayes, S.C., Wilson, K.G., Gifford, E.V., Follette, V.M. & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, 64(6), 152-1168.
- Heidt, J.M., Marx, B.P. & Forsyth, J.P. (2005). Tonic immobility and childhood sexual abuse: a preliminary report evaluating the sequela of rape-induced paralysis. *Behavior Research and Therapy*, 43, 1157-1171. doi:10.1016/j.brat.2004.08.005

- Herman, J. (1997). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: BasicBooks.
- Himelein, M. (1995). Risk factors for sexual victimization in dating: A longitudinal study of college women. *Psychology of Women Quarterly*, 19, 31-48. doi:10.1111/j.1471-6402.1995.tb00277.x
- Humphreys, K.L., Sauder, C.L., Martin, E.K., & Marx, B.P. (2010). Tonic immobility in childhood sexual abuse survivors and its relationship to posttraumatic stress symptomatology. *Journal of Interpersonal Violence*, 25(2), 358-373. doi:10.1177/0886260509334412
- Kallstrom-Fuqua, A., Weston, R., & Marshall, L. L. (2004). Childhood and adolescent sexual abuse of community women: Mediated effects on psychological distress and social relationships. *Journal of Consulting and Clinical Psychology*, 72(6), 980-992. doi:10.1037/0022-006X.72.6.980
- Koss, M. & Dinero, T. (1989). Discriminant analysis of risk factors for sexual victimization among a national sample of college women. *Journal of Consulting and Clinical Psychology*, 57, 242-250. doi:10.1037/0022-006X.57.2.242
- Koss, M., Gidycz, C., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology*, 55, 162-170. doi:10.1037/0022-006X.55.2.162
- Koss, M.P. & Harvey, M. R. (1991). *The Rape Victim*. Newbury Park, CA: SAGE Publications.
- Kreisel, B.W. (2005). Police and victims of sexual assault. In Reddington, F.P. and Kreisel, B.W. (eds.) *Sexual Assault: The Victims, the Perpetrators and the Criminal Justice System* (pp. 253-273). Durham, N.C.: Carolina Academic Press.
- Layman, M., Gidycz, C., & Lynn, S. (1996). Unacknowledged versus acknowledged rape victims: Situational factors and posttraumatic stress. *Journal of Abnormal Psychology*, 105, 124-131. doi:10.1037/0021-843X.105.1.124
- Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Leach, J. (2004). Why people 'freeze' in an emergency: Temporal and Cognitive Constraints on Survival Responses. *Aviation, Space and Environmental Medicine*, 75(6), 539-542.

- LeDoux, J.E., Romanski, L., & Xagoraris, A. (1989). Indelibility of subcortical emotional memories. *Journal of Cognitive Neuroscience*, *1*, 238-243. doi:10.1162/jocn.1989.1.3.238
- Lexington, J. (2007). *An examination of the relationship between tonic immobility and the psychophysiology, behaviors and perceptions in response to a hypothetical date-rape scenario*. (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (ATT No. 3255126)
- Lima, A.A., Fiszman, A., Marques-Portella, C., Mendlowicz, M.V., Coutinho, E.S.F., Maia, D.C.B., Rocha-Rego, V., Volchan, E., Mari, J.J., & Figueira, I. (2010). The impact of tonic immobility reaction on the prognosis of posttraumatic stress disorder. *Journal of Psychiatric Research*, *(44)*, 4, 224-228. doi:10.1016/j.jpsychires.2009.08.005
- Lonsway, K.A. Welch, S., Fitzgerald, L.F. (2001). Police training in sexual assault response: Process, outcomes and elements of change. *Criminal Justice and Behavior*, *(28)*6, 695-730. doi:10.1177/009385480102800602
- Lynn, S.J., Pintar, J., Fite, R. Ecklund, K & Stafford, J. (2004). Toward a social-narrative model of revictimization. In Koenig, L.J., Doll, L.S., O'Leary, A., and Pequegnat, W. (Eds.), *From Child Sexual Abuse to Adult Sexual Risk*. Washington, D.C.: American Psychological Association.
- Maier, S. F., Grahn, R. E., Kalman, B. A., Sutton, L. C., Wiertela, E. P., & Watkins, L. R. (1993). The role of the amygdala and dorsal raphe nucleus in mediating the behavioral consequences of inescapable shock. *Behavioral Neuroscience*, *107*, 377-388.
- Maier, S. F., & Minor, T. R. (1993). Dissociation of interference with the speed and accuracy of escape produced by inescapable shock. *Behavioral Neuroscience*, *107*, 139-146.
- Marx, B.P. & Sloan D.M. (2005). Peritraumatic dissociation and experiential avoidance as predictors of posttraumatic stress symptomatology. *Behaviour Research and Therapy*, *43*, 569-583.
- Marx, B.P., Forsyth, J.P., & Lexington, J.M. (2008). Tonic immobility as an evolved predator defense: Implications for sexual assault survivors. *Clinical Psychology: Science and Practice*, *15*(1), 74-90. doi:10.1111/j.1468-2850.2008.00112.x
- Menard, K.S. (2005). *Reporting sexual assault: A social ecology perspective*. New York: LFB Scholarly Publishing.

- Merriam, S.B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco: Jossey-Bass.
- Moran, D. (2000). *Introduction to phenomenology*. London: Routledge.
- Morrow, S., & Smith, M.L. (1995). Constructions of Survival and Coping by Women Who Have Survived Childhood Sexual Abuse. *Journal of Counseling Psychology*, 42, 24-33. doi:10.1037/0022-0167.42.1.24
- Moskowitz, A.K. (2004). "Scared stiff": Catatonia as an evolutionary-based fear response. *Psychological Review*, 111(4), 984-1002. doi:10.1037/0033-295X.111.4.984
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Muller, N., & Llewellyn, M. (2011). Feminisms, sex and the body. *Journal of Gender Studies*, 20(4), 315-319. doi:10.1080/09589236.2011.617600
- Nijenhuis, E.R.S., Vanderlinden, J., & Spinhoven, P. (1998). Animal Defensive Reactions as a Model for Trauma-Induced Dissociative Reactions. *Journal of Traumatic Stress*, 11(2), 243-260. doi:10.1023/A:1024447003022
- Noll, J.G., Horowitz, L.A., Bonanno, G.A., Trickett, P.K., & Putnam, F.W. (2003). Revictimization and Self-Harm in Females Who Experienced Childhood Sexual Abuse: Results from a Prospective Study. *Journal of Interpersonal Violence*, 18(12), 1452-1471. doi:10.1177/0886260503258035
- Norris, J., Nurius, P., & Dimeff, L. (1996). Through her eyes: Factors affecting women's perception of resistance to acquaintance sexual aggression threat. *Psychology of Women Quarterly*, 20, 123-145. doi:10.1111/j.1471-6402.1996.tb00668.x
- Parker, T. (1972). *The Twisting Lane*. New York: Harper and Row.
- Polkinghorne, D.E. (1989). Phenomenological research methods. In R.S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology* (pp. 41-60). New York: Plenum.
- Pollio, H.R., Henley, T., & Thompson, C.B. (1997). *The phenomenology of everyday life*. New York: Cambridge University Press.
- Polusny, M.A. & Follette, V.M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied & Preventive Psychology*, 4, 143-166.

- Raskin, J.D. (2002). Constructivism in psychology: Personal construct psychology, radical constructivism and social constructionism. In Raskin, J.D and Bridges, S.K. (eds.), *Studies in meaning: Exploring constructivist psychology*. New York: Pace University Press.
- Reid, J.A. & Sullivan, C.J. (2009). A model of vulnerability for adult sexual victimization: The impact of attachment, child maltreatment and scarred sexuality. *Violence and victims*, 24(4), 485-501. doi:10.1891/0886-6708.24.4.485
- Risser, H.J., Hetzel-Riggin, M.D., Thomsen, C.J., & McCanne, T.R. (2006). PTSD as a mediator of sexual victimization: The role of reexperiencing, avoidance and arousal symptoms. *Journal of Traumatic Stress*, 19(5), 687-698.
- Rodd, Z. A., Rosellini, R. A., Stock, H. S., & Gallup, G. G. (1997). Learned helplessness in chickens (gallus gallus): Evidence for attentional bias. *Learning and Motivation*, 28(1), 43-55. doi:10.1006/lmot.1997.0952
- Rose, V.M. & Randall, S.C. (1982). The impact of investigator perceptions of victim legitimacy on the processing of rape/sexual assault cases. *Symbolic Interaction*, 5(1), 23-26. doi:10.1525/si.1982.5.1.23
- Rosenfeld, H.M., Breck, B.E., Smith, S.H., & Kehoe, S. (1984). Intimacy mediators of the proximity-gaze compensation effect: Movement, conversational role, acquaintance and gender. *Journal of Nonverbal Behavior*, 8(4), 235-249. doi:10.1007/BF00985981
- Rothbaum, B. O. (1997). A controlled study of eye movement desensitization and reprocessing in the treatment of posttraumatic stress disorder sexual assault victims. *Bulletin of the Menninger Clinic*, 61(3), 317-334.
- Rowland, D. (2004). *The Boundaries of Her Body: The Troubling History of Women's Rights in America*. Naperville, IL: Sphinx Publishing.
- Russel, D.E.H. (1984). *Sexual Exploitation: Rape, child sexual abuse and workplace harassment*. Beverly Hills, CA: Sage.
- Schmidt, N.B., Richey, J.A., Zvolensky, M.J., & Maner, J.K. (2008). Exploring human freeze responses to a threat stressor. *Journal of Behavior Therapy*, 39, 292-304. doi:10.1016/j.jbtep.2007.08.002
- Schultz, L.G. (Ed.) (1975). *Rape Victimology*. Springfield, IL: Carles C. Thomas Publisher.
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. (3rd ed.) New York: Teachers College Press.

- Selye, H. (1950). *The physiology and pathology of exposure to stress: A treatise based on the concepts of the general-adaptation-syndrome and the diseases of adaptation*. Montreal, CA: ACTA, Inc. Medical Publishers.
- Shalev, A.Y. (2007). PTSD: A disorder of recovery? In Kirmayer, L.J., Lemelson, R., & Barad, M (Eds.), *Understanding trauma: Integrating biological, clinical and cultural perspectives*. (pp. 207-223). New York: Cambridge University Press.
- Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures*. (2nd ed.) New York: The Guilford Press.
- Shapiro, R. (2010). *The trauma treatment handbook: Protocols across the spectrum*. New York: W.W. Norton & Company, Inc.
- Shin, L.M., Rauch, S.L., & Pitman, R.K. (2005). Structural and functional anatomy of PTSD: Findings from neuroimaging research. In J.J Vasterling and C.R. Brewin (Eds.), *Neuropsychology of PTSD: Biological, cognitive and clinical perspectives* (pp. 59-82). New York: The Guilford Press.
- Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretive phenomenological analysis*. Thousand Oaks, CA: SAGE Publications.
- Smith, R.L., Webster, D.G., Hartesveldt, C. & Meyer, M.E. (1985). Effects of estrus, estrogen-progesterone priming, and vaginal stimulation on tonic immobility, dorsal immobility, and lordosis in the female rat. *Physiology and Behavior*, 35, 577-581.
- Suarez, S.D. & Gallup, G.G. (1979). Tonic Immobility as a Response to Rape in Humans: A Theoretical Note. *The Psychological Record*, 29, 315-320.
- Tanenbaum, L. (2000). *Slut: Growing up female with a bad reputation*. New York: HarperCollins.
- Taylor, S. E., Klein, L. C., Lewis, B. P., Gruenewald, T. L., Gurung, R. A. R., & Updegraff, J. A. (2000). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychological Review*, 107, 411-429.
doi:2000-08671 - 00110.1037/0033 -295X.107.3.411
- Turchik, J.A., Probst, D.R., Chau, M., Nigoff, A. and Gidycz, C.A. (2007). Factors predicting the type of tactics used to resist sexual assault: A prospective study of college women. *Journal of Consulting and Clinical Psychology*, 75(4), 605-614.
doi:10.1037/0022-006X.75.4.605
- Turvey, B.E. (2005). False reports. In Savino, J.O. and Turvey, B.E. (Eds.), *Rape investigation handbook*. Burlington, MA: Elsevier Academic Press.

- Van der Kolk, B., McFarlane, A.C. & Van der Hart, O. (1996). A general approach to treatment of posttraumatic stress disorder. In van der Kolk, B., McFarlane, A.C., & Weisaeth, L. (Eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. New York: The Guilford Press.
- Van der Kolk, B., McFarlane, A.C., & Weisaeth, L. (Eds.) (1996). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. New York: The Guilford Press.
- Van der Kolk, B., Van der Hart, O., & Marmar, C.R. (1996). Dissociation and information processing in posttraumatic stress disorder. In van der Kolk, B., McFarlane, A.C., & Weisaeth, L. (Eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. New York: The Guilford Press.
- Verwoerd, J., Wessel, I., & de Jong, P. J. (2009). Individual differences in experiencing intrusive memories: The role of the ability to resist proactive interference. *Journal of Behavior Therapy and Experimental Psychiatry*, 40(2), 189-201. doi:10.1016/j.jbtep.2008.08.002
- Woodhams, J., Hollin, C. R., Bull, R., & Cooke, C. (2011). Behavior displayed by female victims during rapes committed by lone and multiple perpetrators. *Psychology, Public Policy, and Law*, doi:10.1037/a0026134
- Wyatt, G.E. & Newcomb, M. (1990). Internal and External Mediators of Women's Sexual Abuse in Childhood. *Journal of Consulting and Clinical Psychology*, 58, 758-767. doi:10.1037/0022-006X.58.6.758
- Zoellner, L.A. (2008). Translational challenges with tonic immobility. *Clinical Psychology: Science and Practice*, (15)1, 98-101. doi:10.1111/j.1468-2850.2008.00114.x
- Zurbriggen, E.L. & Freyd, J.J. (2004). The link between child sexual abuse and risky sexual behavior: The role of dissociative tendencies, information processing effects, and consensual sex decision mechanisms. In Koenig, L.J., Doll, L.S., O'Leary, A.O., and Pequegnat, W. (Eds.), *From Child Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention*. Washington, D.C.: American Psychological Association.

APPENDIX A
INTERVIEW GUIDE

Interview Guide

- Describe your first experience(s) with feeling frozen or paralyzed in the context of an unwanted sexual experience.
- Describe your most recent experience(s) with feeling frozen or paralyzed in the context of an unwanted sexual experience.
- What, if any, connection do you see between your experiences during these events?
- What experiences and events during these occasions stand out for you?
- What feelings did you experience?
- What thoughts do you remember experiencing?
- What types of sensations do you remember your body experiencing?
- Tell me what happened immediately after the experience.
- How would you describe your memories associated with this experience? Are they clear, or fuzzy, or.....?
- How did this affect you? What changes in you or your life do you attribute to having experienced TI?
- How have you made sense of these experiences?
- How has this affected significant others in your life, or your relationships with them?
- How do you think the sexual experiences would have impacted you if you had reacted to them differently?
- I'd like to discuss some of your responses on the questionnaire you completed. Was there anything about items a through q that particularly stood out to you, or that you'd like to explain in greater depth?
- Can you give me more detail about what it was like when..... (probe more for any details relevant to responses of either zero, one, five or six in response to any of items a through g on the TIS).

APPENDIX B
CONSENT FORMS

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: The Experience and Meaning of Peritraumatic Tonic Immobility Among Survivors of Sexual Violence
Researcher: Sunda Friedman TeBockhorst, M.A., Department of Counseling Psychology
Phone: 970-310-8795 E-mail: tebo9307@unco.edu
Research Advisor: Mary Sean O'Halloran, Ph.D., Department of Counseling Psychology
Phone: 970-351-1640 E-mail: mary.ohalloran@unco.edu

Purpose and Description: The primary purpose of this study is to explore what it is like, for women who have experienced it, to experience a freeze response in the face of sexual aggression, and the meaning that this experience then takes on in the lives of these women. Ultimately, this study will aim to produce a meaningful and rich description of the experience of the freeze response, which is sometimes called 'tonic immobility.'

You will be asked to complete a survey about your experience(s) with the freeze response. This survey is known as the Tonic Immobility Scale-Adult Form. This survey is a two part survey. The first part will consist of basic demographic questions, and 13 questions that ask you to rate your experiences with an unwanted sexual experience. The second part will ask you to complete items a through q, rating your experiences during such an unwanted encounter.

At the end of the study, we would be happy to share your data with you at your request. We will take every precaution in order to protect your confidentiality. Data collection will take place in private locations, and nobody but yourself and the researcher need be present. You will be asked to select a pseudonym to use during your participation, and you will only be referred to by the name you choose during data collection and in the reporting of any results. Data collected and analyzed for this study will be kept in a locked cabinet in the principal investigator's home, which is only accessible by the researcher and the research advisor.

There is some risk that you may find that discussing your experiences with unwanted sexual contact and with the freeze response is upsetting to you; you may find that it is more upsetting than you anticipated it might be. Although most people do not regret participating in this type of research, it is possible that you will. Among those who find that they feel upset when participating in this type of research, many also find that it feels beneficial to discuss these experiences with a trustworthy person and to gain some insight into these experiences through participation. In the event that you do feel distressed or upset as a result of your participation, you will be referred to an agency local to your area that can provide free or low-cost supportive counseling services for people who have experienced unwanted sexual contacts.

You will not be compensated monetarily for your participation in this research. If you wish, you may receive copies of the research write-ups that may contain information you find useful or helpful. The fields of victim services and psychology are likely to benefit from this study, as learning about the freeze response and how it affects those who experience it will likely help shape meaningful therapeutic interventions and supports for people in need.

I understand that participation in this study is only one way to satisfy the research experience requirement for my PSY 120 class and I may, if I choose, select an alternative assignment to being a research participant.

Participation is voluntary. You may decide not to participate in this study, and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

Subject's Signature Date

Researcher's Signature Date

UNIVERSITY of
NORTHERN COLORADO



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: The Experience and Meaning of Peritraumatic Tonic Immobility Among Survivors of Sexual Violence
 Researcher: Sunda Friedman TeBockhorst, M.A., Department of Counseling Psychology
 Phone: 970-310-8795 E-mail: tebo9307@unco.edu
 Research Advisor: Mary Sean O'Halloran, Ph.D., Department of Counseling Psychology
 Phone: 970-351-1640 E-mail: mary.ohalloran@unco.edu

Purpose and Description: The primary purpose of this study is to explore what it is like, for women who have experienced it, to experience a freeze response in the face of sexual aggression, and the meaning that this experience then takes on in the lives of these women. Ultimately, this study will aim to produce a meaningful and rich description of the experience of the freeze response, which is sometimes called 'tonic immobility.'

You will be asked to complete a form with information about your unwanted sexual experiences. You will then be asked to complete a one-on-one interview with the principle investigator. During this interview, which should take about an hour, you will be asked questions designed to help you describe your experiences with the freeze response.

After initial interviews have been completed with all of those participating, you will be contacted one final time by the principal investigator. At this time, some of the descriptions and themes contained across the pool of narratives generated will be described to you, and you will be asked to judge whether or not these resonate with your own experiences. You will also be offered the opportunity to clarify or add to your previous descriptions at this time. This final interview should take less than an hour.

At the end of the study, we would be happy to share your data with you at your request. We will take every precaution in order to protect your confidentiality. Interviews will take place in private locations, and nobody but yourself and the researcher need be present. You will be asked to select a pseudonym to use during your participation, and you will only be referred to by the name you choose during data collection and in the reporting of any results. Data collected and analyzed for this study will be kept in a locked cabinet in the principal investigator's home, which is only accessible by the researcher and the research advisor.

There is some risk that you may find that discussing your experiences with unwanted sexual contact and with the freeze response is upsetting to you; you may find that it is more upsetting than you anticipated it might be. Although most people do not regret participating in this type of research, it is possible that you will. Among those who find that they feel upset when participating in this type of research, many also find that it feels beneficial to discuss these experiences with a trustworthy person and to gain some insight into these experiences through participation. In the event that you do feel distressed or upset as a result of your participation, you will be referred to an agency local to your area that can provide free or low-cost supportive counseling services for people who have experienced unwanted sexual contacts.

You will not be compensated monetarily for your participation in this research. If you wish, you may receive copies of the research write-ups that may contain information you find useful or

helpful. The fields of victim services and psychology are likely to benefit from this study, as learning about the freeze response and how it affects those who experience it will likely help shape meaningful therapeutic interventions and supports for people in need.

I understand that participation in this study is only one way to satisfy the research experience requirement for my PSY 120 class and I may, if I choose, select an alternative assignment to being a research participant.

Participation is voluntary. You may decide not to participate in this study, and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

Subject's Signature

Date

Researcher's Signature

Date

APPENDIX C

HORIZONS

Alex Horizons

Perpetrator behavior

He kind of like pulled me back
 Threw me back
 He got on top of me
 Started pulling my arms down
 He would like put me down

Cognitive

What was he doing?
 At first I was really freaked out
 I couldn't believe like this was happening
 I was confused at first
 I just didn't really know exactly what like was going on
 I don't remember ever thinking anything specifically
 I was just confused at what was happening with the situation
 I was just so thrown off that I didn't really know what to do
 I just kind of tried to mentally check myself out as much as I could
 I kind of checked out during the whole like act of it – that is definitely the fuzziest
 I want to block it out so badly
 In the moment I chose to check out
 I felt like there was nothing I could do
 That was kind of like my only answer to it
 I don't remember what was running through my mind, I just remember laying there

Somatic experiences during

I kind of just froze
 My eyes were like open
 I was frozen during but it felt like I really I was not there
 I just wasn't there
 It was like somebody turned off the lights on my whole body
 I couldn't move
 I couldn't feel anything
 My eyes were open
 I kind of lost everything
 I remember looking up and seeing him on top of me, that is what I remember the most
 I was just so detached from my body
 I was crying really hard
 After a second I just for some reason, like I just kind of like, there was just nothing
 I remember feeling like him inside of me and stuff like that in the beginning
 I was crying

I first started shaking when he like first inside me and I was crying, I remember that is when I first started shaking

Emotional

I didn't have any emotion

I felt stuck

At first the event was frightening, but not being able to move wasn't scary.

It was almost more like it was just not happening, I was just there

I remember being scared but nothing that was like actual extreme fear

Vocalization

I just couldn't really scream or yell or anything like that

I was trying to tell him to stop but it just like, it was hardly more than like a whisper

I knew I should have like tried to say something

I feel like I was trying to say something but it was like I couldn't make my mouth say it louder than it would

Did during

I saw in the mirror

Immediate aftermath

After all of it was finished

He got up

I just kind of laid there

I was just staring

I just remember sitting there just in shock

I couldn't move

I didn't know what to do with myself

I felt like guilty

I felt it was my fault

I couldn't move

I just wanted to get out of there so badly

I just couldn't make myself get up

I just ran out

My body was like freaking out

I was in pain.... My wrist was really sore

The rest of me was sore, like my whole body was sore

It felt like I had like done a huge workout but I hadn't

My body just felt kind of like exhausted

All I could think about was what was I going to do

I had nowhere to go

I felt like lost

I felt like ashamed

I felt like it was my fault

I got myself into that situation

I just remember feeling really guilty afterwards

I just remember that because I just wanted to get out so badly, I just couldn't function or anything

It wasn't like I felt that need to immediately move

I knew I wanted to get out of there but I didn't, like my body didn't want to move yet

I was just so shut down and drained

I couldn't make myself move even though I wanted to get out of there so bad

I just kind of sat there for a couple of minutes and tried to like make sense of something in my head

What happened?

What was I supposed to do?

I just had so many emotions at that moment that I remember feeling like I just had so

many emotions running through me that I just – everything was just on lock down.

The most thing was that I knew I wanted to get out of there, that was the biggest thing.

I kept thinking I need to get out of here.

I don't know why in that moment like right after that I wasn't blaming him

I was really confused

I just felt so guilty

Shaking after

I was like really shaky

And I couldn't move

I was shaking really bad

Afterwards I remember shaking a lot

I was just shaky

Memories

I could remember for the most part really well

The one thing that always stands out is when he was first on top of me and I remember just looking up at him and just – just thoughts and feelings that I didn't know

I remember when he got up and walked out, I always remember that because I was just so confused

I would definitely say that's the most vivid (seeing his face above)... I don't think I can forget.

The one that says do you remember making eye contact with them of course is the one thing that really stuck out to me out of the whole event

Present appraisal

I wish I could have or would have put up a bigger fight

I am definitely trying to keep it out of my mind

I should not be ashamed of it, like I am ashamed of it but I shouldn't feel guilty about it

I am just like disgusted with him

I feel like there's a lot that it is hard for me to think about

Lasting effects

I am definitely a lot more like cautious around like people that I am in a relationship with.

It's really, really difficult for me to open up

I have never been able to really express myself super well to others but now it's more noticeable
 Expressing myself in the way of like telling my feelings or something like that
 Opening up and truly getting close to someone is kind of what bothers me.
 I don't want anything like that to happen so I definitely try to keep my walls I guess up pretty high
 It has (had an impact) in the first relationship I was with after that

Shadow of TI

Having my body do that sometimes when I do like....
 Whenever I get alone with guys sometimes I kind of feel like it's like – freeze up at first but just for a second, I kind of feel like tense or something
 Every once in a while I will notice that my body will get tense and I'll feel like a little bit uneasy and just like that
 My body doesn't feel like the same way it did then, I know I still have control of it and stuff like that but there's just something that always kind of leads to it.
 Like I feel like I can imagine feeling that but it doesn't happen.
 I feel a little tense and stressed out....but I have never really lost more than a couple of seconds
 Just crosses through my mind and passes through
 I think it is more of a kind of way for myself to like check to like make sure I am in an okay situation
 It is just something that I feel and recognize it
 I think it's just like the intimacy of the thing

Making sense of it

I thought that was just my way of escaping and that is how I would kind of put it in my terms

Asylum Horizons

Perpetrator

It was my boyfriend
 He didn't really give me a choice
 He didn't stop to make sure I was OK.
 He didn't stop to make sure it was OK.
 He just went about his business.
 He finished and rolled off of me and plopped down next to me on the bed.
 He eventually just fell asleep, rolled over and let go of me.

Cognitive

I couldn't really think anything so I just laid there and watched a clock.
 I didn't want it at all.
 I didn't have any say.
 I remember not wanting to look at him. I would look anywhere else but at him.
 I remember thinking this isn't happening. He is not here.
 I couldn't look at him anymore.
 Just wanting him to get off and me wanting to move.
 Yeah (I wanted to get out of there).
 I was afraid of what my mom was going to say.
 He had crossed a moral boundary for me.
 It was like, what's happening?
 It was the initial shock of what's going on here and then oh my God I can't move.

Somatic

We were making out and he, I don't remember taking my clothes off, I don't remember him taking his clothes off but I remember him being on top of me and asking if it was OK and me shaking my head.
 I couldn't say anything.
 I was shaking my head no as he was pushing into me.
 I didn't move at all. Yes (I wanted to move), but I couldn't.
 I remember staring at the bright green lights of the clock that was on the bookshelf.
 At the beginning he was um asking me as he was pushing into me; I looked away as soon as I felt him.
 I wanted my legs to move so that I could get up and go but I couldn't get them to move.
 My legs felt heavy but I don't remember feeling anything.
 I remember I was sore the next morning. Yeah (my whole body was sore), I thought I used my abs for some reason.
 I wanted to run but I couldn't get my legs to work.
 The uh inability to move that occurred suddenly or slowly, it was extremely sudden. I was shocked at how I was fine, I was able to move you know and then all of a sudden it just – my body stopped working.
 And then the regaining it gradually, I mean he had to shift me into his desired position and I slowly came out of the weird catatonic state I was in and eased myself out of bed and started crying.

Emotional

I shut down pretty much.

I was terrified but at the same time I, there was just nothing there.

I couldn't really feel anything.

There was that fear but after that fear got to a certain point I shut down.

I felt disgusting.

I felt like it was my fault.

I felt like somehow I was asking for it and like I had to – because of the way I was brought up with the religious background I had I had to stay with him the rest of my life.

It didn't matter that I didn't want it. It happened and that was my only choice.

I couldn't, the fear and the adrenaline hit and things stopped.

I did (feel aggressive) to a certain extent but I repressed it because I feared well I am going to have to be here to rest of my life, there is no need in starting up fights that don't need to be there, we just need to try to get along.

Immediate aftermath

I couldn't get myself to move so he rolled me over on my side and I curled up in a ball and I cried.

I felt like he was holding me there because he knew what was going on but he didn't care enough to let me leave the room.

I got up and left the room and went to the bathroom and took a shower.

I had to just shower and wash myself.

I felt dirty.

I went back to bed.

I didn't feel the need to run anymore, just an immense feeling of “well, that happened.”

Because of the religious background that I had, I had to stay with him the rest of my life, I didn't have a choice. What's done is done, I don't want to be here but I don't really have a choice.

Shadow of TI

Yeah (there have been other experiences) but it's more residual effects.

My most recent boyfriend, every time he would come to hug me or kiss me I would pull away or freeze up and he would have to stop and ask me what's wrong. I would have to say I'm OK but it is just.....

I would tense up like I was getting ready to run but it would get to a point where my muscles were so tense that I just couldn't.

I didn't want him to touch me, I just wanted to back off and get away and...

(I was able to say something) Only after he caught on to my muscles tensing up and he would stop and look at me. He would shake me and ask what was wrong – Are you OK? You're not moving. And then tension would slowly drain. I would take awhile and after all that was drained out I was able to speak.

Yes (the feeling is very similar)

Somebody coming onto me makes me a little uneasy in general.

I think it just has to do with the male presence being there and what could be a potentially sexual situation.

It is similar in a way that my body tenses up and I want to run but I am unable to get my legs to move over to pull away or anything.

It's a little bit different in that when it first happened I was scared but I wasn't.

Now I can, I feel the fear. There is no shutting down, I just can't move.

We will just be sitting there on the couch watching a movie and then he will come onto me and get a little cuddly and I will have to push him away or back away and tell him what's going on. He will ease out of it and, "OK I won't do anything you don't want me to do. I know what happened. You are fine."

Making sense of it

I didn't know why I couldn't move but I guess I kind of just attributed it to the tension in my muscles; they got so tight that I was trying to move them but because of that tightness I couldn't.

Like my body was getting ready for the fight or flight response. My muscles were tensing getting ready to either fight or flight but they got over-tense.

Relationships

It was very, very, very difficult to start a new relationship; I didn't feel safe; I didn't feel like I deserved it.

I didn't really want to talk about it because I wanted to forget it ever happened but it was affecting the relationship that I had in this relationship. So he wanted to talk about it and make sure that I felt OK and that he didn't do anything that would cross the line that I had set up.

I am glad that he managed to pull it out of me and we have gotten a lot closer since then. I feel a lot safer with him because I know that he is not going to do anything that I don't OK first.

Every time I have a little freak out he'll stop and he will wrap his arms around me, "It's OK, it's OK."

Memories

I remember, mostly the part would be the numbers on the clock. I mean everything else is a little fuzzy and I don't remember his face at all.

Effects

It is difficult for me to be around guys my age, especially those who show any sort of attraction towards me.

I think because of the freezing up that's what made it feel like it was my fault because I didn't push him off because I didn't try to get him off me and get away, that I just laid there and took it.

I think if I was able to move and fight that I would have felt like I was able to do something about my situation, and if he overpowered me then he overpowered me because he was stronger than me but not because I didn't do anything.

Just to lay there and not do anything but wishing that you were doing something is difficult.

Each time we walked past the stairs I had to resist the urge to push him down a flight of stairs.

Elizabeth Horizons

I was ten years old

Perpetrator

That's what he said, um, he told me that everyone was going to be mad at me. I remember him right afterwards saying, "You can't let anyone find out that because if they find it they are going to know that you did something really bad." I knew that I was his favorite because he paid the most attention to me prior to that. He was twelve at the time. Twelve or thirteen.

Cognitive

At first didn't realize that what was going on was wrong at all
 When I did realize that...this wasn't OK, this wasn't what normally happened... then it was very much so like I didn't have the ability to understand what was like, like my brain knew what was going on but I couldn't understand like the experience.
 I couldn't understand what I was feeling.
 I knew that if I moved, if I did anything in my mind I knew that everyone was going to be very mad at me.
 That's when I really froze up was knowing that everyone would be mad at me.
 So much was happening so quickly
 It progressed so quickly from, from just nothing into this happening
 I was so overwhelmed that I couldn't, I didn't really have the ability to like, know what was going on.
 Really detached
 I think that at that point it was like at one of those points where I was like this is definitely wrong. You should definitely do something. You need to run away. You need to get away. But then I couldn't do anything.
 I knew that my dad would just hate me if um he had found out.
 I just knew my dad was going to hate me. Like I knew that and that was the worst feeling in the entire world.
 I was also very afraid of my cousin (the perpetrator).
 I remember during the thing thinking that after this he better not hate me because um I knew at that point that he was not well, like not mentally well.
 Everyone would be on his side and he would be able to do that again to me. So I was very afraid of him not liking me because I didn't want it to happen again. I didn't know if he would do that again if he stopped and started to hate me now.
 I remember wondering very explicitly if grownups actually enjoyed this because I wasn't enjoying it.
 I didn't understand.
 Whenever that was going on I was like is this supposed to, am I broken? Am I supposed to be enjoying this, or?

Somatic

I just froze up.

Even with all those people around I just knew like I didn't have the ability, like I was so detached from everything that I didn't have the ability to say anything or like do anything even with my dad and my brother and my grandparents right there.

I remember um him digitally penetrating me. I remember that feeling.

I remember that (seeing a hickey) because I remember looking in the mirror as he said that to me.

Up until that point where he was like actually um digitally penetrating me like right before he actually raped me um I was, I remember it all being very light touches. I don't want to say gentle because there is nothing gentle about it, but like not harmful.

One thing I never really thought of before was do you remember making eye contact with the perpetrator just before or about the same time you lost your ability to move; I do remember that because I remember exactly what his eyes looked like, um, and it never occurred to me that that could have had any connection to it at all.

I do remember very vividly looking at his face and looking at his eyes, and then I just couldn't move, couldn't do anything.

Emotional

At first there wasn't any like desire to fight back or anything

I was so detached from everything, it was like I was completely dead inside.

I just remember feeling so ashamed, like so guilty.

Guilt is like the most. Guilt and like fear that someone would find out and hate me. That was the most prevalent emotion throughout the entire thing.

Everyone will know that you are a bad person.

The fear really started from like the point where he opened his drawer and he had a bunch of beer bottles, like a bunch of beer and a bunch of cigarettes and he was too young to have either of those things. And then he was like, "I also steal my dad's knives," and stuff like that. So I remember just being like, I was like, it was like this moment of like clarity where I was like you are not sane, like you are not well.

Other episodes

I've had that feeling several times since

It is almost always in relation to what happened

All the experiences that I had with that (prosecution) are all um pretty much like go hand in hand with that feeling of complete detachment and the inability to move.

Especially when I was being interviewed by like the police officer, the investigator, that happened to me.

I just couldn't – I must have seemed completely comatose because I just didn't want to talk to anybody and I couldn't, I couldn't talk. I couldn't formulate anything.

The words are in your brain but you can't get them out of your mouth.

She would ask me questions and I, I know it would take me like three minutes to answer each question because I would just sit there.

I knew what I wanted to say but, it was just like this gripping fear that I didn't even understand.

I knew that I shouldn't have been afraid at that point because I was in no danger, but I was so afraid that I couldn't answer for the longest time.

Immediate aftermath

I was very shaky, I do remember that, I was shaky afterwards.

Not just like minutes afterwards, but I'm pretty sure I started shaking and feeling really cold and really like all that hours afterwards when I was in the bathtub at my grandma's house and I knew it was only a matter of time before someone found out.

Then I felt like guilty and started shaking.

It was almost like, like waking up after you've taken like a bunch of Benadryl or like waking up out of a nap and you are in a fog and then you slowly become aware and able to function.

I know that even hours later I was still just so like frozen and so um...detached that I, and I know that I didn't like, I don't think I really like regained the ability to like, to do anything until after I went home because I spent the night at my grandparents' house and I know I spent the night there. I do not remember anything about it but I know that after I came home I had to go to daycare and I had to pretend like everything was OK; that was the time that I was like OK, this is all going to be behind me and I have to forget about this because no one can know.

Very gradually meaning like I was pretty much walking around in a fog for as long as it took me to get home which I think was like a couple days.

It was so weird him being my cousin and up to that point me liking him – I wasn't aggressive towards him afterwards.

Shadow of TI

There will be times that I am being like intimate with my boyfriend and I'll have a flashback or something.

There are times when I will just go all out and start kicking, screaming and um then there are other times when I just, I just completely, it is like I, I know this is a weird phrase, but like falling away from the world.

Like I go back

I feel like I am between like some sort of curtain or something, like me and the rest of the world

When I talk about it is the only time that I feel or like have a flashback but I haven't had one of those in a long time which is good, but um, it is the only time when I feel like I can almost feel it is happening again.

Just even feeling like I'm back there is like the reason why, like the trigger almost that pulls me into that state of mind.

It is really only, like it is really only when I feel like I'm back there or when I have to feel or – especially when someone is forcing me to feel like I'm back there, which is why I think it happened so much when I was with the investigator because they are like "I know you don't want to remember this but how about you remember everything?"

The force of somebody making me talk about it and along with the feeling of being forced into something just compounds and makes me unable to do anything.

People don't know all the time so they make jokes that are really stupid and related to things like that, um, or they will you know will watch like – there will be like a movie that we are watching that has a scene with sexual assault in it.

If it is done in a way where I feel like the person who is, the person who is like doing it doesn't care. I guess I never thought about it, but um yeah I never felt like the investigator cared about what happened.

Because of that lack of like compassion towards me, like I become, I don't know, it almost feels like I'm being hurt again.

It doesn't happen so much with jokes but I have done it in movies before where I will be like oh no, it is happening, but I can't really stop it once it starts. I just completely detach because it is the easiest way to keep myself from feeling hurt.

And so like nowadays like when somebody touches the back of my neck, just brushes it like that, it used to like just set off like all sorts of emotions. Now it is just unsettling for me.

So anything like that. Like if my, like if my boyfriend is kissing me he has to like be hugging me or some like very, like tightly. He can't just you know rubbing my arms or scratching my back or something because it just freaks me out. So yeah, that physical sensation is definitely tied with that.

Making sense of it

I am like really connected with my faith and so um that is, that's something that has been a factor the whole, like, first I was feeling how did God let this happen to me and then after that feeling like oh um I feel like maybe this is something that like... like.... That God can use me for good and um, because I went through that like that is what my purpose is.

It has given my life serious purpose in my life.

Relationships

It kind of sucked because everyone was like well he was just a kid, he didn't know what he was doing. And I'm like yeah, obviously he needed help and like someone should have given him that help, but seeing how I knew what he was doing and I was ten years old and.... If he didn't know what he was doing then why does this still hurt so bad?

I love my grandma now. We had a big talk about it and things are better now.

It really really weakened my relationship with my parents and my grandparents for a really long time.

I've had to forgive a lot of it, and I think that's really good that I had to do that because um it is easier for me now when people like do something that hurts me, it is a lot easier, like I don't dwell on it as much.

I am well practiced in forgiveness.

I know that it affects him (my boyfriend) a lot and I know that it has affected us as a couple but I think that almost any relationship that I have ever had that someone found out that that happened it either doesn't affect the relationship or it just makes it stronger.

They (my roommates) don't uh look at me differently, treat me different, or treat me like I'm fragile or anything which is the greatest thing ever because a lot of people do that.

It has really only strengthened relationships. There have been times when it has weakened them but overall it is just strengthening and makes it better.

Memories

I can vividly remember that. (physical sensations)

Literally I don't remember anything but my dad looked at me, kept looking at me in the back in the rearview mirror when we were driving home.

I can't tell you what happened between that moment (the end of the assault) and getting in the bath and I can't tell you what happened after I apologized to him. I don't know but it is all gone.

I remember everything pretty clearly.

Oh yeah, definitely (more vivid than average memories). It is very like flashbulb memory-esque. It comes in like, I have it all mapped out and it's all like very vivid but then there are points where it is way too vivid, like very like I am right back there. I remember it, I feel sensations that I felt back then and things like that.

Effects

For a really long time I gave myself a lot of grief and I blamed myself because if I had been able to say anything even in the car things would have stopped.

For a long time that's what I associated with um not being able to move is that because you weren't able to move you are guilty and because you didn't fight back and like scream and kick and punch and all that stuff.

For me it meant like you.... I felt for a long time that I wanted it. I was like oh, this means that I'm a bad person that I wanted that and who would want that? It was terrible and I hated it but obviously I wanted it which makes no sense to me now.

I – almost my entire life I feel – my life I realized changed because of it but it is the only reason I'm in (a sexual assault crisis response team). It is the only reason I, like I want to be a psychologist because I want to, actually I want to help sex offenders because I know what kind of damage they can do and I, somebody needs to help them and no one wants to.

And so that's my entire life goal is centered pretty much around the fact that I was molested.

I think that I'm probably more empathetic because of it um because guilt is such a universal emotion that I have dealt with it for, I mean upwards of like eighteen years, or not eighteen but eight years before um I, before I finally realized that I shouldn't feel guilty for this.

I think I'm much more empathetic and I think that had I not had such a hard time getting over that guilt I think that I wouldn't have focused my entire, like, life on trying to help other people with either experiences like this or helping people that want to do that to people or something like that.

It took a lot longer for me to get over than say someone, to get over the guilt, the initial guilt, than say someone whose parents have been there the whole time saying you're, this isn't your fault.

I think that initial guilt is something that I dealt with for so long that I want to like, I never want to feel it again and I never want anybody that I love to feel that.

I think I'm more empathetic and I think that is why I care so much about it.

If I had not had the guilt then I don't think that I would have dwelled on it much past when it happened.

Nobody else wanted to talk about it, like I was the only one that was ever thinking about it. For a long time I tried not to think about it and um succeeded because I had succeeded in shutting that part of my life off.

I think that it wouldn't have been as big a deal in my life had I not had that guilt, had I not had that experience of freezing up.

I think that if it would have been worse then I don't know if I would be here at this point because there were some pretty low points where I was very, very suicidal, very depressed.

I'm almost thankful that I was able to shut that part of my life off for so long until I found resources, until I found people that could help and find ways to articulate what I was feeling.

Jennifer Horizons

Perpetrator

He was my foster father.

Cognitive

I just pretended I wasn't there.

Like I was very in tune. I knew where everything was happening but at the same time like I, my mind was concentrating on something else.

Even though I could smell, I could feel, I felt everything but I just wasn't there.

I wasn't there, just somewhere else; I think I just instinctively did it.

I was worried if I moved or I did anything I didn't know what was going to happen so I thought looking like a boulder would be the best.

I didn't want to see him.

And um, I uh, at the same time once it was over I wasn't sure if it was OK, because at that point in time you think everything else is yours. You are like everybody else.

I didn't know when he finished what did that mean? You know like does that mean it's done? Does that mean it's going to happen again? Does that mean I will lay here for ten more minutes?

I just pretended I wasn't there.

I thought about it (fighting or running) constantly, though. While it was happening. Like in between my thoughts of being on the playground playing or whatnot I would say you know if only I had my shoes on I would run out the door. I thought, if I pushed him down what would happen? Would he fall? Would he be able to get up? Um you know like where would I go? What am I going to do?

I think it is just checking out and like going somewhere else. Because like if you watch a scary movie you keep your eyes on the movie and you just take in the screen it is going to be more than if you close your eyes and you just listen.

I think it is more like that because with me just listening and like feeling I am imagining I can almost make up what his face would have been like. What the look of you, you know, he actually looked like, where I actually was. Compared to you know just like pretending I was somewhere else. Instead of like seeing the clock in my room, but like pretending it is like an apple tree or something. I think the distancing um was almost like a shield.

Definitely, definitely (checking out was a way of having agency).

I felt like if I retaliated or became aggressive then that would show my emotions letting him to be able to come in.

That was actually one thing I did think about because I thought about going up and hitting him or just anything I could to retaliate but I just remember being like he will be able to hurt my emotions, like put me in timeout or say that I was lying or just like get back at my emotions.

If I had run away then I would have had to face him. He would have know I knew what was going on. I mean obviously he knew I knew but it would have been that you know that encounter of having the talk, having to deal with this whole situation, whatever, I just thought, if I take this he will be gone eventually.

I didn't want any confrontation.

Somatic

I froze up um basically like bricks, you know, hard as bricks, just kept everything very stiff.

My breath shortened almost like I wasn't breathing, just barely.

I just tensed up and cramped up and then I just kind of like let my mind just go somewhere else.

Whenever I first started to tense up I was getting really hot and then I started like focusing on my breath trying to like get it lower and made it seem like I wasn't you know going crazy.

But then I just felt cold and started getting really cold and just blanked out.

I remembered to tense up my body but not to move it so it seemed like I was asleep, but just tense up and not move, immediately close my eyes. But inside it was more like a creeping feeling, like the cold, kind of starting like in the gut and it kinda like went throughout and I just froze.

Uh huh (it happened more than once), every time.

It says rate the degree in which your inability to move or resist suddenly without, um, that did just happen. I didn't realize that I was going to do a defense but once I felt a touch it just triggered.

I wasn't able to flee, I had no, no way to do that.

I think that was like, that was actually another time that I kind of froze where I would just talk about it but I wouldn't like – when they were like how did that make you feel, I wouldn't answer. (When being questioned by LE.)

And when I touched the doll and I realized what I had to do I would just freeze and be like I don't want to do this. Like I don't want to revisit it.

Emotional

Terrified.

I felt dirty.

I just felt kind of hollow in a sense. That is probably from tensing up and just you know just not wanting to be there.

I was scared.

I think that was always my fear because with my body just paralyzed there I just, I wasn't there.

It was definitely a lot of fear.

Immediate aftermath

Whenever I was finally left alone um I would open my eyes and... un-tense I guess. Just like kind of like let my lungs go but um I would just feel like ants all over me. Kind of like the shivers and that feeling and then the pain would come, from being penetrated. I didn't feel it during the process, I felt it after. (I became aware of it) suddenly.

Felt really grimy. Really just you know like Macbeth with the blood on his hands but kind of in that sense that I scrubbed my hands a lot. I remember doing that. I just wouldn't stop washing my hands.

I couldn't eat anything.

I would avoid his gaze.

And just kind of pretend like he wasn't there.

But I never looked him in the eye. Like never in my whole life looked him in the eye. What should I do? How could this happen? Um how can I get out of this? What am I going to do as a stress reliever? Who is involved? What is it going to look like if I choose this path over that path? Which one will make me look more like an idiot or like the better person or the tougher one?

Shadow of TI

In a sense. I don't see it as the same feeling but whenever I get very angry I will tense up. I will freeze and I will focus on my, well not focus on my breath but keep breathing but I will be completely tense.

But I don't know if it would be the same freezing scared emotion like that was because that was when I went completely hollow.

Not so much fear for my life but fear for the outcome, like what is going to happen because I didn't know what was going on, I didn't even know what it was you know.

In a sense (I see a connection), when I just get really angry. My angry is a little more severe than a person that hasn't gone through um you know such severe events, but I guess, yeah, a little bit. It is more like not the fight or flight but it is in there.

A little bit. It is not the same but I would say it is definitely associated because whenever I get angry I also get scared about what's going to happen, and so I guess it is kind of like the same fear but not the same circumstances.

Whenever I get angry or frustrated I just go raging, it is different because with the freezing my mind would drift but with the fear I have racing thoughts.

Because I know if I do something the other person is going to do something back you know and who knows how that is going to happen.

Making sense of it

I kind of looked back at like memories and wondered why I just locked up and I think it was because I wanted to secure myself in that way.

I would say, I would say that was probably the best reaction for me to do, um, both in the short run and the long run because in the short run I didn't want to see what was going on. I wanted to block it out. But also in the long run...I just fell like if I wouldn't have opened up, let everything in, I would be more impacted. I wouldn't want to talk about it. I would see like the worst of the vivid.

I think it was a better idea even though I had to overcome you know and I still have to overcome just being captured inside myself.

I don't think I would have known what else to do.

I don't know if not freezing up would have helped me. I think it was basically for my own experience the right instinct to do.

Relationships

I'm not sure if it would be the freezing but um you know and so like the sexual relationships that I have now and... It would be easier to like you know just do the act instead of having emotions come out.

And I think that's more because I, I don't want them to touch that you know. Like that – this like I am signing up for this but I'm not signing up for like the emotions. I don't think I exactly freeze up when I have sex but I don't focus fully on that or the emotions

or the character that I'm with fully you know. It is more what am I feeling? I definitely do close my eyes. I don't always stay in the moment.

So I would say yeah actually in a sense, because I'm not always fully there.

I would feel like that definitely creates a lot of trouble in relationship us because it really sucks. Having sex is a beautiful thing and I'm all for people with marriages and nuts when you are making love and stuff.... And I want to get engrossed and have my mind and my emotions and my feeling and the urge and – I really feel like that but at the same point – at the same time – I only have a little bit. I won't be able to fully engross myself, just fully open up, just have someone caress not only my body but my feelings.

I haven't been able to open up as much as I would like

Memories

Very (clear), (like more clear) than what I did yesterday.

I remember the room I was in, like everything, the smells, the feeling, like the crevices of his hands, like I really remember everything.

I don't remember what his eyes looked like. Everything else but not his eyes.

At the beginning I definitely pushed all of those memories away. Not think about them, just push them all away after all the detectives and social services and everything and dealt with them. I really just like put those away.

I kind of looked back at like memories and wondered why I just locked up and I think it was because I wanted to secure myself in that way.

I remembered every like feeling of what was going on except to see him because my eyes were closed but I would go away and come back. It was definitely like little flashes of what was going on, kind of like a strobe light but not at that consistency but really random, here is one for you, here is another one.

Especially right after it happened um like hours after it happened I would be playing with some toys and just randomly get some flashes.

Effects

I almost feel like I wouldn't be as strong as I am with it. Maybe as OK with it. Like not that I'm OK with it but I accept that it happened. I feel like I had just unfroze and looked him in the eye, opened my eyes and saw what was going on I probably would have scared myself more.

And I probably wouldn't have come out with it. I'd pretend that I did. I told once he left. Once he was out of the house I told. Um but I feel like if I hadn't tensed up um knowing what was happening and trying to get away.

It would definitely like have taken me, like more severe (if I hadn't frozen).

I don't think I would have wanted to face it.

Actually that started to happen you my freezing and everything, I just.... I kind of felt like my body was a cave but I was like the rocks in it. And so my cave could be open and everything but you couldn't find the secret treasure. You can't get to the important part.

In a sense this experience made me stronger and weaker. Stronger in a sense that I definitely respect myself more. I hold my confidence closer to me. I don't let other people stand on me. And I think that's all because like the protecting thing. So in a sense it was a good experience for me because I really grasped onto those qualities at such a

young age of you know being, or a young adult and being able to walk into a room full of adults and having as much confidence as them. You know it helped. And that was over like the battle of you are still loving, it wasn't your fault, you are a beautiful person, like you can keep going, this is a little step in the road and you can keep going. But at the same time it really broke me down because I can't you know find that love in that situation you know. And like I always feel like the innocence was stripped from me. I never got you know the experience that I wanted. Whenever it comes to sex and stuff I'm...you know not that the one dreaming about the, that will be the time when I feel the ecstasy of love and stuff. Even though I want to I don't think it will ever be fully be like that. I will be able to love in someone's arms but not to the extent of where I could have possibly been able to. Um but, I mean each experience in life pulls you up and breaks you down.

Maree Horizons

Perpetrator

I was sexually molested up until I was about five years old and it was by my grandfather's second wife, so my step-grandma, her son. So my step uncle. I want to say he was about fifteen.

When I was seventeen I was raped by an ex-coworker.

Cognitive

I closed my eyes and didn't think about it.

I did have like one or two flashbacks of stuff happening when I was like two or three.

I just didn't want to tell anybody like I feel like a lot of people would have been like well why didn't you fight back? Why didn't you do anything?

I mean I have never been one to stand up for myself anyways.

I do know I closed my eyes the entire time. I didn't want to look at him.

It is just one of those things where you don't think it is going to happen to you.

I think both times I, I almost felt like I would get in trouble. Like I always felt like it was my fault. Um I don't know why that I have always felt that but I always felt that it was my fault.

I think I was trying to think and like I couldn't even control my thoughts and that was, other than physical, that was one of the main things that I couldn't even control my thoughts. I didn't want to think about the past. I didn't want to think about what was happening. I didn't want to think about what would come of it but that was all I could think about. All I could see were like little memories and I didn't want to. I didn't want to see any of that.

I didn't want anyone to know.

Somatic

I was telling him no and then after that I just kind um closed my eyes and didn't remember anything.

I was kind of frozen.

I was sore just because I wasn't expecting it. It wasn't comfortable because I didn't want it.

Emotional

I was scared.

It was mostly just scary because I didn't know what he could do because I had heard so many stories of people being beaten and stuff. I didn't want it to even come to that so I just kind of froze and sat there.

Mainly I was scared that um that like the memories from when I was younger, like I was scared that they would come up because I was told that those memories don't go away forever and they can come back.

I had flashbacks and that was kind of scary because I had never thought about that kind of stuff.

And I was just so scared. Like I didn't want him to hit me or anything like that. I was just so scared that I just kind of sat there and took it.

I was scared and never been in that situation that I can remember.

I think mostly I was scared.

I was just scared that it happened to me and that if anybody ever found out like something would come of it.

Uh huh, definitely (had a strong urge to flee) but I wanted to avoid looking at him.

I wanted to hit him and run away and scream but I was frozen and I was scared. I didn't know how he would react if I had done something like that.

I knew I was just really – like another control thing. I mean I'm not a control freak, I'm not, you know, I don't need to be in control of everything but not even being, not being able to do be in control of what was happening to my body and my mind, it was scary.

Immediate aftermath

Toward the end, whenever he was finished I guess, um he pulled his pants up and I was wearing a skirt because I had just got off work. I was shaking and I was on a desk, he had put me on a desk and um like it took me a minute or two to get off the desk.

After he finished he like stepped back and I was like still like sitting on the desk leaning back against that wall and once I felt him move away from me I opened my eyes and I sat there for a second and like I just took in what really happened. Like I was really in shock that something like that could happen to me.

Like he opened the door for me and waited for me to leave the office and I remember um just being really shaky and um just walking out shaking. Like in shock kind of.

I went home. I walked home.

Shadow of TI

Making sense of it

I think that is what made me able to not necessarily forget it but let it go and not bother me so much.

Relationships

Well like for four or six months before we (husband and I) started dating I was sleeping around a lot and I didn't, it is not something I am proud of. I didn't really have any significant relationships between when that happened and when I met my husband.

It was very short you know two week long relationships and I never went more than three days without having a new boyfriend.

I think it was just that I didn't, I wasn't looking for, I was just kind of going without anybody just to see like, I guess I just wanted to be like in control.

Memories

So the end of it is the only part I remember other than right before it happened.

I don't really remember going back into the office.

I just remember thinking about that (old memories of CSA); I do know I closed my eyes the entire time.

(I remember) seeing his face. He was just kind of looking down. He wasn't looking at me. (And then I closed my eyes.)

I would say beforehand is fuzzy. After hand is a lot more clearer than before.

It was the one that I flashed back to during what happened three years ago, and it was my step-uncle, he, I can't remember how old he was but we were in our bedroom, someone's bedroom, and he forced me to give him a blowjob. And um the one thing I remember is you know he ejaculated and it went everywhere. And he was like stay here. And he ran off of to go get toilet paper to clean it up. I mainly remember him.

Effects

I was very like I don't want to deal with it. I am fine now.

It just made me want to be in control, and like me getting to choose who I sleep with. I went through a period of time I was like oh I like that guy I am going to sleep with him and then the next week oh I like that guy I'm going to sleep with him. It was stupid and like I don't know why I thought that but I, I like being in control and I liked having them wait for me and having guys accept no and then me saying okay then accepted me saying no yesterday so then today I will say yes and it will be OK.

I've never wanted to be out of control in that area.

I think with having it happen to me so young I had learned to repress it..

Like I know it's there and every once in awhile it will pop up and I will think about it or remember but um I just learned not to think about it on a day to day basis.

So I don't like to think about it.

I probably would have blamed myself a lot more if I hadn't had that feeling of being frozen. I think I would have told myself that I could have fought back and I would have put myself down for that. And then I might have even had the opposite effect of not um, you know just closing up and not wanting to talk to any guys or something if I thought it was my fault.

Sophie Horizons

Perpetrator

Cognitive

I mean it was really hard for me because I can always have control over myself, I mean I'm pretty strong for a girl.

What the consequences were going to be because of this.

Like if my life was going to be over.

If I was going to completely be a different person.

Somatic

It was like I had no control over what I could do.

...trembling all over and.... Just like a tingling feeling I guess, more so than anything.

I could just feel my head pounding, it was like my heart was in my head.

Emotional

It was just very fearful what was going to happen.

So much fear, so much distress like....

I remember being completely terrified.

And like the frightening....I mean I was so scared of what was going to happen.

Immediate aftermath

I was horrified.

I ran away.

I wanted to die.

I just cried, I didn't know what else to do.

It was just a lot of fear and I was like shaking, like rocking back and forth like cradled like a child and just shaking and crying and...

It was like I was cold, like my body, like I was shivering.

I felt like it gradually came back (control), but I don't feel like necessarily instant like... I would say gradually, like 'here are my hands,' I can finally stop shaking and rocking and...

When everything stopped it was like, it just happened so quickly I just felt like I was able to like run away but I couldn't necessarily tell that I had control. It was just like instinct to run; then I was able to find someplace to sit and then that's when the shaking and coldness began.

I ran away.

Shadow of TI

Ever since it happened it was like I had a really hard time like connecting with other guys, like letting them touch me or letting them do anything with me, and I would just like stop them or if they continued then that feeling came back and... I mean it hasn't been to that point to where it was at.

I wouldn't say like frozen but it would be like I don't know what to do.

Like it could go back to that same degree but it never has.

The feeling that I won't be able to have like control over myself or like my actions and my emotions or anything (is scary).

I just get scared I guess.

It's more just when the sexual contact is happening and it's like you are being too aggressive and I'm telling you to stop and you are not stopping and then that, it brings me back to that.

I kick or I guess I try to get them off.

With my boyfriend right now like we fight all the time and he tries to like hold me back me from not using my hands it is like, that can bring me back to that as well.

Making sense of it

I think I've never been able to explain why it happened. Like why at that moment I wasn't able to do anything.

I never really understood why and like... and I mean now it's like when I do get in a fight with someone or like I don't have control of my... that frozen.. this is really hard to explain. It's like not being able to like move or do something is because I'm just not strong enough and that's what I always thought, it is just that I wasn't able to escape because that person was stronger than me.

I don't think when I was, like back, it was like three years ago – it wasn't me that wasn't strong enough, it was because my body did something and I can't explain it.

That's what I always thought was that I wasn't strong enough; I don't think it was because I wasn't strong enough – I recently haven't thought that because the things I have done through recently like being in fights and not having that.

It is more confusing as to why my body did that, I mean, I don't understand it I guess necessarily.

(The confusion) bothers me but like at that moment I wasn't able to do anything. It is actually really bothering that there was absolutely nothing I could do and it wasn't because I wasn't strong enough, it was because there was nothing I could do, my body wouldn't let me, and that's what gets me so worked up the most is that what if that happens again? What if my body decides to shut down on me at the wrong moment? What am I going to do?

Not being able to move my body was one of the hardest things I ever experienced. It's – the experience but also like I said not knowing why, and it is extremely frightening because it's what is wrong me I guess.

It is like, after it happened it was really hard to cope with that. I shut down, like emotionally, mentally, physically. It was like I wasn't even there.

The hardest part of it is why, I mean, that was more than I could handle.

Relationships

I was very very standoffish to any, like any guy. Any. Because that sense that it might happen again or it might come back or someone might be too aggressive with me would come back if it was, I mean if...

I think it hasn't allowed me to get as intimate or as close to them as I wanted.

All through high school I wasn't able to do anything because it was that difficult, I mean it happened right after my sophomore year and it was like since then... I'm just starting

to get better – able to get close to someone and allow them to hold me and not feel like it's going to go wrong.

Memories

All of it just stands out, it is so vivid, it is like, second to second I can remember everything that happened.

The most vivid would be like the first part of me not being able to do anything when I had lost complete control and nothing I could do.

I think they were definitely like senses. Like I can remember like, like of course my surroundings, like where I was and what was going on. Like I remember like the sweat dripping down his face and like everything. Like the feel. It all.

Everything was very vivid and I remember second by second everything.

I mean I can just remember what happened, jut boom, everything.

Effects

It definitely changed me for my entire life.

I am always very aware.

So it is something that is going to stay with me no matter what. I have come to terms with that but I also think I gained a lot, like I have gotten a lot better at like... knowing, or like trusting that it is not going to happen every time.

I wouldn't say I have always been able to do that (be aware that consent can be safely given).

I feel like if I was able to get away and like my body wouldn't have done that I wouldn't have been as emotionally distressed from it.

I mean yes it would have still taken a toll on me because it did happen, it was someone who I did not expect it to come from.

The fact that it was – my body locked up on me I guess – is what really bothered me.

The worst one was worrying that it could happen again, it is extremely frightening that it can happen at any moment I feel, because I have no explanation as to why.

There was just so much hatred towards him that I just wanted to hurt him like he hurt me.

Tiffany Horizons

Perpetrator

He was extremely aggressive and extremely forceful.
 He was a lot bigger than me.
 He was a lot stronger than me.
 He would grab me by the back of my neck.
 He was very terrifying.
 I think he knew I was just too scared.

Cognitive

When you get in that situation you just freeze and you don't know what to think.
 Your mind kind of goes blank.
 The first time I was really just confused because I thought he loved me.
 I didn't want to see what was going on.
 I also didn't want to see his face.
 It was so unexpected that time.
 You are just shocked, you are just like what is going on?
 I didn't know what to do.
 You don't know what to do.
 When you are in that situation the whole world stops I think.
 At the time I just wanted to close my eyes and I didn't want to see it.
 You just want to leave.
 It was really confusing.
 I think at the time I was just so confused.
 At the time I was just like, why would he do this to me? Why? Like I kept thinking why.
 I kept thinking why like over and over again. Like just mainly why is this happening?
 I kept thinking just stop.
 When you are at that point you can't really think. It is just cloudy. You really can't think things out during a traumatic experience.
 I just wanted him off of me. That was all I wanted was I wanted him off of me.
 I didn't want to look him in the eye. I couldn't. Even after that I couldn't look him in the eye. I didn't want to look at him.

Somatic

I remember I was just paralyzed.
 The first time I just closed my eyes through the entire thing.
 Yes (I saw his face right before I closed my eyes)
 I was just too scared to move.
 I couldn't really talk during it. I couldn't fight and scream.
 You kind of just lay there and just... I didn't know what to do.
 I would just lay there.
 You have no voice and no strength. You can't walk, you can't talk, and you can't do anything.
 It is a little like you can't even feel your body.

When I look back on it, I know this sounds weird, but it was like an out of body experience, it is like I feel like I'm watching myself.

The most painful thing was when he would grab me by the back of the neck. To this day if someone ever like jokes around with me about that stuff it brings back that traumatic feeling – probably anger.

I was kind of numb. That was really about it.

Just through the whole experience I just felt numb.

The first time I was numb but I had some shaking. It wasn't like extremely violent or anything, it was just like minor. But that stopped after like I regained movement and stuff. And then I went home and the shaking stopped and I was just numb.

Emotional

I was just scared.

It was just terrifying.

I was like scared.

I was just so scared I didn't want to see what was going on .

I was just terrified.

The whole like situation it just made me feel so dirty.

Like it almost felt like it was my fault. It played on my guilt.

I didn't want to fight him because I think I was just too scared to do it.

It is just fear just cripples you.

Even to this day I'm so terrified of him.

It was just embarrassing.

He just made me feel like dirt.

It was really angering.

The effects afterwards was that I felt dirty, disgusted, oh it was just and awful feeling.

I mean I was angry. I think the anger and the confusion went together though. You are angry because you don't understand why.

Just at the time I felt so hopeless.

Immediate aftermath

I never ran away from him after so like that – there were times that he would be done and I would just lay there. Like I was still unable to move.

I would cry and things like that. It was just awful.

I would just lay there.

I would kind of act like it didn't happen.

I would never bring it up.

I remember I just would feel dirty, just disgusted of myself.

I just remember feeling so disgusting.

I just you know slowly got up, got dressed, and his mom drove me home.

Went home, went to bed. I think I probably just wanted to block it out.

I didn't know what happened but at the time I was just terrified.

I was just kind of still numb (physically).

By the time I woke up the next morning I felt better.

So like every time I just got up and left. Like I would never stick around after that. Why would I?

Like I would gradually regain movement.
Um, I wasn't aggressive towards him at all.

Shadow of TI

Since the whole thing I've never been with someone who scared me like that I just have a resist – a very – I am just resistant, um, because I'm terrified of it happening again. He created this very scary mindset with every person I will ever be with for the rest of my life or anytime I sleep with someone for the rest of my life that that can just happen to me.

I haven't ever felt that scared but I do feel resistant that it can happen again, so it's just a fear.

It is like that don't touch me sensation, just like stop. I cringe and like my whole body tightens and stuff. Just makes me mad now.

When he would do it at the time it was just out of fear but now um like I pulled away from it I am terrified it would happen again.

My fear is because I let it happen to that extent, like it happened like the whole – like the unresponsiveness happened like most of the time. Actually, every single time. Yeah. But I am scared that if I was ever put in the situation again I would freeze up again because it is so apparent. It is just so terrifying. It is like you don't know what to do, you can't even think.

Uh huh (it is scary that your body might freeze up again) because just like that experience along you can't fight, you can't say anything.

But I don't know if it would be somebody else if I could do it or not if I could fight or not. But that feeling of being so helpless is just terrifying in itself because all you want to do is scream and you can't, or just pray someone walks in or sees you and it doesn't happen.

Making sense of it

I guess in my situation it was because I knew him so I was too scared to fight. I also believe things happen for a reason. I don't want to believe that, that there was good that came out of it. I mean yeah, it made me a stronger person, but I mean... I don't know.

Relationships

It did make me very scared to sexually intimate with somebody else. It definitely brought up those terrified feelings, and when I was with somebody else I have had some resistance to doing it because of him. I didn't really feel frozen but I had fear to be with someone else, like it was terrifying.

It has made me very um scared to be intimate with people.

Particularly after the incident I was terrified to be somebody else. It took me some time to be with another person.

Still to this day I feel like the next time I will be intimate with someone else still I will second guess myself because of him because I will be scared of will this happen again. It personally affects my other relationships in my life.

I don't really want to break out into song and dance about what happened in my life.

I have opened up to people and I have told them what happened before and they scared or they, they don't know what to say you know. It's a sticky situation, it's painful and it's hard.

I don't trust anybody enough in my life.

A lot of it has to do with trust especially because my ex-boyfriend betrayed my trust by doing things like that to me and I'm scared the next person will do that too.

All he did was instill a ton of fear in me.

Still with a guy it's hard but I have only opened up to you know talking about it to my counselors and that.

Memories

I purposely try to forget the memory of it

They are kind of fuzzy on purpose I think.

Like I purposely try to repress it. I don't want to think about it.

It is painful just to think about that. It is not something I want to relive on an everyday basis.

It is just um I purposely want to put it in the back of my mind but it is part of who I am so...

They are like snapshots. (They are) fuzzy).

Effects

Whenever I think back I am just disgusted.

It kind of puts you in this permanent mindset.

When people joke around like that it makes me feel that way, so dirty, because it just flashes back in my mind.

You know your experiences kind of define you and who you are and stuff.

Now my hope is to just to not to let the situation happen again.

If I did the right thing, if I truly got myself out of that situation, I wouldn't have to had experienced it.

But I think if I literally could have screamed or could have fought it probably would have been a whole different situation.

It made me question my own religious faith which was hard.

It really affected me traumatically in my life.

It just made me question why that would happen, why that happens to anybody.

It has definitely defined my personality and who I am.

It's caused me not to trust people very well and things like that.

So I mean it has definitely affected me long term and will probably will continue to affect me the rest of my life.

APPENDIX D
INVARIANT CONSTITUENTS

Alex Invariant Constituents

Initial confusion

At first I was really freaked out
 I couldn't believe like this was happening
 I was just confused at what was happening with the situation
 I was just so thrown off that I didn't really know what to do

Clocks and mirrors

I saw in the mirror

Close eyes/didn't want to see

Choosing to check out

I just kind of tried to mentally check myself out as much as I could
 I kind of checked out during the whole like act of it – that is definitely the fuzziest
 I want to block it out so badly
 I felt like there was nothing I could do
 That was kind of like my only answer to it
 I just wasn't there
 It was almost more like it was just not happening, I was just there
 I didn't have any emotion

Terror

I didn't have any emotion
 I felt stuck
 At first the event was frightening, but not being able to move wasn't scary.
 It was almost more like it was just not happening, I was just there
 I remember being scared but nothing that was like actual extreme fear

Guilt/worry about what others will think

“Captured inside my own body”

I was frozen during but it felt like I really I was not there
 It was like somebody turned off the lights on my whole body
 I couldn't move
 I couldn't feel anything
 I was just so detached from my body
 After a second I just for some reason, like I just kind of like, there was just nothing
 I just couldn't really scream or yell or anything like that
 I feel like I was trying to say something but it was like I couldn't make my mouth say it
 louder than it would
 I felt stuck

I just had so many emotions at that moment that I remember feeling like I just had so many emotions running through me that I just – everything was just on lock down.

Physical numbness/awareness of pain afterward

I was in pain.... My wrist was really sore

Shaking/shivering

Afterwards I remember shaking a lot

Changes at moment of penetration

I first started shaking when he like first inside me and I was crying, I remember that is when I first started shaking

Perpetrator face/eyes, often right before closing eyes

I remember looking up and seeing him on top of me, that is what I remember the most
The one thing that always stands out is when he was first on top of me and I remember just looking up at him and just – just thoughts and feelings that I didn't know
I would definitely say that's the most vivid (seeing his face above)... I don't think I can forget.

The one that says do you remember making eye contact with them of course is the one thing that really stuck out to me out of the whole event

Urge to fight or flee

I just ran out

The most thing was that I knew I wanted to get out of there, that was the biggest thing.
I kept thinking I need to get out of here.

Gradual return to movement

I just kind of laid there

I was just staring

I just remember sitting there just in shock

I couldn't move

I didn't know what to do with myself

I just couldn't make myself get up

My body was like freaking out

It wasn't like I felt that need to immediately move

I knew I wanted to get out of there but I didn't, like my body didn't want to move yet

I was just so shut down and drained

I couldn't make myself move even though I wanted to get out of there so bad

I just kind of sat there for a couple of minutes and tried to like make sense of something in my head

Confusion afterwards

All I could think about was what was I going to do

I had nowhere to go

I felt like lost

What happened?
 What was I supposed to do?
 I was really confused
 I don't know why in that moment like right after that I wasn't blaming him

Crystalline memories of perpetrator departure

I remember when he got up and walked out, I always remember that because I was just so confused

Physical soreness afterwards

The rest of me was sore, like my whole body was sore
 It felt like I had like done a huge workout but I hadn't
 My body just felt kind of like exhausted

Shadow of TI

Having my body do that sometimes when I do like....
 Whenever I get alone with guys sometimes I kind of feel like it's like – freeze up at first
 but just for a second, I kind of feel like tense or something
 Every once in a while I will notice that my body will get tense and I'll feel like a little bit
 uneasy and just like that
 My body doesn't feel like the same way it did then, I know I still have control of it and
 stuff like that but there's just something that always kind of leads to it.
 Like I feel like I can imagine feeling that but it doesn't happen.
 I feel a little tense and stressed out....but I have never really lost more than a couple of
 seconds
 Just crosses through my mind and passes through
 I think it is more of a kind of way for myself to like check to like make sure I am in an
 okay situation
 It is just something that I feel and recognize it
 I think it's just like the intimacy of the thing

Relationships

I am definitely a lot more like cautious around like people that I am in a relationship with.
 It's really, really difficult for me to open up
 I have never been able to really express myself super well to others but now it's more
 noticeable
 Expressing myself in the way of like telling my feelings or something like that
 Opening up and truly getting close to someone is kind of what bothers me.
 I don't want anything like that to happen so I definitely try to keep my walls I guess up
 pretty high
 It has (had an impact) in the first relationship I was with after that

Memories very clear unless choosing consciously to not remember

I could remember for the most part really well

Guilt/Shame

I knew I should have like tried to say something
I felt like ashamed
I felt like it was my fault
I got myself into that situation
I just remember feeling really guilty afterwards

Making sense of it

I thought that was just my way of escaping and that is how I would kind of put it in my terms

Other lasting effects

Present appraisals

I wish I could have or would have put up a bigger fight
I am definitely trying to keep it out of my mind
I should not be ashamed of it, like I am ashamed of it but I shouldn't feel guilty about it
I am just like disgusted with him
I feel like there's a lot that it is hard for me to think about

Asylum Invariant Constituents

Initial confusion

It was like, what's happening?

It was the initial shock of what's going on here and then oh my God I can't move.

Clocks and mirrors

I couldn't really think anything so I just laid there and watched a clock.

I remember staring at the bright green lights of the clock that was on the bookshelf.

I remember, mostly the part would be the numbers on the clock. I mean everything else is a little fuzzy and I don't remember his face at all.

Close eyes/didn't want to see

I remember not wanting to look at him. I would look anywhere else but at him.

I couldn't look at him anymore.

Choosing to check out

I remember thinking this isn't happening. He is not here.

Terror

I was terrified but at the same time I, there was just nothing there.

I couldn't really feel anything.

There was that fear but after that fear got to a certain point I shut down.

Guilt/worry about what others will think

I was afraid of what my mom was going to say.

"Captured inside my own body"

I couldn't really think anything so I just laid there and watched a clock.

I couldn't say anything.

I didn't move at all. Yes (I wanted to move), but I couldn't.

The uh inability to move that occurred suddenly or slowly, it was extremely sudden. I was shocked at how I was fine, I was able to move you know and then all of a sudden it just – my body stopped working.

I shut down pretty much.

I couldn't, the fear and the adrenaline hit and things stopped.

Physical numbness/awareness of pain afterward

My legs felt heavy but I don't remember feeling anything.

Shaking/shivering

Changes at moment of penetration

I was shaking my head no as he was pushing into me.

At the beginning he was um asking me as he was pushing into me; I looked away as soon as I felt him.

Perpetrator face/eyes, often right before closing eyes

I remember, mostly the part would be the numbers on the clock. I mean everything else is a little fuzzy and I don't remember his face at all.

Urge to fight or flee

Just wanting him to get off and me wanting to move.

Yeah (I wanted to get out of there).

I wanted my legs to move so that I could get up and go but I couldn't get them to move. I did (feel aggressive) to a certain extent but I repressed it because I feared well I am going to have to be here to rest of my life, there is no need in starting up fights that don't need to be there, we just need to try to get along.

Each time we walked past the stairs I had to resist the urge to push him down a flight of stairs.

Gradual return to movement

And then the regaining it gradually, I mean he had to shift me into his desired position and I slowly came out of the weird catatonic state I was in and eased myself out of bed and started crying.

I couldn't get myself to move so he rolled me over on my side and I curled up in a ball and I cried.

Confusion afterwards

Crystalline memories of perpetrator departure

Physical soreness afterwards

I remember I was sore the next morning. Yeah (my whole body was sore), I thought I used my abs for some reason.

Shadow of TI

Yeah (there have been other experiences) but it's more residual effects.

My most recent boyfriend, every time he would come to hug me or kiss me I would pull away or freeze up and he would have to stop and ask me what's wrong. I would have to say I'm OK but it is just.....

I would tense up like I was getting ready to run but it would get to a point where my muscles were so tense that I just couldn't.

I didn't want him to touch me, I just wanted to back off and get away and...

(I was able to say something) Only after he caught on to my muscles tensing up and he would stop and look at me. He would shake me and ask what was wrong – Are you OK? You're not moving. And then tension would slowly drain. I would take awhile and after all that was drained out I was able to speak.

Yes (the feeling is very similar)

Somebody coming onto me makes me a little uneasy in general.

I think it just has to do with the male presence being there and what could be a potentially sexual situation.

It is similar in a way that my body tenses up and I want to run but I am unable to get my legs to move over to pull away or anything.

It's a little bit different in that when it first happened I was scared but I wasn't.

Now I can, I feel the fear. There is no shutting down, I just can't move.

We will just be sitting there on the couch watching a movie and then he will come onto me and get a little cuddly and I will have to push him away or back away and tell him what's going on. He will ease out of it and, "OK I won't do anything you don't want me to do. I know what happened. You are fine."

Relationships

It was very, very, very difficult to start a new relationship; I didn't feel safe; I didn't feel like I deserved it.

I didn't really want to talk about it because I wanted to forget it ever happened but it was affecting the relationship that I had in this relationship. So he wanted to talk about it and make sure that I felt OK and that he didn't do anything that would cross the line that I had set up.

I am glad that he managed to pull it out of me and we have gotten a lot closer since then. I feel a lot safer with him because I know that he is not going to do anything that I don't OK first.

Every time I have a little freak out he'll stop and he will wrap his arms around me, "It's OK, it's OK."

It is difficult for me to be around guys my age, especially those who show any sort of attraction towards me.

Memories very clear unless choosing consciously to not remember

Guilt/Shame

I felt disgusting.

I felt like it was my fault.

I felt like somehow I was asking for it and like I had to – because of the way I was brought up with the religious background I had I had to stay with him the rest of my life.

I felt dirty.

I think because of the freezing up that's what made it feel like it was my fault because I didn't push him off because I didn't try to get him off me and get away, that I just laid there and took it.

I think if I was able to move and fight that I would have felt like I was able to do something about my situation, and if he overpowered me then he overpowered me because he was stronger than me but not because I didn't do anything.

Just to lay there and not do anything but wishing that you were doing something is difficult.

Making sense of it

I didn't know why I couldn't move but I guess I kind of just attributed it to the tension in my muscles; they got so tight that I was trying to move them but because of that tightness I couldn't.

Like my body was getting ready for the fight or flight response. My muscles were tensing getting ready to either fight or flight but they got over-tense.

*Other lasting effects**Present appraisals*

Elizabeth Invariant Constituents

Initial confusion

At first didn't realize that what was going on was wrong at all
 When I did realize that...this wasn't OK, this wasn't what normally happened... then it was very much so like I didn't have the ability to understand what was like, like my brain knew what was going on but I couldn't understand like the experience.
 I couldn't understand what I was feeling.
 So much was happening so quickly
 It progressed so quickly from, from just nothing into this happening
 I was so overwhelmed that I couldn't, I didn't really have the ability to like, know what was going on.
 Whenever that was going on I was like is this supposed to, am I broken? Am I supposed to be enjoying this, or?

Clocks and mirrors

I remember that (seeing a hickey) because I remember looking in the mirror as he said that to me.
 Literally I don't remember anything but my dad looked at me, kept looking at me in the back in the rearview mirror when we were driving home.

Close eyes/didn't want to see

[Member check comments: Didn't close eyes during, but did look away at sheets because she didn't want to face what was happening.]

Choosing to check out

I was so detached from everything, it was like I was completely dead inside.
 It doesn't happen so much with jokes but I have done it in movies before where I will be like oh no, it is happening, but I can't really stop it once it starts. I just completely detach because it is the easiest way to keep myself from feeling hurt.
 I'm almost thankful that I was able to shut that part of my life off for so long until I found resources, until I found people that could help and find ways to articulate what I was feeling.

[Member check comments: Became very analytical and compared what it did feel like to what it was "supposed" to feel like.]

Terror

I was also very afraid of my cousin (the perpetrator).
 I remember during the thing thinking that after this he better not hate me because um I knew at that point that he was not well, like not mentally well.
 Everyone would be on his side and he would be able to do that again to me. So I was very afraid of him not liking me because I didn't want it to happen again. I didn't know if he would do that again if he stopped and started to hate me now

The fear really started from like the point where he opened his drawer and he had a bunch of beer bottles, like a bunch of beer and a bunch of cigarettes and he was too young to have either of those things. And then he was like, "I also steal my dad's knives," and stuff like that. So I remember just being like, I was like, it was like this moment of like clarity where I was like you are not sane, like you are not well.

I knew what I wanted to say but, it was just like this gripping fear that I didn't even understand.

I knew that I shouldn't have been afraid at that point because I was in no danger, but I was so afraid that I couldn't answer for the longest time.

Guilt/worry about what others will think

That's what he said, um, he told me that everyone was going to be mad at me.

I remember him right afterwards saying, "You can't let anyone find out that because if they find it they are going to know that you did something really bad."

I knew that if I moved, if I did anything in my mind I knew that everyone was going to be very mad at me.

That's when I really froze up was knowing that everyone would be mad at me.

I just knew my dad was going to hate me. Like I knew that and that was the worst feeling in the entire world.

Everyone would be on his side and he would be able to do that again to me. So I was very afraid of him not liking me because I didn't want it to happen again. I didn't know if he would do that again if he stopped and started to hate me now

Guilt is like the most. Guilt and like fear that someone would find out and hate me. That was the most prevalent emotion throughout the entire thing.

Everyone will know that you are a bad person.

[Member check comments: "Oh yeah, definitely."]

"Captured inside my own body"

I think that at that point it was like at one of those points where I was like this is definitely wrong. You should definitely do something. You need to run away. You need to get away. But then I couldn't do anything.

I just froze up.

Even with all those people around I just knew like I didn't have the ability, like I was so detached from everything that I didn't have the ability to say anything or like do anything even with my dad and my brother and my grandparents right there.

All the experiences that I had with that (prosecution) are all um pretty much like go hand in hand with that feeling of complete detachment and the inability to move.

Especially when I was being interviewed by like the police officer, the investigator, that happened to me.

I just couldn't – I must have seemed completely comatose because I just didn't want to talk to anybody and I couldn't, I couldn't talk. I couldn't formulate anything.

The words are in your brain but you can't get them out of your mouth.

She would ask me questions and I, I know it would take me like three minutes to answer each question because I would just sit there.

I knew what I wanted to say but, it was just like this gripping fear that I didn't even understand.

I knew that I shouldn't have been afraid at that point because I was in no danger, but I was so afraid that I couldn't answer for the longest time.

Physical numbness/awareness of pain afterward

[Member check comments: Felt pain during assault.]

Shaking/shivering

I was very shaky, I do remember that, I was shaky afterwards.

Not just like minutes afterwards, but I'm pretty sure I started shaking and feeling really cold and really like all that hours afterwards when I was in the bathtub at my grandma's house and I knew it was only a matter of time before someone found out.

Then I felt like guilty and started shaking.

[Member check comments: "Yeah, definitely."]

Changes at moment of penetration

I remember um him digitally penetrating me. I remember that feeling.

Up until that point where he was like actually um digitally penetrating me like right before he actually raped me um I was, I remember it all being very light touches. I don't want to say gentle because there is nothing gentle about it, but like not harmful.

[Member check comments: Memory is strongest there.]

Perpetrator face/eyes, often right before closing eyes

One thing I never really thought of before was do you remember making eye contact with the perpetrator just before or about the same time you lost your ability to move; I do remember that because I remember exactly what his eyes looked like, um, and it never occurred to me that that could have had any connection to it at all.

I do remember very vividly looking at his face and looking at his eyes, and then I just couldn't move, couldn't do anything.

[Member check comments: Mouth was more distinct. Clear memory of seeing face & eyes, then looking away very quickly.]

Urge to fight or flee

At first there wasn't any like desire to fight back or anything

It was so weird him being my cousin and up to that point me liking him – I wasn't aggressive towards him afterwards.

Gradual return to movement

It was almost like, like waking up after you've taken like a bunch of Benadryl or like waking up out of a nap and you are in a fog and then you slowly become aware and able to function.

I know that even hours later I was still just so like frozen and so um...detached that I, and I know that I didn't like, I don't think I really like regained the ability to like, to do anything until after I went home because I spent the night at my grandparents' house and I know I spent the night there. I do not remember anything about it but I know that after I came home I had to go to daycare and I had to pretend like everything was OK; that was the time that I was like OK, this is all going to be behind me and I have to forget about this because no one can know.

Very gradually meaning like I was pretty much walking around in a fog for as long as it took me to get home which I think was like a couple days.

Confusion afterwards

[Member check comments: More an understanding that I couldn't do anything.]

Crystalline memories of perpetrator departure

I can't tell you what happened between that moment (the end of the assault) and getting in the bath and I can't tell you what happened after I apologized to him. I don't know but it is all gone.

[Member check comments: This was the moment I knew it was over.]

Physical soreness afterwards

[Member check comments: "Yeah, definitely."]

Shadow of TI

There will be times that I am being like intimate with my boyfriend and I'll have a flashback or something.

There are times when I will just go all out and start kicking, screaming and um then there are other times when I just, I just completely, it is like I, I know this is a weird phrase, but like falling away from the world.

Like I go back

I feel like I am between like some sort of curtain or something, like me and the rest of the world

When I talk about it is the only time that I feel or like have a flashback but I haven't had one of those in a long time which is good, but um, it is the only time when I feel like I can almost feel it is happening again.

Just even feeling like I'm back there is like the reason why, like the trigger almost that pulls me into that state of mind.

It is really only, like it is really only when I feel like I'm back there or when I have to feel or – especially when someone is forcing me to feel like I'm back there, which is why I think it happened so much when I was with the investigator because they are like "I know you don't want to remember this but how about you remember everything?"

The force of somebody making me talk about it and along with the feeling of being forced into something just compounds and makes me unable to do anything.

People don't know all the time so they make jokes that are really stupid and related to things like that, um, or they will you know will watch like – there will be like a movie that we are watching that has a scene with sexual assault in it.

If it is done in a way where I feel like the person who is, the person who is like doing it doesn't care. I guess I never thought about it, but um yeah I never felt like the investigator cared about what happened.

Because of that lack of like compassion towards me, like I become, I don't know, it almost feels like I'm being hurt again.

It doesn't happen so much with jokes but I have done it in movies before where I will be like oh no, it is happening, but I can't really stop it once it starts. I just completely detach because it is the easiest way to keep myself from feeling hurt.

And so like nowadays like when somebody touches the back of my neck, just brushes it like that, it used to like just set off like all sorts of emotions. Now it is just unsettling for me.

So anything like that. Like if my, like if my boyfriend is kissing me he has to like be hugging me or some like very, like tightly. He can't just you know rubbing my arms or scratching my back or something because it just freaks me out. So yeah, that physical sensation is definitely tied with that.

[Member check comments: "I can't say more emphatically yes." Can happened when feel stressed or out of control.]

Relationships

I love my grandma now. We had a big talk about it and things are better now.

It really really weakened my relationship with my parents and my grandparents for a really long time.

I've had to forgive a lot of it, and I think that's really good that I had to do that because um it is easier for me now when people like do something that hurts me, it is a lot easier, like I don't dwell on it as much.

I am well practiced in forgiveness.

I know that it affects him (my boyfriend) a lot and I know that it has affected us as a couple but I think that almost any relationship that I have ever had that someone found out that that happened it either doesn't affect the relationship or it just makes it stronger.

They (my roommates) don't uh look at me differently, treat me different, or treat me like I'm fragile or anything which is the greatest thing ever because a lot of people do that.

It has really only strengthened relationships. There have been times when it has weakened them but overall it is just strengthening and makes it better.

Memories very clear unless choosing consciously to not remember

I can vividly remember that. (physical sensations)

I can't tell you what happened between that moment (the end of the assault) and getting in the bath and I can't tell you what happened after I apologized to him. I don't know but it is all gone.

I remember everything pretty clearly.

Oh yeah, definitely (more vivid than average memories). It is very like flashbulb memory-esque. It comes in like, I have it all mapped out and it's all like very vivid but

then there are points where it is way too vivid, like very like I am right back there. I remember it, I feel sensations that I felt back then and things like that.

[Member check comments: Both. Certain moments are very clear, especially penetration and before.]

Guilt/Shame

I just remember feeling so ashamed, like so guilty.

Guilt is like the most. Guilt and like fear that someone would find out and hate me. That was the most prevalent emotion throughout the entire thing.

Then I felt like guilty and started shaking.

For a really long time I gave myself a lot of grief and I blamed myself because if I had been able to say anything even in the car things would have stopped.

For a long time that's what I associated with um not being able to move is that because you weren't able to move you are guilty and because you didn't fight back and like scream and kick and punch and all that stuff.

For me it meant like you.... I felt for a long time that I wanted it. I was like oh, this means that I'm a bad person that I wanted that and who would want that? It was terrible and I hated it but obviously I wanted it which makes no sense to me now.

I think that I'm probably more empathetic because of it um because guilt is such a universal emotion that I have dealt with it for, I mean upwards of like eighteen years, or not eighteen but eight years before um I, before I finally realized that I shouldn't feel guilty for this.

I think I'm much more empathetic and I think that had I not had such a hard time getting over that guilt I think that I wouldn't have focused my entire, like, life on trying to help other people with either experiences like this or helping people that want to do that to people or something like that.

It took a lot longer for me to get over than say someone, to get over the guilt, the initial guilt, than say someone whose parents have been there the whole time saying you're, this isn't your fault.

I think that initial guilt is something that I dealt with for so long that I want to like, I never want to feel it again and I never want anybody that I love to feel that.

If I had not had the guilt then I don't think that I would have dwelled on it much past when it happened.

[Member check comments: Was asked a lot if said 'no' or fought back, contributing to shame.]

Making sense of it

I am like really connected with my faith and so um that is, that's something that has been a factor the whole, like, first I was feeling how did God let this happen to me and then after that feeling like oh um I feel like maybe this is something that like... like.... That God can use me for good and um, because I went through that like that is what my purpose is.

It has given my life serious purpose in my life.

I think that it wouldn't have been as big a deal in my life had I not had that guilt, had I not had that experience of freezing up.

[Member check comments: Wouldn't not have it in my life if could, part of what made me who I am]

Other lasting effects

When I talk about it is the only time that I feel or like have a flashback but I haven't had one of those in a long time which is good, but um, it is the only time when I feel like I can almost feel it is happening again.

It doesn't happen so much with jokes but I have done it in movies before where I will be like oh no, it is happening, but I can't really stop it once it starts. I just completely detach because it is the easiest way to keep myself from feeling hurt.

And so like nowadays like when somebody touches the back of my neck, just brushes it like that, it used to like just set off like all sorts of emotions. Now it is just unsettling for me.

I – almost my entire life I feel – my life I realized changed because of it but it is the only reason I'm in (a sexual assault crisis response team). It is the only reason I, like I want to be a psychologist because I want to, actually I want to help sex offenders because I know what kind of damage they can do and I, somebody needs to help them and no one wants to.

And so that's my entire life goal is centered pretty much around the fact that I was molested.

I think that I'm probably more empathetic because of it um because guilt is such a universal emotion that I have dealt with it for, I mean upwards of like eighteen years, or not eighteen but eight years before um I, before I finally realized that I shouldn't feel guilty for this.

I think I'm much more empathetic and I think that had I not had such a hard time getting over that guilt I think that I wouldn't have focused my entire, like, life on trying to help other people with either experiences like this or helping people that want to do that to people or something like that.

Present appraisal

Jennifer Invariant Constituents

Initial confusion

[Member check comments: Yes, “why is this happening.”]

Clocks and mirrors

Instead of like seeing the clock in my room, but like pretending it is like an apple tree or something.

[Member check comments: No, remember looking toward TV if it was on.]

Close eyes/didn't want to see

I didn't want to see him.

Whenever I was finally left alone um I would open my eyes and... un-tense I guess.

I would avoid his gaze.

But I never looked him in the eye. Like never in my whole life looked him in the eye.

I would say, I would say that was probably the best reaction for me to do, um, both in the short run and the long run because in the short run I didn't want to see what was going on. I wanted to block it out. But also in the long run...I just feel like if I wouldn't have opened up, let everything in, I would be more impacted. I wouldn't want to talk about it. I would see like the worst of the vivid.

I remembered every like feeling of what was going on except to see him because my eyes were closed but I would go away and come back.

[Member check comments: “Yes, absolutely.”]

Choosing to check out

I just pretended I wasn't there.

Like I was very in tune. I knew where everything was happening but at the same time like I, my mind was concentrating on something else.

Even though I could smell, I could feel, I felt everything but I just wasn't there.

I wasn't there, just somewhere else; I think I just instinctively did it.

I think it is just checking out and like going somewhere else. Because like if you watch a scary movie you keep your eyes on the movie and you just take in the screen it is going to be more than if you close your eyes and you just listen.

I think it is more like that because with me just listening and like feeling I am imagining I can almost make up what his face would have been like. What the look of you, you know, he actually looked like, where I actually was. Compared to you know just like pretending I was somewhere else. Instead of like seeing the clock in my room, but like pretending it is like an apple tree or something. I think the distancing um was almost like a shield.

Definitely, definitely (checking out was a way of having agency).

I just tensed up and cramped up and then I just kind of like let my mind just go somewhere else.

And just kind of pretend like he wasn't there.

I remembered every like feeling of what was going on except to see him because my eyes were closed but I would go away and come back.

Terror

I was worried if I moved or I did anything I didn't know what was going to happen so I thought looking like a boulder would be the best.

Terrified.

I just felt kind of hollow in a sense. That is probably from tensing up and just you know just not wanting to be there.

I was scared.

I think that was always my fear because with my body just paralyzed there I just, I wasn't there.

It was definitely a lot of fear.

[Member check comments: "It plays into the confusion because you get scared."]

Guilt/worry about what others will think

[Member check comments: Yes, especially Mom and also if others would believe me.]

"Captured inside my own body"

I froze up um basically like bricks, you know, hard as bricks, just kept everything very stiff.

My breath shortened almost like I wasn't breathing, just barely.

I just tensed up and cramped up and then I just kind of like let my mind just go somewhere else.

Whenever I first started to tense up I was getting really hot and then I started like focusing on my breath trying to like get it lower and made it seem like I wasn't you know going crazy.

But then I just felt cold and started getting really cold and just blanked out.

I remembered to tense up my body but not to move it so it seemed like I was asleep, but just tense up and not move, immediately close my eyes. But inside it was more like a creeping feeling, like the cold, kind of starting like in the gut and it kinda like went throughout and I just froze.

Uh huh (it happened more than once), every time.

It says rate the degree in which your inability to move or resist suddenly without, um, that did just happen. I didn't realize that I was going to do a defense but once I felt a touch it just triggered.

I wasn't able to flee, I had no, no way to do that.

I think that was like, that was actually another time that I kind of froze where I would just talk about it but I wouldn't like – when they were like how did that make you feel, I wouldn't answer. (When being questioned by LE.)

And when I touched the doll and I realized what I had to do I would just freeze and be like I don't want to do this. Like I don't want to revisit it.

[Member check comments: Wanted to be somewhere else but body turned into stone.]

Physical numbness/awareness of pain afterward

Whenever I was finally left alone um I would open my eyes and... un-tense I guess. Just like kind of like let my lungs go but um I would just feel like ants all over me. Kind of like the shivers and that feeling and then the pain would come, from being penetrated. I didn't feel it during the process, I felt it after. (I became aware of it) suddenly.

Shaking/shivering

Whenever I was finally left alone um I would open my eyes and... un-tense I guess. Just like kind of like let my lungs go but um I would just feel like ants all over me. Kind of like the shivers and that feeling and then the pain would come, from being penetrated. I didn't feel it during the process, I felt it after. (I became aware of it) suddenly.

Changes at moment of penetration

[Member check comments: Yes, really tried to go off to a different world at this moment.]

Perpetrator face/eyes, often right before closing eyes

I don't remember what his eyes looked like. Everything else but not his eyes.

[Member check comments: Avoided his face and eyes. Made sure never to look at his face & would never make eye contact.]

Urge to fight or flee

I thought about it (fighting or running) constantly, though. While it was happening. Like in between my thoughts of being on the playground playing or whatnot I would say you know if only I had my shoes on I would run out the door. I thought, if I pushed him down what would happen? Would he fall? Would he be able to get up? Um you know like where would I go? What am I going to do?

I felt like if I retaliated or became aggressive then that would show my emotions letting him to be able to come in.

That was actually one thing I did think about because I thought about going up and hitting him or just anything I could to retaliate but I just remember being like he will be able to hurt my emotions, like put me in timeout or say that I was lying or just like get back at my emotions.

If I had run away then I would have had to face him. He would have know I knew what was going on. I mean obviously he knew I knew but it would have been that you know that encounter of having the talk, having to deal with this whole situation, whatever, I just thought, if I take this he will be gone eventually.

I didn't want any confrontation.

[Member check comments: Definitely, always thought about that.]

Gradual return to movement

[Member check comments: Not so gradual. It was like it switched on and off.]

Confusion afterwards

And um, I uh, at the same time once it was over I wasn't sure if it was OK, because at that point in time you think everything else is yours. You are like everybody else. I didn't know when he finished what did that mean? You know like does that mean it's done? Does that mean it's going to happen again? Does that mean I will lay here for ten more minutes?

What should I do? How could this happen? Um how can I get out of this? What am I going to do as a stress reliever? Who is involved? What is it going to look like if I choose this path over that path? Which one will make me look more like an idiot or like the better person or the tougher one?

Crystalline memories of perpetrator departure

[Member check comments: Not so much, kept eyes closed & pretended was asleep.]

Physical soreness afterwards

[Member check comments: Yes, from all the muscles in the body tensing up so much.]

Shadow of TI

In a sense. I don't see it as the same feeling but whenever I get very angry I will tense up. I will freeze and I will focus on my, well not focus on my breath but keep breathing but I will be completely tense.

But I don't know if it would be the same freezing scared emotion like that was because that was when I went completely hollow.

Not so much fear for my life but fear for the outcome, like what is going to happen because I didn't know what was going on, I didn't even know what it was you know.

In a sense (I see a connection), when I just get really angry. My angry is a little more severe than a person that hasn't gone through um you know such severe events, but I guess, yeah, a little bit. It is more like not the fight or flight but it is in there.

A little bit. It is not the same but I would say it is definitely associated because whenever I get angry I also get scared about what's going to happen, and so I guess it is kind of like the same fear but not the same circumstances.

Whenever I get angry or frustrated I just go raging, it is different because with the freezing my mind would drift but with the fear I have racing thoughts.

Because I know if I do something the other person is going to do something back you know and who knows how that is going to happen.

Relationships

I'm not sure if it would be the freezing but um you know and so like the sexual relationships that I have now and... It would be easier to like you know just do the act instead of having emotions come out.

And I think that's more because I, I don't want them to touch that you know. Like that – this like I am signing up for this but I'm not signing up for like the emotions. I don't think I exactly freeze up when I have sex but I don't focus fully on that or the emotions or the character that I'm with fully you know. It is more what am I feeling? I definitely do close my eyes. I don't always stay in the moment.

So I would say yeah actually in a sense, because I'm not always fully there.

I would feel like that definitely creates a lot of trouble in relationship us because it really sucks. Having sex is a beautiful thing and I'm all for people with marriages and nuts when you are making love and stuff... And I want to get engrossed and have my mind and my emotions and my feeling and the urge and – I really feel like that but at the same point – at the same time – I only have a little bit. I won't be able to fully engross myself, just fully open up, just have someone caress not only my body but my feelings.

I haven't been able to open up as much as I would like

Memories very clear unless choosing consciously to not remember

Very (clear), (like more clear) than what I did yesterday.

I remember the room I was in, like everything, the smells, the feeling, like the crevices of his hands, like I really remember everything.

At the beginning I definitely pushed all of those memories away. Not think about them, just push them all away after all the detectives and social services and everything and dealt with them. I really just like put those away.

I remembered every like feeling of what was going on except to see him because my eyes were closed but I would go away and come back. It was definitely like little flashes of what was going on, kind of like a strobe light but not at that consistency but really random, here is one for you, here is another one.

Especially right after it happened um like hours after it happened I would be playing with some toys and just randomly get some flashes.

[Member check comments: Agree with the second one.]

Guilt/Shame

I felt dirty.

Felt really grimy. Really just you know like Macbeth with the blood on his hands but kind of in that sense that I scrubbed my hands a lot. I remember doing that. I just wouldn't stop washing my hands.

Making sense of it

I kind of looked back at like memories and wondered why I just locked up and I think it was because I wanted to secure myself in that way.

I would say, I would say that was probably the best reaction for me to do, um, both in the short run and the long run because in the short run I didn't want to see what was going

on. I wanted to block it out. But also in the long run...I just fell like if I wouldn't have opened up, let everything in, I would be more impacted. I wouldn't want to talk about it. I would see like the worst of the vivid.

I almost feel like I wouldn't be as strong as I am with it. Maybe as OK with it. Like not that I'm OK with it but I accept that it happened. I feel like I had just unfroze and looked him in the eye, opened my eyes and saw what was going on I probably would have scared myself more. And I probably wouldn't have come out with it. I'd pretend that I did. I told once he left.

Actually that started to happen you my freezing and everything, I just.... I kind of felt like my body was a cave but I was like the rocks in it. And so my cave could be open and everything but you couldn't find the secret treasure. You can't get to the important part.

[Member check comments: Have more empathy because of it.]

Other lasting effects

Present appraisals

I think it was a better idea even though I had to overcome you know and I still have to overcome just being captured inside myself.

I don't think I would have known what else to do.

I don't know if not freezing up would have helped me. I think it was basically for my own experience the right instinct to do.

It would definitely like have taken me, like more severe (if I hadn't frozen).

I don't think I would have wanted to face it.

In a sense this experience made me stronger and weaker. Stronger in a sense that I definitely respect myself more. I hold my confidence closer to me. I don't let other people stand on me. And I think that's all because like the protecting thing. So in a sense it was a good experience for me because I really grasped onto those qualities at such a young age of you know being, or a young adult and being able to walk into a room full of adults and having as much confidence as them. You know it helped. And that was over like the battle of you are still loving, it wasn't your fault, you are a beautiful person, like you can keep going, this is a little step in the road and you can keep going. But at the same time it really broke me down because I can't you know find that love in that situation you know. And like I always feel like the innocence was stripped from me. I never got you know the experience that I wanted. Whenever it comes to sex and stuff I'm....you know not that the one dreaming about the, that will be the time when I feel the ecstasy of love and stuff. Even though I want to I don't think it will ever be fully be like that. I will be able to love in someone's arms but not to the extent of where I could have possibly been able to. Um but, I mean each experience in life pulls you up and breaks you down.

Maree Invariant Constituents

Initial confusion

It is just one of those things where you don't think it is going to happen to you. I think I was trying to think and like I couldn't even control my thoughts and that was, other than physical, that was one of the main things that I couldn't even control my thoughts. I didn't want to think about the past. I didn't want to think about what was happening. I didn't want to think about what would come of it but that was all I could think about. All I could see were like little memories and I didn't want to. I didn't want to see any of that.

Clocks and mirrors

[Member check comments: There were none there.]

Close eyes/didn't want to see

I closed my eyes and didn't think about it.
 I do know I closed my eyes the entire time. I didn't want to look at him.
 I was telling him no and then after that I just kind um closed my eyes and didn't remember anything.
 Uh huh, definitely (had a strong urge to flee) but I wanted to avoid looking at him.
 After he finished he like stepped back and I was like still like sitting on the desk leaning back against that wall and once I felt him move away from me I opened my eyes and I sat there for a second and like I just took in what really happened. Like I was really in shock that something like that could happen to me.
 (I remember) seeing his face. He was just kind of looking down. He wasn't looking at me. (And then I closed my eyes.)
 I just remember thinking about that (old memories of CSA); I do know I closed my eyes the entire time.

Choosing to check out

I was telling him no and then after that I just kind um closed my eyes and didn't remember anything.
 I just remember thinking about that (old memories of CSA); I do know I closed my eyes the entire time.

Terror

I did have like one or two flashbacks of stuff happening when I was like two or three. It was mostly just scary because I didn't know what he could do because I had heard so many stories of people being beaten and stuff. I didn't want it to even come to that so I just kid of froze and sat there.
 Mainly I was scared that um that like the memories from when I was younger, like I was scared that they would come up because I was told that those memories don't go away forever and they can come back.
 I had flashbacks and that was kind of scary because I had never thought about that kind of stuff.

And I was just so scared. Like I didn't want him to hit me or anything like that. I was just so scared that I just kind of sat there and took it.

I was scared and never been in that situation that I can remember.

I think mostly I was scared.

Guilt/worry about what others will think

I just didn't want to tell anybody like I feel like a lot of people would have been like well why didn't you fight back? Why didn't you do anything?

I think both times I, I almost felt like I would get in trouble. Like I always felt like it was my fault. Um I don't know why that I have always felt that but I always felt that it was my fault.

I didn't want anyone to know.

I was just scared that it happened to me and that if anybody ever found out like something would come of it.

"Captured inside my own body"

I was kind of frozen.

I knew I was just really – like another control thing. I mean I'm not a control freak, I'm not, you know, I don't need to be in control of everything but not even being, not being able to do be in control of what was happening to my body and my mind, it was scary.

Physical numbness/awareness of pain afterward

I was sore just because I wasn't expecting it. It wasn't comfortable because I didn't want it.

Shaking/shivering

Toward the end, whenever he was finished I guess, um he pulled his pants up and I was wearing a skirt because I had just got off work. I was shaking and I was on a desk, he had put me on a desk and um like it took me a minute or two to get off the desk.

Like he opened the door for me and waited for me to leave the office and I remember um just being really shaky and um just walking out shaking. Like in shock kind of.

Changes at moment of penetration

[Member check comments: No, was 'out' before, zoned out by then.]

Perpetrator face/eyes, often right before closing eyes

(I remember) seeing his face. He was just kind of looking down. He wasn't looking at me. (And then I closed my eyes.)

Urge to fight or flee

Uh huh, definitely (had a strong urge to flee) but I wanted to avoid looking at him.

I wanted to hit him and run away and scream but I was frozen and I was scared. I didn't know how he would react if I had done something like that.

Gradual return to movement

Toward the end, whenever he was finished I guess, um he pulled his pants up and I was wearing a skirt because I had just got off work. I was shaking and I was on a desk, he had put me on a desk and um like it took me a minute or two to get off the desk.

Confusion afterwards

After he finished he like stepped back and I was like still like sitting on the desk leaning back against that wall and once I felt him move away from me I opened my eyes and I sat there for a second and like I just took in what really happened. Like I was really in shock that something like that could happen to me.

[Member check comments: “Definitely.”]

Crystalline memories of perpetrator departure

After he finished he like stepped back and I was like still like sitting on the desk leaning back against that wall and once I felt him move away from me I opened my eyes and I sat there for a second and like I just took in what really happened. Like I was really in shock that something like that could happen to me.

So the end of it is the only part I remember other than right before it happened.

I would say beforehand is fuzzy. After hand is a lot more clearer before. than

It was the one that I flashed back to during what happened three years ago, and it was my step-uncle, he, I can't remember how old he was but we were in our bedroom, someone's bedroom, and he forced me to give him a blowjob. And um the one thing I remember is you know he ejaculated and it went everywhere. And he was like stay here. And he ran off of to go get toilet paper to clean it up. I mainly remember him.

Physical soreness afterwards

[Member check comments: Yes, especially in back, legs, tailbone also sore.]

Shadow of TI

[Member check comments: More emotional than physical for me.]

Relationships

Well like for four or six months before we (husband and I) started dating I was sleeping around a lot and I didn't, it is not something I am proud of. I didn't really have any significant relationships between when that happened and when I met my husband. It was very short you know two week long relationships and I never went more than three days without having a new boyfriend.

I think it was just that I didn't, I wasn't looking for, I was just kind of going without anybody just to see like, I guess I just wanted to be like in control.

It just made me want to be in control, and like me getting to choose who I sleep with. I went through a period of time I was like oh I like that guy I am going to sleep with him and then the next week oh I like that guy I'm going to sleep with him. It was stupid and

like I don't know why I thought that but I, I like being in control and I liked having them wait for me and having guys accept no and then me saying okay then accepted me saying no yesterday so then today I will say yes and it will be OK.

Memories very clear unless choosing consciously to not remember

I don't really remember going back into the office.

(I remember) seeing his face. He was just kind of looking down. He wasn't looking at me. (And then I closed my eyes.)

I would say beforehand is fuzzy. After hand is a lot more clearer than before.

It was the one that I flashed back to during what happened three years ago, and it was my step-uncle, he, I can't remember how old he was but we were in our bedroom, someone's bedroom, and he forced me to give him a blowjob. And um the one thing I remember is you know he ejaculated and it went everywhere. And he was like stay here. And he ran off of to go get toilet paper to clean it up. I mainly remember him.

I was very like I don't want to deal with it. I am fine now.

I think with having it happen to me so young I had learned to repress it..

So I don't like to think about it.

[Member check comments: I choose not to remember.]

Guilt/Shame

[Member check comments: "Definitely."]

Making sense of it

I think that is what made me able to not necessarily forget it but let it go and not bother me so much.

I probably would have blamed myself a lot more if I hadn't had that feeling of being frozen. I think I would have told myself that I could have fought back and I would have put myself down for that. And then I might have even had the opposite effect of not um, you know just closing up and not wanting to talk to any guys or something if I thought it was my fault.

Other lasting effects

I've never wanted to be out of control in that area.

Like I know it's there and every once in awhile it will pop up and I will think about it or remember but um I just learned not to think about it on a day to day basis.

Present appraisals

I mean I have never been one to stand up for myself anyways.

I think with having it happen to me so young I had learned to repress it..

Sophie Invariant Constituents

Initial confusion

What the consequences were going to be because of this.

Like if my life was going to be over.

If I was going to completely be a different person.

(The confusion) bothers me but like at that moment I wasn't able to do anything. It is actually really bothering that there was absolutely nothing I could do and it wasn't because I wasn't strong enough, it was because there was nothing I could do, my body wouldn't let me, and that's what gets me so worked up the most is that what if that happens again? What if my body decides to shut down on me at the wrong moment?

Clocks and mirrors

[Member check comments: No.]

Close eyes/didn't want to see

[Member check comments: Moments of on purpose, also eyes just closed.]

Choosing to check out

Terror

It was just very fearful what was going to happen.

So much fear, so much distress like....

I remember being completely terrified.

It was just a lot of fear and I was like shaking, like rocking back and forth like cradled like a child and just shaking and crying and...

Guilt/worry about what others will think

[Member check comments: "Definitely." Both during and after."]

"Captured inside my own body"

I mean it was really hard for me because I can always have control over myself, I mean I'm pretty strong for a girl.

It was like I had no control over what I could do.

...trembling all over and.... Just like a tingling feeling I guess, more so than anything.

I could just feel my head pounding, it was like my heart was in my head.

When everything stopped it was like, it just happened so quickly I just felt like I was able to like run away but I couldn't necessarily tell that I had control. It was just like instinct to run; then I was able to find someplace to sit and then that's when the shaking and coldness began.

I never really understood why and like... and I mean now it's like when I do get in a fight with someone or like I don't have control of my... that frozen.. this is really hard to

explain. It's like not being able to like move or do something is because I'm just not strong enough and that's what I always thought, it is just that I wasn't able to escape because that person was stronger than me.

(The confusion) bothers me but like at that moment I wasn't able to do anything. It is actually really bothering that there was absolutely nothing I could do and it wasn't because I wasn't strong enough, it was because there was nothing I could do, my body wouldn't let me, and that's what gets me so worked up the most is that what if that happens again? What if my body decides to shut down on me at the wrong moment? The most vivid would be like the first part of me not being able to do anything when I had lost complete control and nothing I could do.

The fact that it was – my body locked up on me I guess – is what really bothered me.

Physical numbness/awareness of pain afterward

[Member check comments: No pain afterward, more psychological pain.]

Shaking/shivering

It was just a lot of fear and I was like shaking, like rocking back and forth like cradled like a child and just shaking and crying and...

It was like I was cold, like my body, like I was shivering.

When everything stopped it was like, it just happened so quickly I just felt like I was able to like run away but I couldn't necessarily tell that I had control. It was just like instinct to run; then I was able to find someplace to sit and then that's when the shaking and coldness began.

Changes at moment of penetration

[Member check comments: "Yeah, definitely. I could just tell."]

Perpetrator face/eyes, often right before closing eyes

[Member check comments: Yeah.]

Urge to fight or flee

I ran away.

When everything stopped it was like, it just happened so quickly I just felt like I was able to like run away but I couldn't necessarily tell that I had control. It was just like instinct to run; then I was able to find someplace to sit and then that's when the shaking and coldness began.

Gradual return to movement

I felt like it gradually came back (control), but I don't feel like necessarily instant like... I would say gradually, like 'here are my hands,' I can finally stop shaking and rocking and...

When everything stopped it was like, it just happened so quickly I just felt like I was able to like run away but I couldn't necessarily tell that I had control. It was just like instinct

to run; then I was able to find someplace to sit and then that's when the shaking and coldness began.

Confusion afterwards

I just cried, I didn't know what else to do.
What am I going to do?

[Member check comments: Kind of confused, more upset, then confused.]

Crystalline memories of perpetrator departure

[Member check comments: Yes.]

Physical soreness afterwards

[Member check comments: Yes, especially in legs.]

Shadow of TI

Ever since it happened it was like I had a really hard time like connecting with other guys, like letting them touch me or letting them do anything with me, and I would just like stop them or if they continued then that feeling came back and... I mean it hasn't been to that point to where it was at.

I wouldn't say like frozen but it would be like I don't know what to do.

Like it could go back to that same degree but it never has.

The feeling that I won't be able to have like control over myself or like my actions and my emotions or anything (is scary).

I just get scared I guess.

It's more just when the sexual contact is happening and it's like you are being too aggressive and I'm telling you to stop and you are not stopping and then that, it brings me back to that.

I kick or I guess I try to get them off.

With my boyfriend right now like we fight all the time and he tries to like hold me back me from not using my hands it is like, that can bring me back to that as well.

I was very very standoffish to any, like any guy. Any. Because that sense that it might happen again or it might come back or someone might be too aggressive with me would come back if it was, I mean if...

All through high school I wasn't able to do anything because it was that difficult, I mean it happened right after my sophomore year and it was like since then... I'm just starting to get better – able to get close to someone and allow them to hold me and not feel like it's going to go wrong.

So it is something that is going to stay with me no matter what. I have come to terms with that but I also think I gained a lot, like I have gotten a lot better at like... knowing, or like trusting that it is not going to happen every time.

The worst one was worrying that it could happen again, it is extremely frightening that it can happen at any moment I feel, because I have no explanation as to why.

[Member check comments: One of the biggest things I've had to deal with because I never know if it might happen again.]

Relationships

Ever since it happened it was like I had a really hard time like connecting with other guys, like letting them touch me or letting them do anything with me, and I would just like stop them or if they continued then that feeling came back and... I mean it hasn't been to that point to where it was at.

I was very very standoffish to any, like any guy. Any. Because that sense that it might happen again or it might come back or someone might be too aggressive with me would come back if it was, I mean if...

I think it hasn't allowed me to get as intimate or as close to them as I wanted.

All through high school I wasn't able to do anything because it was that difficult, I mean it happened right after my sophomore year and it was like since then... I'm just starting to get better – able to get close to someone and allow them to hold me and not feel like it's going to go wrong.

[Member check comments: Was not able to have a relationship or be intimate for a long time at all.]

Memories very clear unless choosing consciously to not remember

All of it just stands out, it is so vivid, it is like, second to second I can remember everything that happened.

The most vivid would be like the first part of me not being able to do anything when I had lost complete control and nothing I could do.

I think they were definitely like senses. Like I can remember like, like of course my surroundings, like where I was and what was going on. Like I remember like the sweat dripping down his face and like everything. Like the feel. It all.

Everything was very vivid and I remember second by second everything.

I mean I can just remember what happened, jut boom, everything.

Guilt/Shame

I was horrified.

I wanted to die.

[Member check comments: Not a lot of shame but did feel guilty. Didn't want people thinking it could affect me that much.]

Making sense of it

I think I've never been able to explain why it happened. Like why at that moment I wasn't able to do anything.

I never really understood why and like... and I mean now it's like when I do get in a fight with someone or like I don't have control of my... that frozen.. this is really hard to explain. It's like not being able to like move or do something is because I'm just not strong enough and that's what I always thought, it is just that I wasn't able to escape because that person was stronger than me.

I don't think when I was, like back, it was like three years ago – it wasn't me that wasn't strong enough, it was because my body did something and I can't explain it.

That's what I always thought was that I wasn't strong enough; I don't think it was because I wasn't strong enough – I recently haven't thought that because the things I have done through recently like being in fights and not having that.

Not being able to move my body was one of the hardest things I ever experienced. It's – the experience but also like I said not knowing why, and it is extremely frightening because it's what is wrong with me I guess.

The hardest part of it is why, I mean, that was more than I could handle.

I feel like if I was able to get away and like my body wouldn't have done that I wouldn't have been as emotionally distressed from it.

Other lasting effects

It is like, after it happened it was really hard to cope with that. I shut down, like emotionally, mentally, physically. It was like I wasn't even there.

So it is something that is going to stay with me no matter what. I have come to terms with that but I also think I gained a lot, like I have gotten a lot better at like... knowing, or like trusting that it is not going to happen every time.

I wouldn't say I have always been able to do that (be aware that consent can be safely given).

There was just so much hatred towards him that I just wanted to hurt him like he hurt me.

Present appraisals

That's what I always thought was that I wasn't strong enough; I don't think it was because I wasn't strong enough – I recently haven't thought that because the things I have done through recently like being in fights and not having that.

It is more confusing as to why my body did that, I mean, I don't understand it I guess necessarily.

Not being able to move my body was one of the hardest things I ever experienced. It's – the experience but also like I said not knowing why, and it is extremely frightening because it's what is wrong with me I guess.

It definitely changed me for my entire life.

I am always very aware.

I mean yes it would have still taken a toll on me because it did happen, it was someone who I did not expect it to come from.

Tiffany Invariant Constituents

Initial confusion

When you get in that situation you just freeze and you don't know what to think.

Your mind kind of goes blank.

The first time I was really just confused because I thought he loved me.

It was so unexpected that time.

You are just shocked, you are just like what is going on?

I didn't know what to do.

When you are in that situation the whole world stops I think.

It was really confusing.

I think at the time I was just so confused.

At the time I was just like, why would he do this to me? Why? Like I kept thinking why.

I kept thinking why like over and over again. Like just mainly why is this happening?

I kept thinking just stop.

When you are at that point you can't really think. It is just cloudy. You really can't think things out during a traumatic experience.

Clocks and mirrors

[Member check comments: No.]

Close eyes/didn't want to see

I didn't want to see what was going on.

I also didn't want to see his face.

At the time I just wanted to close my eyes and I didn't want to see it.

I didn't want to look him in the eye. I couldn't. Even after that I couldn't look him in the eye. I didn't want to look at him.

The first time I just closed my eyes through the entire thing.

I was just so scared I didn't want to see what was going on .

Choosing to check out

[Member check comment: Extreme detachment. Yeah for sure.]

Terror

He was very terrifying.

I was just scared.

I was just terrified.

It is just fear just cripples you.

Even to this day I'm so terrified of him.

I didn't know what happened but at the time I was just terrified.

When he would do it at the time it was just out of fear but now um like I pulled away from it I am terrified it would happen again.

Guilt/worry about what others will think

“Captured inside my own body”

I remember I was just paralyzed.

I was just too scared to move.

I couldn't really talk during it. I couldn't fight and scream.

You kind of just lay there and just... I didn't know what to do.

I would just lay there.

You have no voice and no strength. You can't walk, you can't talk, and you can't do anything.

It is a little like you can't even feel your body.

When I look back on it, I know this sounds weird, but it was like an out of body experience, it is like I feel like I'm watching myself.

I was kind of numb. That was really about it.

Just through the whole experience I just felt numb.

My fear is because I let it happen to that extent, like it happened like the whole – like the unresponsiveness happened like most of the time. Actually, every single time. Yeah.

But I am scared that if I was ever put in the situation again I would freeze up again because it is so apparent. It is just so terrifying. It is like you don't know what to do, you can't even think.

Uh huh (it is scary that your body might freeze up again) because just like that experience alone you can't fight, you can't say anything.

Physical numbness/awareness of pain afterward

I was just kind of still numb (physically).

Just through the whole experience I just felt numb.

[Member check comments: Yes.]

Shaking/shivering

The first time I was numb but I had some shaking. It wasn't like extremely violent or anything, it was just like minor. But that stopped after like I regained movement and stuff. And then I went home and the shaking stopped and I was just numb.

Changes at moment of penetration

[Member check comments: Yeah.]

Perpetrator face/eyes, often right before closing eyes

Yes (I saw his face right before I closed my eyes)

Urge to fight or flee

You just want to leave.

I didn't want to fight him because I think I was just too scared to do it.

Um, I wasn't aggressive towards him at all.

I guess in my situation it was because I knew him so I was too scared to fight.

Gradual return to movement

I never ran away from him after so like that – there were times that he would be done and I would just lay there. Like I was still unable to move.

I would cry and things like that. It was just awful.

I just you know slowly got up, got dressed, and his mom drove me home.

By the time I woke up the next morning I felt better.

Like I would gradually regain movement.

Confusion afterwards

I didn't know what happened but at the time I was just terrified.

[Member check comments: Yeah, like shock.]

Crystalline memories of perpetrator departure

[Member check comments: Yeah, very.]

Physical soreness afterwards

[Member check comments: Not really.]

Shadow of TI

Since the whole thing I've never been with someone who scared me like that I just have a resist – a very – I am just resistant, um, because I'm terrified of it happening again.

He created this very scary mindset with every person I will ever be with for the rest of my life or anytime I sleep with someone for the rest of my life that that can just happen to me.

I haven't ever felt that scared but I do feel resistant that it can happen again, so it's just a fear.

It is like that don't touch me sensation, just like stop. I cringe and like my whole body tightens and stuff. Just makes me mad now.

When he would do it at the time it was just out of fear but now um like I pulled away from it I am terrified it would happen again.

Still to this day I feel like the next time I will be intimate with someone else still I will second guess myself because of him because I will be scared of will this happen again.

[Member check comments: Yeah for sure.]

Relationships

He created this very scary mindset with every person I will ever be with for the rest of my life or anytime I sleep with someone for the rest of my life that that can just happen to me.

It did make me very scared to sexually intimate with somebody else. It definitely brought up those terrified feelings, and when I was with somebody else I have had some resistance to doing it because of him. I didn't really feel frozen but I had fear to be with someone else, like it was terrifying.

It has made me very um scared to be intimate with people.
 Particularly after the incident I was terrified to be somebody else. It took me some time to be with another person.
 It personally affects my other relationships in my life.
 I don't really want to break out into song and dance about what happened in my life.
 I have opened up to people and I have told them what happened before and they scared or they, they don't know what to say you know. It's a sticky situation, it's painful and it's hard.
 I don't trust anybody enough in my life.
 A lot of it has to do with trust especially because my ex-boyfriend betrayed my trust by doing things like that to me and I'm scared the next person will do that too.
 All he did was instill a ton of fear in me.
 Still with a guy it's hard but I have only opened up to you know talking about it to my counselors and that.

Memories very clear unless choosing consciously to not remember

Went home, went to bed. I think I probably just wanted to block it out.
 I purposely try to forget the memory of it
 They are kind of fuzzy on purpose I think.
 Like I purposely try to repress it. I don't want to think about it.
 It is painful just to think about that. It is not something I want to relive on an everyday basis.
 It is just um I purposely want to put it in the back of my mind but it is part of who I am so...
 They are like snapshots. (They are) fuzzy.

[Member check comments: Yeah, you purposely make it hazy.]

Guilt/Shame

The whole like situation it just made me feel so dirty.
 Like it almost felt like it was my fault. It played on my guilt.
 It was just embarrassing.
 He just made me feel like dirt.
 The effects afterwards was that I felt dirty, disgusted, oh it was just and awful feeling.
 I mean I was angry. I think the anger and the confusion went together though. You are angry because you don't understand why.
 I remember I just would feel dirty, just disgusted of myself.

Making sense of it

I guess in my situation it was because I knew him so I was too scared to fight.
 I also believe things happen for a reason. I don't want to believe that, that there was good that came out of it. I mean yeah, it made me a stronger person, but I mean... I don't know.
 If I did the right thing, if I truly got myself out of that situation, I wouldn't have to had experienced it.

But I think if I literally could have screamed or could have fought it probably would have been a whole different situation.

Other lasting effects

Whenever I think back I am just disgusted.

It kind of puts you in this permanent mindset.

When people joke around like that it makes me feel that way, so dirty, because it just flashes back in my mind.

It made me question my own religious faith which was hard.

It really affected me traumatically in my life.

It just made me question why that would happen, why that happens to anybody.

It has definitely defined my personality and who I am.

It's caused me not to trust people very well and things like that.

So I mean it has definitely affected me long term and will probably will continue to affect me the rest of my life.

Present appraisals

But I don't know if it would be somebody else if I could do it or not if I could fight or not. But that feeling of being so helpless is just terrifying in itself because all you want to do is scream and you can't, or just pray someone walks in or sees you and it doesn't happen.

You know your experiences kind of define you and who you are and stuff.

Now my hope is to just not to let the situation happen again.


Appendix E
IRB Approval

UNIVERSITY of
NORTHERN COLORADO
 Institutional Review Board (IRB)



July 18, 2011

TO: Mark Smith
 SES

FROM: Maria Lahman, Co-Chair 
 UNC Institutional Review Board

RE: Expedited Review of Proposal, *The Experience and Meaning of Peritraumatic Tonic Immobility among Survivors of Sexual Violence*, submitted by Sunda Friedman TeBockhorst (Research Advisor: Mary Sean O'Halloran)

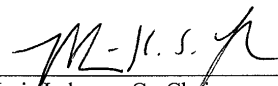
First Consultant: The above proposal is being submitted to you for an expedited review. Please review the proposal in light of the Committee's charge and direct requests for changes directly to the researcher or researcher's advisor. If you have any unresolved concerns, please contact Maria Lahman, Applied Statistics and Research Methods, Campus Box 124, (x1603). When you are ready to recommend approval, sign this form and return to me.

I recommend approval as is.


 Signature of First Consultant

8/7/2011
 Date

The above referenced prospectus has been reviewed for compliance with HHS guidelines for ethical principles in human subjects research. The decision of the Institutional Review Board is that the project is approved as proposed for a period of one year: 8-28-11 to 8-28-12.


 Maria Lahman, Co-Chair

8/28/11
 Date

Comments: *-need counseling referral form 8-29-11*

APPENDIX F
ARTICLE MANUSCRIPT

Abstract

While tonic immobility is a phenomenon well known and documented in the animal world, far less is known about its physiologic correlates and manifestation in human beings. This study examines the experience of tonic immobility from the perspective of seven women who have survived a sexual assault accompanied by tonic immobility. Using phenomenological methodology, it yields a description of the experience of tonic immobility and how it is construed by survivors. Results indicate that themes associated with the experience include a period of initial overwhelming confusion, feelings of terror, a desire to distance oneself from the experience, an intense desire to avoid visual contact with the perpetrator's face often accompanied by periods of eye closure, an inability to volitionally control body movements or vocal response, an urge to flee, experiencing physical numbness during the crisis, changes at the moment of vaginal penetration, differences in attending during immobility, crystalline memories of the perpetrator's departure, confusion immediately after an assault ended, a gradual return to volitional movement, shaking during recovery periods, muscle soreness in the days and hours following tonic immobility, vivid memories associated with the experience, a period of experiencing feelings similar to tonic immobility during consensual sexual encounters, and negative impacts on subsequent relationships. A composite textural-structural description of the experience of tonic immobility also emerged.

I Still Have to Overcome Just Being Captured Inside Myself: The Experience and
Meaning of Peritraumatic Tonic Immobility Among
Survivors of Sexual Violence

Review of the Literature

In 1979, Suarez and Gallup published a brief “theoretical note” in the psychological literature discussing the similarities between the known phenomenon of tonic immobility (TI) as a defensive response in animals and the little-explored phenomenon of survivors of sexual assault who reported having been “absolutely stiff,” “paralyzed,” unable to “vocalize or call out,” “insensitive to pain,” and “freezing cold” (Suarez & Gallup, 1979, p. 317) during the attacks they endured. They referred to this response in humans as “rape-induced paralysis,” in what is the first mention of the phenomenon among humans in the literature.

More recently, additional theoretical descriptions have appeared in the literature, hypothesizing TI as an “evolved predator defense” (Marx, Forsyth & Lexington, 2008, p. 74) and noting that “psychoeducation regarding its involuntary and defensive nature may help normalize trauma-related reactions” (Zoellner, 2008, p. 98). These overviews have noted that “TI is evolutionarily highly conserved (uniform across species)” (Bracha & Maser, 2008, p.91) and is experienced by humans across a broad spectrum of critical incidents, including interpersonal violence, plane crashes, and natural disasters (Bracha & Maser, 2008; Leach, 2004; Moskowitz, 2004).

While Schmidt, Richey, Zvolensky and Maner (2007) and Fiszman et al. (2008) have explored TI as a more general response to critical incident stress (oxygen deprivation and urban violence, respectively), others have extended the theoretical bases

of the construct. Lima et al. (2010) also found that, among survivors of violence who had all been diagnosed with PTSD and treated with “standard pharmacotherapy,” “tonic immobility was the best predictor of a poor response to treatment” (p. 224).

Heidt et al. (2005) explored the relationship between childhood sexual abuse (CSA) and TI. Over fifty-two percent of their sample ($n = 39$) reported experiences consistent with TI in response to episodes of CSA, as measured by the Tonic Immobility Scale-Child Abuse Form (TIS-C; Forsyth, Marx, Fuse, Heidt & Gallup, 2000). Moreover, having experienced peritraumatic TI was positively correlated with “increased reports of depression, anxiety, posttraumatic stress disorder (PTSD), and peritraumatic dissociation” (Heidt et al., 2005, p. 1166).

Lexington (2007) also found that peritraumatic TI was associated with poor outcomes relative to controls in a sample of female undergraduates. For example, in her study, those in the TI group were more likely to engage in emotion suppression and to experience more severe symptoms of PTSD, in addition to significantly increased negative affect, guilt and shame. Similarly, she found that the TI group was significantly more prone to negative affect, guilt, and shame in response to a date-rape scenario as compared to non-victim and non-TI victim groups. In an interesting, and perhaps related, finding, she found that those who had been victimized but not experienced peritraumatic TI as measured by the Tonic Immobility Scale-Adult Form (TIS-A; Forsyth et al., 2000) were less likely than the TI group to engage in cognitive reappraisal of their assault experiences during the recovery processes, which may indicate a less complicated process of re-construing in the aftermath of a trauma.

Available in both child and adult forms, the Tonic Immobility Scale (TIS) “is comprised of two independent factors: physical immobility and fear” (Fuse et al., 2007, p. 265). These seem to be the two components most broadly comprising a TI response, which is marked by motor inhibition, inability to vocalize, tremors and subjective feelings of terror and inability to escape. Factor analysis suggests that this two-factor model of appraisal is a good, though not perfect, fit with available data describing the components of TI. Some additional factors, such as extreme fear or specific cognitive appraisals, may need to be considered for a more thorough evaluation of TI using this measure. It is interesting to note that, among the sexual assault survivors who comprised the sample for these factor analysis studies, “the experience of TI is relatively common” (Fuse et al., 2007, p. 278); 42% of their sample endorsed symptoms of moderate immobility, while 10-13% endorsed extreme immobility.

Working toward an understanding of how TI is actually experienced and given meaning in the lives of survivors will provide us with a number of valuable opportunities as academics and clinicians. First, such understanding will allow us to begin the work of preventing and ameliorating mental health and interpersonal relational problems in those who have experienced TI in response to sexual aggression. These were problems noted by Fiszman et al. (2008); Humphreys, Sauder, Martin and Marx (2010); and Bovin, Jager-Hyman, Gold, Marx and Sloan (2008).

Secondly, for those in whom problems and pathologies form and persist, understanding the phenomenon will allow us increased opportunities to provide meaningful, effective interventions and treatments. To date, no interventions specific to TI have been identified.

Finally, if an acquired TI response is, in some subset of survivors of sexual traumas, part of a pathway to increased susceptibility to further victimization, understanding the role this phenomenon plays in these events may allow us to reduce rates of revictimization in a population of people currently at markedly increased risk. Classen, Palesh, and Aggarwal (2005) provide a comprehensive overview of data concerning pathways from victimization to revictimization. In particular, they highlight research indicating that PTSD symptoms and dissociation are both correlated with higher rates of victimization. Since PTSD symptoms are also correlated with TI, it may be that TI is part of a specific response set to victimization that predisposes some survivors to greater levels of difficulty in recovery and to greater likelihoods of revictimization.

Methods

This study used qualitative methodology grounded in the tradition of phenomenology in order to explore TI as a lived experience. The goal of phenomenology is to “obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience” (Moustakas, 1994, p. 13).

Participants

Participants were seven undergraduate women ranging in age from 18 to 20 years. Six indicated an ethnicity of “White Caucasian” and one an ethnicity of “White Hispanic.” Criteria for inclusion included having had the experiences of peritraumatic TI in response to sexual aggression. Fifteen potential participants were screened for this criterion using the Tonic Immobility Scale – Adult Form (TIS-A; Fuse et al., 2007). Of these, seven had scores above the predetermined cut-off scores and were included for interviews.

Data Collection

All initial outreach attempts to identify potential participants described the nature of the study being undertaken. Participants were asked to complete initial demographic information and the TIS-A.

Participants whose results indicated the experience of TI were asked to complete a more comprehensive demographics form that is part of the TIS-A, and to participate in lengthier interviews for purposes of data collection. Participants whose scores met the following criteria were included in further data collection: 1) The combined score for items loading on the TI scale (items 1, 2, 4, 6, 7, 9 and 10) met the minimum cutoff score of 21, and; 2) the combined score for items loading on the fear scale (items 3, 8 and 11) met the minimum cutoff score of 9, criteria proposed by Heidt et al. (2005) for inclusion based on a TI criterion. Scores on the immobility subscale of the TIS-A ranged from 22 to 36 with a mean of 29. Scores on the fear subscale of the TIS-A ranged from ten to 13 with a mean of 11.71. Those who did not meet criteria for participation were offered resources for support and follow-up for survivors of sexual violence, as were all those who did ultimately participate. Participants were not offered incentives for participation.

Once participants were screened for inclusion, they were asked to participate in the process of data collection via semi-structured interview. Interviews took place at private locations mutually agreeable to the participants, were recorded and transcribed, and took about 60 minutes each. Participants were asked to choose pseudonyms for data analysis in order to guard their confidentiality. Interviews included investigation of the experience of TI through conversation, questions, and reflection. Questions were guided

by an interview guide, and questions were modified or additional questions asked as necessary in order to facilitate the most complete understanding possible.

Once initial interviews were completed and preliminary analyses conducted, participants were re-contacted and offered opportunities to reflect on their initial interviews and the results of the preliminary analyses, and to offer any further reflections, clarifications, or questions they had. 6 participants completed these interviews by phone while one did it in person, and were read the core themes and accompanying invariant constituents for consideration. Using these member checks, the data set was refined and our shared understanding of the peritraumatic TI response increased.

Data Analysis

Data analyses was undertaken using Moustakas' (1994) modification of the Van Kaam method of phenomenological data analysis, which calls for seven basic steps. As Creswell (1998) points out, "all psychological phenomenologists employ a similar series of steps" (p. 54).

The first step in data analysis was horizontalization. This is the process of identifying horizons of the experience, those things that can be a "grounding or condition of the phenomenon that gives it a distinctive character" (Moustakas, 1994, p. 95).

Transcripts of interviews were studied and all expressions relevant to the experience under investigation were listed.

Secondly, of each expression listed, two questions were asked, as called for by Moustakas' (1994) method: 1) "Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it?" and 2) "Is it possible to

abstract and label it?” (p. 121). Expressions that did not pass these two tests were eliminated, and those that remained were the invariant constituents of the experience.

Third, invariant constituents were reviewed for similar thematic content, then grouped accordingly. The thematized invariant constituents were considered the core themes of the experience of TI.

Fourth, invariant constituents and core themes were validated. First, transcripts were reviewed anew by the researcher so that invariant constituents and core themes that were established could be checked against the data set. Those that were not either explicitly expressed or compatible across narratives were discarded. At this point in the data analysis, participants were contacted by phone for brief follow-up interviews, as described above. Two participants were contacted on several different occasions with requests to complete member checks, but never returned these phone calls and therefore did not complete member checks. Analysis was completed for these two using interview transcripts alone. All themes generated were checked with participants during member checks.

What then remained was used to produce an individual textual description of TI for each participant. The textural description depicts the ‘what’ of the experience of TI, the things that contribute to the experience. The next step in data analysis similarly produced an individual structural description of TI for each participant. The structural descriptions depict the ‘how’ of the experience, the underlying structures of the TI experience that provide it with its meaning and felt essence. Each of these descriptions relied on the validated invariant constituents and core themes to facilitate description.

Finally, a composite textural-structural description of the meanings and essences of peritraumatic TI was produced. This description reflected the invariant constituents and core themes, and ultimately, the lived experience of those affected by this phenomenon.

Trustworthiness

Trustworthiness was addressed using a multi-pronged approach. Credibility of the study was strengthened using triangulation (Merriam, 2009; Smith, Flowers & Larkin, 2009). Specifically, an independent investigator who had completed doctoral coursework, including coursework in qualitative methodologies, audited the results and conclusions. This person's task was "to check that the final report is a plausible or credible one in terms of the data which have been collected and that there is a logical step-by-step path through the chain of evidence" (Smith et al., 2009, p. 183). She reviewed all interview transcripts and identified core themes and common experiences independently, then checked these against horizons, invariant constituents, and descriptions identified by the primary researcher. Transcripts were also reviewed by the research advisor, and checked against core themes and descriptions identified here. Another use of triangulation to strengthen credibility of this investigation were the member checks (Merriam, 2009, p.217), wherein participants were offered the opportunity to reflect and comment upon conclusions before they were finalized. Similarly, both triangulation and the audit trail are components of establishing the dependability of the results here (Merriam, 2009).

Transferability in this investigation was enhanced by striving for "rich, thick description" so that "readers will be able to determine how closely their situations match

the research situation, and hence, whether findings can be transferred” (Merriam, 2009, p. 229). Finally, for Moustakas (1994), as well as other phenomenologists and qualitative researchers, a critical component of transferability is “the Epoche...a process of setting aside predilections, prejudices, predispositions” (p. 85). I endeavored to bracket my own experiences and assumptions accordingly throughout the research process; a major tool towards this end was the use of consistent journaling before and after each interview session, which allowed such bracketing process to occur explicitly and with transparency.

Findings

Core Themes

Initial overwhelming confusion. Participants all described a period of crushing confusion as assaults commenced. They described racing thoughts associated with this confusion, and a pattern of thoughts that seemed to be aimed at making the assault make sense in some way or at understanding events differently than what they appeared to be, i.e., in some context other than violence. They also indicated that after an initial period of racing thoughts, their minds would “go blank,” and/or that they experienced an inability to control their own thoughts that was distressing. For all participants, this period of confusion was very prominent in their memories and a critical part of the onset of TI, as they felt paralyzed by their inability to comprehend the unfolding events meaningfully.

Participants described this with phrases such as: “I was just so confused;” “I didn’t really know what to do;” “your mind kind of goes blank;” “it was like, ‘what’s happening?’;” “I couldn’t understand what I was feeling;” and “this can’t be happening.”

Terror. All participants described overwhelming fear at the start of assaults. Many of them described this as occurring alongside confusion in a way that made the two seem indistinguishable or inseparable. Many of them also described a point at which the initial terror yielded to nothingness, or an absence of or distance from their emotional experiences.

This was described with phrases such as “I was terrified but at the same time I, there was just nothing there;” “I knew what I wanted to say but it was just like this gripping fear I didn’t even understand;” “it was definitely a lot of fear;” “I remember being completely terrified;” “it is just, the fear cripples you;” and “I didn’t have any emotion.”

Choosing to ‘check out’ during the assault. Participants described a strong urge to shut down their engagement with the assault, to not be mentally or emotionally present. They all described this in terms that suggest a voluntary self-protective measure they took. Most of them described the solace this offered as a distance from the events, a numbness that offered relief from the terror and confusion. However, some of them also described this as a means to guard their inner selves from intrusion or control at the hands of the perpetrator; effectively, they opted for the only form of agency available to them in those moments when their bodies were not in their control, and locked their minds away so that they could not be touched even as their bodies were abused. ‘Checking out’ or ‘going blank’ were a – possibly, the only – means of self-defense available.

“In the moment I chose to check out;” “that was kind of like my only answer to it;” “I remember thinking ‘this isn’t happening, he isn’t here;’” “I just pretended I wasn’t there;” “I just kind of tried to mentally check myself out as much as I could” and “I

closed my eyes and didn't think about it" are all phrases used by participants to describe this aspect of their experience.

Eye closing and avoiding visual contact. Participants reported that they experienced an urgent desire to avoid visual contact with the unfolding assaults and especially with the perpetrator. Nearly all of them indicated that they accomplished this by choosing to close their eyes when they realized the assault was unavoidable. One of them reported that she studied the design on the sheets that she was on very intently. One of them watched herself in a mirror. Nearly all of them indicated that, in addition to a generalized desire to not see what was happening, they had a very intense urge to avoid seeing the perpetrator. The face and/eyes of the perpetrators seemed to be particularly charged stimuli, and many participants articulated a very vivid memory of seeing a perpetrator's face or eyes just before they decided to close their own. One participant stated that her periods of eye closure were voluntary at times, and other times they "just happened."

Participants described this by saying things like: "I remember not wanting to look at him – anywhere else but not at him;" "I didn't want to see him;" "I do know I closed my eyes the entire time, I didn't want to look at him;" and "I was telling him 'no' and then after that I kind of closed my eyes and didn't remember anything."

Being "captured inside my own body" – paralysis. Participants described an inability to move their bodies voluntarily for most or much of the assault. This period of immobility was described with very sudden onset in the moments as the initial period of confusion and terror gave way to a numbness that eclipsed both physical and emotional sensation. In addition to an inability move the larger muscle groups, participants also

were unable to vocalize. Some noticed a whisper emerge when they intended to scream, others were not able to call out at all. For some but not all it was accompanied by a feeling of tingling or creeping coldness that moved throughout their bodies progressively.

The inability to move volitionally was described as feeling “too scared to move;” as though “I couldn’t really talk during it, I couldn’t fight and scream;” that “I was kind of frozen;” like “I shut down pretty much;” “it was like somebody turned off the lights on my whole body;” and, “being captured inside myself.”

Intense urge to flee. Participants described a very strong desire to run away or leave when assaults commenced, accompanied by an inability to do so. The inability to run was either externally imposed (i.e., not physically possible in the face of the perpetrator’s physical control) or internally generated (i.e., a desire to move was experienced along with the realization that volitional movement was not occurring), or, often, both.

Phrases describing this included: “the most thing was that I knew I wanted to get out of there, that was the biggest thing;” “I wanted my legs to move so that I could get up and go but I couldn’t get them to move;” and “you just want to leave.”

Physical numbness. Participants almost all indicated that they were not aware of painful sensations during the assault itself, although one was. Some were aware at the time that they felt physically numb, and some were not aware of this during the assault, but they did report becoming aware of pain associated with injuries from the assault after they were sure the assault was over. None of the participants in this sample experienced major injuries or injuries that required medical attention during the assaults they discussed, though a number of them did experience bruising, soreness or abrasions

associated with the force of the assault, and some of them experienced genital pain or soreness associated with the assaults.

Participants described this with words including: “just through the whole experience I just felt numb;” “the pain would come (after it was over);” and “I don’t remember feeling anything.”

Changes at the moment of penetration. Participants described particularly stark or vivid memories at the moment during the assault when vaginal penetration occurred, accompanied often by an awareness of changes in their own bodies. Participants described this moment variously as the moment when they began shaking or experiencing creeping coldness, a moment of particularly vivid or most vivid memory imprint, the strongest impetus to mentally ‘check out,’ and/or associated this physical sensation with the strong desire to avoid seeing the perpetrator’s face. One participant did not endorse this experience, stating that she was “zoned out” by this point in the assault.

Phrases used to describe this aspect of the TI experience included: “I first started shaking when he was like first inside me and I was crying, I remember that is when I first started shaking;” “I looked away as soon as I felt him;” and, “I really tried to go off into a different world at this moment.”

Clocks and mirrors. This theme is included due to the depth of intensity with which those participants who described it did so, though not all did. However, a sub-set of four participants described very vivid memories of attending intently to either a clock or a mirror at some point during their assaults. Digital clocks drew the attention of some participants in dark rooms, and they described long periods of gazing at digital clocks; in one case, a participant described doing so in an active effort to pretend she was

elsewhere. Other participants articulated very vivid memories of periods during their assaults when they looked in mirrors, and these moments were especially salient moments of the assault for them. They looked at themselves rather than at perpetrators, and described feelings of detachment as they gazed. One person also described being drawn to a television, and attending to it.

“Instead of like seeing the clock in my room, but like pretending it is like an apple tree;” “I remember looking in a mirror as he said that to me;” “I remember staring at the bright green lights of the clock that was on the bookshelf;” and “I saw in a mirror (and) I was crying really hard and tears were silently like spilling out” were some of the phrases used to describe this.

Crystalline memories of perpetrator departure. Participants described very vivid sensory memories of the moments that the perpetrators stepped away from their bodies and/or left the rooms. They described these memories as qualitatively different from others, and very vivid and defined. One person did not experience this because she intentionally kept her eyes close and feigned sleep when the perpetrator left in an effort to avoid engaging him at all. Another person did not experience this because she, rather than the perpetrator, left the room; in this case, her descriptions of her own movement away from the perpetrator and out of the room were noticeably starker and more vivid than other memories from the assault.

Participants said things like “ I remember when he got up and walked out, I always remember that” and “after hand is a lot more clearer than before hand” to describe this.

Confusion immediately after assaults. Participants described a return of swirling confusion, generally immediately following the moments when they realized the assault was over. They described an onslaught of thoughts, generally focused on trying to figure what had just happened and how it had happened, and on what to do next.

Phrases participants used to describe this included: “I didn’t know what happened at the time;” “I just cried, I didn’t know what else to do;” and, “I felt like lost.”

Guilt and worry about what others would think. Participants all indicated that their experiences of the assault were permeated by significant concerns about what others would think about them after the assault. This concern typically set in as the assault started, was often described as occurring during the assault itself, and again was often described as a significant contributor to feelings of confusion and distress just after the assault. The worry or guilt was sometimes described as more general in scope, and in many cases focused on a specific individual or individuals in the person’s life, often a parent.

Participants described this with words like: “I just remember feeling really guilty afterwards;” “that’s when I really froze up, was knowing that everyone would be mad at me;” and “I almost felt like I would get in trouble.”

Gradual return to movement. Participants described a period after assaults of continuing to feel, to some extent, paralyzed and empty. Many of them described periods of lying still and crying as they attempted to get their bodies to return to volitional movement. Some of them have particular memories of trying to move their hands, and watching with detachment as their hands were slow to respond. They described this

period without urgency or need, and with some detachment. A return to movement often came along with a specific goal, usually getting dressed and/or leaving the scene.

Participants said things like “it took me a minute or two to get off the desk;” “I would say gradually, like, ‘here are my hands;’” and “I would just lay there, like I was still unable to move,” to describe this.

Shaking or shivering. Participants described a range of experiencing uncontrollable shaking or shivering. For most but not all, this occurred only after the assault was over and they experienced the return of volitional movement. A minority experienced shaking or shivering during the assault itself. Most did not describe this in terms that denoted significant distress or discomfort associated with it, but did notice it as part of the recovery period immediately after the assault. It was often associated with feeling cold, though it was not attributed to feeling cold; the sensations were linked but distinct.

Phrases such as “I went home and the shaking stopped and I was just numb;” “it was like I was cold, like my body, like I was shivering;” and “I remember um just being really shaky and um just walking out shaking” described this aspect of the TI experience.

Physical soreness afterward. Participants reported that they experienced some soreness in their muscles in the hours and days after the assaults they endured that was not associated with any impact or injury. This was described as feeling like they had “worked out,” and made extensive use of their muscles, though they weren’t necessarily aware of having done so. It was described as occurring in the legs, in the abdominal area, and/or “all over.”

Participants said things such as “I remember I was sore the next morning, I thought I used my abs for some reason” and “the rest of me was sore, like my whole body was sore” to describe this.

Quality of memories. Participants described their memories associated with the assaults in two ways. First, they described extraordinarily clear, vivid and sense-laden memories that were closer in nature to flashbulb memories than ordinary narrative memories. Secondly, they described the memories of the assaults as extremely aversive, and described active attempts to stifle, blur and/or avoid them; for those using this type of language, it was clear that they do so in an intentional and active fashion. Some participants alternated between these types of descriptions, or incorporated some language of each type in their descriptions. For example, some participants who stated that they chose not to recall the memories, and therefore experienced them as “fuzzy” or otherwise unclear, were able without any particular effort or prompting to provide very specific, clear and detailed recollections of specific parts of the assaults, complete with very stark sensory details. None of the participants described their memories associated with assaults in which they became immobile as entirely absent or have any noticeable portions of ‘missing’ time.

Participants used phrases including: “I can vividly remember that;” “there are points where it is way too vivid, like very like I am right back there;” “(more clear) than what I did yesterday;” “I really remember everything... I pushed all those memories away;” “I don’t like to think about it;” and “all of it just stands out, it is so vivid, it is like, second to second I can remember everything that happened” to describe this.

The shadow of tonic immobility. Participants described a long standing impact of having become immobile during an assault that I have called the “shadow” of tonic immobility. They described this as one of the most significant impacts of this experience on their lives, and in most cases as something that they continue to struggle with and fear. Having been rendered incapable of volitional movement under conditions of extreme duress and terror has, for these women, left them with the repeated, episodic recurrence of something similar, but not the same. Provoked by sexual contact, and sometimes by situations where feelings of fear, anger, being out of control, or being somehow disregarded, the shadow of TI moves over these women and threatens immobility. It does not seem to actually steal their volitional movement away entirely, though some do feel momentarily as though they can’t move or can’t move normally. It is predictably triggered during consensual intimacy, and incurs significant distress. Most participants here described it as being accompanied by feelings in their body – often muscle tensing – as well as by overwhelming emotion. It feels like a threat or a warning that they may not be safe, and/or that their bodies could freeze up on them again at any moment. Some described it as similar to, but without the same qualities of racing and then blank minds or of terror and then absent emotion that characterized the TI accompanying the assault itself. Some reacted by kicking, clawing or screaming. Participants universally described this as something that has impacted relationships subsequent to the assault. Many participants described it as very helpful when their partners reacted to this with calm, soothing reassurance, and/or with physical distance.

Phrases used to describe this included: “I haven’t ever felt that scared but I do feel resistant that it can happen again, so it’s just a fear;” “like it could go back to that same

degree but it never has;” “the feeling that I won’t be able to have like control over myself or like my actions and my emotions or anything (is scary);” “it is not the same but it is definitely associated;” “I will be like ‘oh no, it is happening,’ but I can’t really stop it once it starts;” “I would take awhile and after all that was drained out I was able to speak;” “It’s a little bit different in that when it first happened I was scared but I wasn’t, now, I can feel the fear, there is no shutting down, I just can’t move;” and “my body doesn’t feel the same way it did then, I know I still have control over it and stuff like that but there’s just something that always kind of leads to it.”

Subsequent relationships. Participants described significant difficulties engaging in romantic relationships since being assaulted. They talked about two particular contributing factors. First, they described longstanding and usually still recurring interferences in attempts to be consensually sexual with partners by the shadow of tonic immobility and by flashbacks to the assaults, which incur significant fear and distress, and makes relationships difficult. Secondly, they described significant difficulties with the emotional engagement and vulnerability required to support a fulfilling relationship.

Participants said things like “it’s really, really difficult for me to open up;” “it was very, very, very difficult to start a new relationship, I didn’t feel safe, I didn’t feel like I deserved it;” and “it would be easier to like you know just do the act instead of having emotions come out” to describe this.

Guilt and shame. Participants described extreme depths of shame and guilt after and about their experiences of being assaulted. This did not seem to be attributed in any specific way to TI, but rather to be one of the more global impacts of experiencing sexual

violence, though for some participants TI did intensify these feelings. For those whose guilt and shame were exacerbated by TI, they described feeling as though they blame themselves for their inability to escape or stop the assault.

“I felt dirty;” “I was horrified;” and “the effects afterwards was that I was dirty, disgusted, oh it was just an awful feeling” were some of the phrases used to describe this.

Descriptions

In addition to the core themes of the experience of TI, data analysis yielded individual textural descriptions and individual structural descriptions for each participant, relying on the core themes detailed above to facilitate these. Textural and structural descriptions are fundamental to Moustakas’ (1994) approach to phenomenological description, and are used as the foundation upon which the composite description is built. With textural descriptions, the goal is that “from an extensive description of the textures of what appears and is given, one is able to describe *how* the phenomenon is experienced” (p. 78, italics in original). Structures are “the conditions that precipitate the textural qualities, the feelings, sense experiences, and thoughts, the structures that underlie textures and are intimately bound within them” (p. 78). Hence, “structural description involves conscious acts of thinking and judging, imagining, and recollecting, in order to arrive at core structural meanings” (p. 79).

These individual descriptions in conjunction with the core themes were then used to build the composite textural-structural description, the goal of which is “representing the group as a whole” (p. 121). For brevity’s sake, results have been presented here as the core themes and the composite textural-structural description without inclusion of individual descriptions.

Composite Textural-Structural Description. When it becomes unavoidably clear that an assault is underway, confusion reigns. “Why is this happening, how did this happen, what is happening” race through the mind as it struggles, somehow, to make this sudden turn of events make sense. This confusion is so overwhelming, it feels paralyzing on its own. But it is not alone – it is accompanied by a terror that is also overwhelming, gripping. The terror and confusion work together, inseparable. They sweep the mind away in their crushing wave, and with this wave, emotion, sensation and volitional movement ebb as well.

Suddenly, the body won’t respond, the voice won’t work. A whisper may squeak out, but any screams that come stay locked inside. It feels like the body has shut down, and this, in itself is alarming. A desire to get out of here, to run away is pushing, but it won’t happen, because it can’t. Neither the perpetrator nor the body will allow it.

The only way through this now is to check out. Mental distance will provide some safety from the intrusion of the perpetrator and from the paralysis itself. A choice is made to create and maintain mental distance. Emotions have gone numb along with the body, no feelings now seep through the distance. The perpetrator can control the body, but not the mind. Eye closure will ensure this distance, will help keep something between the assault going on outside and the choice inside to stay distant.

In suspended animation, attention shifts easily to the most prominent thing in the room; in the mirror, there is motion, in the dark, the clock glows brightly. This focus of attention allows the mind a focal point away from the assault, the paralysis, the terror.

When the perpetrator steps away, this signals the end of the assault. As he leaves the room, the body remains outside the realm of control. Alone, the mind returns its

residency to the body slowly, testing to see if the hand will respond on command, watching as it does so, slowly.

Coldness seeps through the body, which signals its struggle to return to volitional movement with shaking. Clothes are retrieved, legs set in motion and the body now is safe, while the mind remembers the threat too well. Pain sparks where a wrist was crushed, where a bruise is imminent.

In the months and years ahead, moments of intimacy, while desired, are feared; the mind will sweep in with its warning: you may not be safe, you may never be safe, your body may be shut down again without warning at any moment. These physical sensations are triggers and the mind is swift now to react. Baffled partners struggle to soothe the spooked mind, aid its return to the body that said ‘yes.’ Unsure, the mind reserves the right to flight where the body is prevented, and the shadow looms large.

Discussion

Findings Consistent with Prior Literature

There are a number of components of the experience of tonic immobility that are predicted by the available literature regarding tonic immobility among both humans and animals. Tonic immobility is defined by diminished or absent volitional movement, accompanied by diminished vocal capacity. A known precondition for TI is the subjective experience of terror (Fuse et al., 2007). These two themes emerged strongly among the data, and were described as prominent components of the phenomenological experience of TI. Participants’ descriptions of being “captured inside” themselves so that they were unable to move or call out were powerful, evocative, and very consistent.

Terror was also described consistently and repeatedly as a defining component of their experiences.

Prior literature also predicts periods of eye closure during episodes of TI, tremors, and endogenous analgesia among humans as well as animals (Fuse et al., 2007). These themes emerged among the data here, with some notable findings.

Participants did universally describe periods of eye closure as a significant and memorable part of their experiences with TI. However, only one of them described the eye closing in terms that suggested an absence of volition in this. Sophie stated that sometimes the eye closure “just happened,” and that sometimes she was choosing to keep her eyes shut. All participants described a very strong desire to avoid the visual stimuli associated with the assault in progress; in particular, they described a very urgent need to avoid visual contact with the perpetrators, and perpetrators’ faces and eyes. Accordingly, they describe the act of closing their own eyes as a choice that they made in those moments, and part of an action they chose to take in order to protect and distance themselves from the unfolding assault. Essentially, eye closure was an assertion on their parts of agency when little other option in this regard was available.

There is very little literature available regarding the behaviors of victims during the course of a sexual assault; none of what is available addresses eye closure as a specific behavior either directly or indirectly. Literature exploring TI among humans does not address this behavior specifically, other than to note that it would be expected based on what is seen among other animals (Fuse et al., 2007; Gallup & Rager, 1996; Humphreys et al., 2010; Lexington, 2007; Marx et al., 2008).

Tremors and shaking is consistently described as a component of TI (Fuse et al., 2007; Gallup & Rager, 1996). Among participants in this study, this was described typically as “shaking” or “shivering.” All participants describe some component that was consistent with this, however, the degree to which they experienced it, or experienced it as a significant to them, varied widely. Some described shaking or shivering during the assaults themselves, though it was more universally described as occurring after the assault had ended and as they began to recover from the TI. Participants consistently described a period of time after they realized the assault was over, but before they felt that they had entirely recovered volitional movement, during which they noticed shivering. They did not describe this in terms that denoted particular distress associated with it, nor did they focus on this as a particularly prominent aspect of the experience for them. Feeling cold was described as component of this experience.

A final theme that emerged here and that would be predicted by current literature is the experience that participants here described as feeling physically “numb” during assaults, and which might otherwise be described as endogenous analgesia (Fuse et al., 2007; Gallup & Rager, 1996). Participants reported that, to varying extents, either that they noticed during the assaults that their bodies were numb, or that they became aware of pain resulting from the assault only after they had recovered volitional movement and were sure they were safe, or both. Elizabeth was a notable exception, as she did recall feeling pain during the assault itself. It is interesting to note that the assault Elizabeth experienced was in fact a single episode of repeated assaults that took place over a long period of time in several different geographic locations; these changes required movement and vocalization of Elizabeth, who likely experienced several state changes as

her circumstances changed over the extended time period involved. TI is unlikely to persist across these substantial changes, as, among animals, it has been shown to stop abruptly in response to dramatic stimuli (Gallup & Rager, 1996 provides a comprehensive overview of TI among animals). It may therefore be that she experienced pain during portions of the assault when she was not affected by TI, or it may be that these details of her particular experience impacted her experience of analgesic effect accompanying TI, but this aspect of TI was otherwise universally and consistently described.

Findings Not Predicted in Prior Literature

Participants here described what, for them, were very significant aspects of their experiences with TI that are not predicted by what is currently available in tonic immobility literature. Most significant among these themes were their experiences of very significant confusion, particularly as assaults began, and their ongoing struggles with the shadow of tonic immobility. Others that emerged were: the intensity of their desires to avoid visual contact with the perpetrator; the particular significance of certain moments during the assaults, including vaginal penetration, objects that drew attention such as clocks and mirrors, and the perpetrators' departures; physical soreness after the assault; and the quality of memories associated with the assault experiences.

Participants here universally described a very salient and distressing period of crushing confusion when they realized they were being assaulted. This was inextricably linked with the terror they experienced such that they became a unified force in the moments just before they realized they were not able to move. This was one of the most memorable and distressing components of their experience, and participants described

this as being associated with a racing mind struggling to force the experience into a familiar category of experience; they simply could not understand what was happening or how it had come to this, but reached nonetheless for some explanation. This understanding universally evaded them until they reached the point of total overwhelm and began the process of distancing themselves mentally and emotionally from their situations. This distancing may be indicative of some level of dissociation, though participants here described this as volitional; see the discussion in the “Theoretical Implications” section for more on this distinction. Some research has shown that people tend to respond to crises in general and sexual assaults in particular with a range of cognitive processing styles, that one of these is marked by confusion, and that those who experience mental confusion during an assault are more likely to develop PTSD as a result of the assault (Dunmore, Clark & Ehlers, 1999).

Current available descriptions of TI specifically do not include descriptions of a cognitive component of the experience, but in these results, this was a very strong theme. This may be in part due to the fact that TI has been studied in animals for a very long time (Gallup & Rager, 1996) but has only recently been examined in humans and so much about the human experience remains yet unexplored. Being unique in our capacity to use language to reflect upon and describe an internal and subjective state such as ‘confusion,’ humans alone will be in a position to articulate this component of the experience further, how it may impact TI onset, and what it means for survivors.

The other very significant aspect of participants’ experiences was the ways in which they continue to experience what one called the “residual” effects of TI, what I have called its shadow. They described in very compelling and consistent ways how they

struggle into the present time with a feeling that steals over them when they engage in consensual sexual activities that feels similar to, but not the same as, tonic immobility. It feels threatening and distressing to them, and was perhaps one of the most salient aspects of their experiences.

However, available literature does not address this component of the experience specifically. Nijenhuis, Vanderlinden and Spinhoven (1998) noted that animals acquire and preferentially access a TI defense once they have had initial experiences with it. Working strictly within a behavioral framework, these authors point out that “the acquired associations between an extreme aversive stimulus and other stimuli are extraordinarily resistant to change” and highly aversive conditioned stimuli reliably elicit TI in animals (p. 248).

In these behavioral terms, participants here may have not only acquired a response to an aversive stimulus, the response then cannot extinguish when they periodically expose themselves to similar stimuli in the form of sexual contact. Whether the shadow of TI is a muted version of TI that continues to re-appear in response to tactile or psychological trigger events after having been acquired during an initial experience remains to be seen, but for these participants, this enduring impact of TI was very significant and very distressing.

Another finding here that would be unique among humans and is not seen in prior literature is the intensity with which participants described their desires to avoid all visual contact with the assault in general and the perpetrators specifically. All participants here described this, and some even continued to avoid eye contact with perpetrators for weeks and months after assaults. This was a particularly aversive stimulus for them, and they

recalled the desire to avoid visual contact very starkly. It has been demonstrated that birds remained immobile after an induction of TI when a human was in close proximity, and that “this effect was exacerbated when the experimenter maintained eye contact with subjects during testing” (Gallup & Rager, 1996, p. 71). Among animals, both the presence of simulated eyes (Gallup, Nash & Ellison, 1971; Gagliardi, Gallup & Boren, 1976) and reflections of an individual animal’s own eyes (Gallup, 1972) have been shown to stimulate a TI response. It seems that, among both humans and animals, eye contact is potentially a contributor to TI responses.

Prior literature regarding TI also does not predict that certain moments during their assaults would be especially significant for participants and charged in their memories, but several of these moments emerged as themes here. These moments included moments of eye contact with perpetrators combined with perpetrators’ very close physical proximity (participants found this highly aversive, see above), the moments when vaginal penetration occurred, the moments of perpetrators’ departures, and moments of attending to stimuli in the room including clocks and mirrors. Current literature does not describe or explain the significance of these moments during an episode of TI in spite of their prominence in these narratives, though Heidt et al. (2005) did find that women who reported penile-vaginal penetration during an assault were more likely to report experiencing TI than those experiencing an assault without such penetration. They also found that those reporting penetration scored higher on the immobility scale of the TIS, but not the fear scale. Moreover, among animals, “application of pressure....to specific body regions serves to induce and/or enhance the immobility response” (Gallup & Rager, 1996, p. 61), though the reasons for this are not

known. A connection between eye contact, proximity, gaze avoidance and threat level has also been established as they related to normal social interaction (Rosenfeld, Breck, Smith & Kehoe, 1984). It may be that both eye contact in close proximity and penetration are insurmountable evidence that efforts to resolve confusion by finding an explanation other than violence have been futile, as these may be experienced as incontrovertible evidence that assault is unavoidable.

Much as eye contact and penetration signal progression of the assault, perpetrator departure likewise would signal the end of the assault and may be why these moments were particularly salient in memory and description here. These stimuli may specifically provoke some of the physiologic changes that accompany TI, as they may be experienced as indicators of the relative danger one is in and therefore of the body's need to respond accordingly. Nijenhuis et al. (1998) pointed out that, in animals, "imminence (of a defensive reaction such as TI) varies in terms of space" (p. 245) between prey and predator. Certainly, eye contact in combination with proximity (particularly, perhaps, of a face), vaginal penetration, and perpetrator departure would be significant cues regarding the physical space between assailant and victim and may therefore be cues that impact the physiologic defensive reaction of TI.

Attention being drawn to clocks and mirrors may indicate that attention during TI is altered; it seemed here to be associated with the mental and emotional distance co-researches sought to put between themselves and their assaults as they described these moments with detachment and distance. Gallup, Boren, Suarez, Wallnau & Gagliardi (1980) noted that animals continue to scan their environments during episodes of TI. In human beings, this scanning could be easily drawn to light and motion in a room. Brain

activity as measured by EEG does seem to change in animals, many of whom “have been shown to exhibit an increase in slow-wave activity following induction of TI similar to, but nevertheless distinct from, that observed during sleep” (Gallup & Rager, 1996, p. 68). For participants here, the focus on these objects may represent an easy landing place for attention that is altered by fear, TI, dissociation, or some combination of these.

Available literature also does not describe or explain muscle fatigue and soreness in the days and hours after an episode of TI as participants here did consistently. This would be consistent, however, with the muscle rigidity that is known to characterize TI (Fuse et al., 2007) and may simply be an overlooked aspect of the experience since animals would not describe it and humans may not view it as particularly significant when compared to the other horrors that have been so recently endured.

Finally, available literature does not explain or describe the quality of memories associated with a TI experience. Participants here offered separate and competing descriptions of their memories of events, alternately describing them as extraordinarily clear and as fuzzy or distant. It was clear that many made an active effort not to remember details. Lexington (2007) notes that vivid recall may be a feature of TI in humans. However, avoidance of stimuli associated with traumatic memories is a known response to traumas generally and sexual traumas specifically (Risser, Hetzel-Riggin, Thomsen & McCanne, 2006) and this may account for some of that contradiction.

Bovin et al. (2008) found a very significant relationship between having experienced TI during a sexual assault and the degree to which participants were affected by intrusive memories and re-experiencing, independent of the fear associated with the assault. Extending this finding, Hagedaars & Putman (2011) found that this relationship,

while very significant, was mediated by self-reported levels of attentional control. This implies that memory quality does seem to be heavily implicated by TI, and that some individuals are more able than others to control the degree to which they become intrusive and therefore problematic. These things seem to denote that memory processes are implicated during TI, however, the ways in which memories are qualitatively impacted by a human experience of TI or the causal pathways by which this occurs are unclear at this time.

It is interesting to note in light of this that participants' efforts to avoid memories associated with their assaults may be adaptive in some regard, at least up to the point where the avoidance itself may become pathological. As trauma survivors struggle in the aftermath of the traumatic event, one of the things they often struggle with is the occurrence of intrusive memories of the event. The ability to avoid the intrusions may be adaptive in itself, as it may mitigate the cycle of intrusive memories. However, when avoidance becomes such an overarching objective as to prevent or curtail everyday activities, this in itself could begin to cause problems for survivors (Verwoerd, Wessel, & de Jong, 2009).

It may be that these participants experienced a "reciprocal relationship between the nature of the trauma memory and the appraisals of the trauma/its sequelae" (Ehlers & Clark, 2000, p. 326), i.e., that their *post facto* cognitive processing of the event both impacts and is impacted by their memories for the event. For these individuals, it has been noted that their post-trauma appraisals of the event included significant guilt and shame. If it is true that "their recall is biased by their appraisals and they selectively retrieve information" (p. 326) accordingly, these post-trauma appraisals may impact the

ways in which they report certain aspects of their experiences. Conversely, those aspects of the experience most affected by “particularly strong perceptual priming” (p. 326) of sensory stimuli during the trauma may be less impacted by post-trauma appraisals, and the sensory nature of the memories reflected in the language used to describe them. It is important to note, however, that while these things are noted in the case of trauma generally, they are not specific to TI and more research is necessary to explore whether or not, or how, TI specifically may have impacts on memory for the experience.

Implications

Theoretical implications. A number of themes that came to light here carry implications for current theories about how humans experience TI and what it means to them. Among the themes with theoretical implications were the shadow of TI, ‘checking out’ during assaults as a defense against them, the ways in which participants attended to clocks and mirrors during assaults, the confusion experienced by participants, experiences surrounding vaginal penetration, and the moments surrounding perpetrator departures.

The shadow of tonic immobility was a dominant theme during interviews. Participants talked at great length about the degree to which they continue to experience this in their lives, the extent to which it affects them and their relationships, and the fear and distress it engenders for them. This may be evidence that TI can be acquired as a preferential defense mechanism in the face of a threat, even when the only threat is the memories triggered by physical sensations. However, given that it seems to be a great burden on those who have experienced TI, it may be important that theoretical constructs

explicating TI in humans begin to address this lingering component of the experience and its effects on healing and recovery.

Regarding the theme of ‘checking out’ during assaults, participants were very clear that creating mental detachment from the assault in progress was a choice that they made and proceeded to actively pursue. They did describe feelings of distance and both physical and emotional numbness. The degree to which this was described as volitional would seem to indicate that this was not wholly a dissociative response, as would the fact that all participants were able to describe with very vivid detail the progression of the assaults they experienced. While some were not willing to engage those memories extensively, even those who stated outright that they chose not to remember then did, seemingly without effort, describe great detail, though in some moments more than others.

There is however no reason to believe, at present, that TI and dissociation are in any way mutually exclusive events. One recent study explored the degree to which dissociation may be a factor in the experience of TI (Abrams, Carleton, Taylor & Gordon, 2009). These authors found but were not able to explain a systematic relationship between TI and dissociative symptoms. They offer two interesting potential explanations for this finding. First, they suggest that “emotional numbing may be related to dissociation and mediated by biological mechanisms resembling those that underlie freezing behavior” (p. 554), a suggestion that is consistent with the emotional numbing described here. Secondly, they suggest that “it may be that TI is a behavioral manifestation of extreme levels of peritraumatic dissociation” but note that “this is speculative and requires further study” (p. 555).

Moreover, the construct of 'dissociation' is sufficiently lacking in specificity or definitional accord that it is notably lacking in discriminant validity. In order to sort out which components of the participants' experiences could be accounted for by TI and which by dissociation, invested professionals will "need to do some conceptual and methodological housecleaning" (Braude, 2009, p. 28) with regards to defining dissociation, its denotations and its constituents or sub-categories. Dell (2009) points out that it is now "apparent that dissociation is notable for nothing, if not its heterogeneity. The word *dissociative* can be, and has been, applied to a bewildering variety of very similar cognitive/phenomenological phenotypes, which almost certainly derive from different mechanisms" (p. 759).

One of the least well studied faces of dissociation is peritraumatic dissociation, the type implicated here. However, there is some indication that peritraumatic dissociation may be associated with a tendency towards experiential avoidance (Marx & Sloan, 2004), which "occurs when a person is unwilling to remain in contact with particular private experiences (e.g., bodily sensations, emotions, thoughts, memories, behavioral predispositions) and takes steps to alter the form or frequency of these events and the contexts that occasion them" (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996, p. 1154).

A widely-used method for assessing coping styles acknowledges two primary types, problem-focused and emotion-focused (Lazarus & Folkman, 1984). It is interesting to note that Hayes et al., (1996) found that many of the emotion-focused coping strategies "clearly involve experiential avoidance" (p. 1158). Individuals who are accustomed to emotion-focused and perhaps avoidant coping strategies may experience a

paucity of coping options when faced with an unavoidable and highly aversive event such as sexual assault. Accordingly, they may be more prone to peritraumatic dissociation in response to this, if it is true that peritraumatic dissociation represents “a defensive response to trauma or stress” (Braude, 2009, p. 33).

In this case, dissociation then represents another form of “emotional avoidance behaviors” (Polusny & Follette, 1995, p. 158) for these individuals. If one’s preferred style of coping is avoidance, it would stand to reason that the highly aversive stimuli associated with an assault scenario would create a strong pull toward familiar avoidant coping skills, which urge could certainly be experienced as volitional. Whether or not any avoidant coping options are available in the moment, the *urge* to use these skills would be noticeable. Participants here may have experienced just such an urge, and this may explain the degree to which they described their ‘checking out’ behaviors as voluntary, whether or not it accounts for any concomitant dissociative experiences they may also have experienced, and may or may not have been aware of.

It bears pointing out that individuals accustomed to a particular coping style, including avoidant, will likely continue to rely on this skill set in the aftermath of an assault, as it is what they know how to do. Both experiential avoidance and peritraumatic dissociation are correlated with higher levels of long-term impairment and PTSD after a trauma (Marx & Sloan, 2004; Polusny & Follette, 1995), as is TI. It may be that peritraumatic dissociation, experiential avoidance and TI are related in ways that are not currently understood. It may also be worth exploring whether the confusion that marked the onset of the assaults described here is in some way related to these phenomena, as much of the cognitive activity surrounding the initial confusion seemed to be aimed at

avoiding the reality of imminent assault, or making sense of the experience in some way other than assault.

It may be that some or all of these participants experienced some level of dissociation in addition to the TI that they described and explored here. It may be that dissociation, experiential avoidance and TI interact in complex and unexplored ways that create competing demands for memory, and it may be that participants here are able to describe in great detail the moments most defined by TI while other moments were not described because they are distant or absent due to dissociation.

All participants here were screened for inclusion using the Tonic Immobility Scale-Adult Form (TIS-A). However, the TIS-A itself may not yet be fine-tuned enough to distinguish with precision the degree to which any given individual's response is dominated by TI versus dissociation, or the degree to which they may occur simultaneously (Abrams et al., 2009; Fuse et al., 2007). Given the subjective nature of the experience and the limits of language and memory in describing it, any meaningful attempt to achieve a nuanced distinction between these complex intrapersonal events during a time of extreme duress would be complicated.

However, given those participants herein who described vivid memories of being drawn to clocks and mirrors (or in one case, a television), it may be that TI induces a cognitive state that is neither entirely dissociative nor normal. It may be that attention was easily drawn to the brightest thing in the room, or the only motion in the visual field. Among animals, some evidence shows that those in a state of TI "showed greater selectivity in attention to environmental stimuli" (Rodd, Rossellini, Stock & Gallup, 1997, p. 52). Once drawn, attention seemed to rest on these objects, and to create a pull

towards a desired mental distance that participants both found soothing (inasmuch as that was possible in context) and remembered starkly. Attention during TI may be myopically drawn to those things that are easily latched onto in an effort to stay distant from the events the body is being subjected to.

The extent to which participants experienced confusion as paralyzing and concomitant with terror cannot be overstated, and may imply that cognitive contributions to TI in humans may be an overlooked factor of the experience. In fact, they describe awareness of overwhelming confusion that universally preceded, if only momentarily, the onset of physical paralysis. While TI is recognized as a physiologic process that is initiated by the limbic system, the degree to which a state of cognitive overwhelm precedes, defines or is a necessary precursor to the onset of TI in humans is not known.

For participants here, it was the first awareness they had of very significant distress, and is how they experienced that initial distress. They did not necessarily distinguish between this cognitive reality and the physical processes that followed, and they may be very closely intertwined in the human experience of TI. Moreover, confusion was often the very first thing that participants became aware of after they knew the assault was over and when they still felt unable to move. This could point to some cognitive contributions to the instigation of the physiological series of events that comprise TI in humans. In fact, the “ways in which events are construed, named, or appraised....may have major effects on the way in which they will be processed by individuals, indeed, by the brain where linguistic and semantic cues readily initiate a top-down appraisal of the emotional relevance of the event” during a trauma (Shalev, 2007, p. 220). If it is true that an initial appraisal and attribution is a critical component of the

emotional cues sent to the limbic system, this period of confusion in these participants may be an integral part of the onset of TI for at least some people who experience it.

For participants here, the moment during assaults at which vaginal penetration occurred was very significant. Something about this specific experience triggered qualitatively different responses in them than, for example, having their clothing removed or being touched – whether violently or not – on other parts of their bodies or in other ways. For many, this was linked to very close proximity of the perpetrator’s face to their own, and intense desire to avoid this. Current theories about TI do not address specific physical sensations that may provoke, heighten, sustain or otherwise implicate TI in humans, but it may be that such associations exist for us as they seem to for animals (Gallup & Rager, 1996). If so, results here implicate vaginal penetration as an obvious candidate for inclusion in such a category of sensations.

Likewise, specific stimuli that mitigate, complicate or break a TI response have seen minimal inclusion in current TI theories as they pertain to humans, which have explored the possibility that a sudden noise or other such stimulus can contribute to the cessation of a TI response. This is reflected in some of the questions posed in the phenomenological component of the TIS-A. Human experience in this regard may well be found to mirror what is seen in animal findings, which is that “external stimuli can directly influence TI” (Rodd et al., 1997), and that TI tends to attenuate in the presence of sudden loud noises and in the presence of sudden movements in the visual field.

However, in these results, once it set in, participants did not describe any remittance of TI until well after the assailant had stopped assaulting them and, generally, had left them alone. The moment at which the perpetrator moved away from their bodies

and/or left the room was a very vivid moment in their memories. This particular stimulus, and/or the accompanying awareness that the assault had ended, may be involved in attenuating a TI response. It may be that the very vivid memories typically associated with TI peak at specific, significant moments. The physiologic process of memory formation may be influenced by TI, and provoked by the emotional and cognitive contributions to the state of TI, including both penetration and perpetrator departure.

Research implications. A number of implications for future research are highlighted by the results here. These include implications for further research into several of the facets of the phenomenological experience of TI, including the shadow of TI, any cognitive contributions to TI including the ways in which attention is directed during the experience, the contributions of physical sensations, especially vaginal penetration, to TI, and the experience of muscle soreness after an experience of TI.

The shadow of tonic immobility, while very dominant in the narratives of participants here, is not addressed in current research regarding how people are impacted by TI. Browne & Finkelhor (1986) provided a seminal piece and thorough overview of the many ways in which relationships can be affected by experiences of abuse, which has been further explored and confirmed by other research (Kallstrom-Fuqua, Weston & Marshall, 2004; Reid & Sullivan, 2009). However, more research specific to this phenomenon, which has not been addressed specifically in previous literature, would be very helpful in articulating what this is, whether it is primarily cognitive or physiologic in nature, and the extensive impact that it appears to have on those affected by it. It is possible that this “residual” impact of TI is part of a pathway that does not allow the

response to extinguish even after years of freedom from actual assault. It keeps the fear and helplessness associated with TI very fresh in the minds of survivors, and may predispose them to TI when they are triggered by actual or perceived aggression.

In addition to a more precise articulation of what this experience is and how it happens, research focused on how, in practical terms, to help alleviate its impact on survivors could be of enormous value. Since little is known about the construct itself, nothing is known about how to help intervene in its progression. For survivors here, interventions that could help relieve them of this burden would be very helpful. Empirical exploration of just how to proceed in this regard seems to be indicated.

Research informing initial attempts at gaining some empirical ground in the search for techniques effective in decreasing the distress survivors who experienced TI may continue to experience in the form of the shadow of TI, as all participants here described, may be grounded in prior research regarding what has been effective in helping survivors of trauma and/or sexual assaults in the general sense. Narrowing down whether approaches already being used will be useful for the specific application of allowing women haunted by this response the freedom to explore consensual sex without feeling frightened or threatened by the shadow of TI may be a good first step. For discussion of specific directions that interventions may begin to take, see the discussion in the “Practice Implications” section.

Another implication for additional research is the potential contributions of cognitive processes to TI in humans. Results here were clear and consistent that overwhelming confusion was a major contributor to fear and paralysis, or at least that these things occurred simultaneously. Whether or not these processes are etiologically

linked, they were phenomenologically inseparable for these participants. Dunmore et al. (1999) note that mental confusion during an assault is not an uncommon response. However, further research elucidating whether or not this type of confusion is a distinct contributor to or predisposes to a TI response could be important in helping us understand this experience in humans. It would be worth exploring whether a similar experience occurs in people who experience TI in response to events other than sexual violence, and/or whether or not people who have responded to a crisis without an episode of TI experience something similar.

In addition to the confusion component of the experience, another facet of the cognitive experience for some participants here was the way in which their attention during the event was directed. Some participants here indicated that they focused intently on clocks or mirrors, and articulated memories of having their attention passively focused on these objects during moments that made clear memory imprints. This may indicate that attending during an episode of TI is altered in some way from normal attending, or that TI predisposes to an alteration of attending capacity in some way. Dell (2009) notes briefly that there is evidence that peritraumatic dissociation may be accompanied by “heightened sensory perception” (p. 762), which may account for this partially or completely. More research would help elucidate this.

Moreover, research devoted to the roles that physical sensation play, if any, in the provocation, onset, sustenance or mitigation of a TI response would help us to understand the phenomenon as it occurs in humans better. Participants here indicated that the physical sensation of vaginal penetration may have contributed to their own TI responses. Further research may explore the degree to which this specific sensation either alone or in

combination with the close proximity of the perpetrator's face triggered or heightened a TI response. In animals, there seem to be some reliable physical stimuli that can provoke a TI response, such as inverting flight animals (e.g., rabbits or fowl) onto their backs (Gallup & Rager, 1996). Smith, Webster, Hartesveldt & Meyer (1985) did find that, among rats, vaginal-cervical stimulation "significantly potentiated tonic immobility" (p. 580). What if any physical stimuli predispose or provoke a TI response in human beings are not currently known, but exploring this question would help us to understand how human beings experience TI.

As research moves ahead in exploring tonic immobility, it is worth noting that refining the fear scale of the TIS may be important in maximizing its utility in identifying and measuring TI (Abrams et al., 2009; Fuse et al., 2007). Most notably within these results, while it is generally accepted that fear is a necessary *pre*-condition for TI, these participants described an abatement of fear as immobility set in. This suggests that TI and fear may have an inverse relationship to one another as part of a larger, organized response set to a crisis. If this is the case, rather than seeing high scores on both the immobility and fear subscales of the TIS, in cases of extreme immobility it may be that scores indicating fear *during* the event may drop as immobility scores increase. In this case, the cut-off scores proposed by Heidt et al. (2005) may not be the best criteria for inclusion on a TI criterion, since this may exclude participants with higher immobility scores who felt less fear (and more numbness) during the critical event.

Finally, participants here describe feelings as though they were recovering from unusual muscle exertion in the days and hours following TI. They describe sore muscles generally, and specifically in their legs and abdomens. None of the assaults experienced

here involved periods of running/chasing, or of physical beatings, either of which might have explained this phenomenon. Further investigation into this experience could help us understand more about the physiologic processes of TI, and what those mean for survivors as they recover from an incident that invoked a TI response.

Practice implications. Participants were not of any consensus here regarding the degree to which they were helped or harmed in their recovery overall from sexual assault by having experienced TI specifically. Some believed that their recoveries were easier because they were aware that their bodies were not under their volitional control at the time of the assault, and they therefore experienced less shame and guilt about having been assaulted than they might otherwise have. Others were precisely the opposite: they experienced markedly greater shame and guilt as a result of having frozen in the face of the assault, and blamed themselves for not having been able to escape or prevent the assault. It is worth noting, however, that the only two (Jennifer and Maree) who did not associate TI with greater shame and guilt both experienced assaults as very small children. It may be that, for them, this factor interacted in very significant ways with the TI as they construed events and their meanings in their lives.

For those survivors who did experience greater shame and guilt, education and information may be enormously valuable contributions to *post facto* attributions that survivors make about their experiences. Providing them with some evidence that, not only did they not choose the path their bodies ultimately went down, but that others have also experienced a response that was similar in quality and effect may be critical in helping them to navigate their way through their distress to a place of recovery. Validating and normalizing the many ways in which people have responded to traumas

have been demonstrated to be very useful tools in helping them start to recover a sense of normalcy and health in their lives (Briere & Scott, 2006; Herman, 1997).

For those in the position of trying to facilitate the recovery of survivors who have experienced TI, these results would also seem to indicate that an awareness of the continued impact that the shadow of TI has in the lives of those who experience an initial episode could be invaluable. Whether or not current approaches may be useful in helping survivors find successful ways to cope with this repeated intrusion into their lives remains to be seen, but it would seem useful to explore this possibility. Approaches including Eye Movement Desensitization and Reprocessing (EMDR; F. Shapiro, 2001) exposure therapies (R. Shapiro, 2010) may be useful places to start helping survivors modify and ameliorate their long-standing experiences of feeling threatened by and frightened of the prospect of renewed immobility when they attempt to engage in normal, consensual sexual activities. EMDR has demonstrated efficacy in addressing trauma in general (R. Shapiro, 2010) and sexual assault specifically (Rothbaum, 1997). Exposure therapies have been effective in helping trauma survivors (R. Shapiro, 2010), and Hayes et al. (1996) point out that “treatment of abuse survivors should involve, in part, exposure to previously avoided thoughts, feelings, memories and bodily sensations” (p. 1162). However, it should be noted that one study found that having experienced “mental defeat” during an assault was correlated with “inferior response to exposure in rape victims” (Ehlers, Clark, Dunmore, Jaycox, Meadows & Foa, 1998). Whether or not the construct of “mental defeat” may have any correlation to an experience of TI is a matter of speculation, but may indicate that caution is warranted in exploring the use of exposure therapies as a standalone approach with this particular population of survivors.

Marx & Sloan (2005) nominate Acceptance and Commitment Therapy (ACT; Hayes, Strosahl & Wilson, 1999) as a potentially helpful approach to treating those whose problems stem from some combination of peritraumatic dissociation and experiential avoidance. Nonetheless, providing survivors with some freedom to engage in fulfilling sexual expression could, in itself, provide them with enormous relief from the distresses that continue to plague them in the aftermath of an assault marked by an onset of TI.

More importantly, providing information about TI responses to members of the law enforcement community may be enormously helpful to survivors who do choose to report. Given that current constructs within our system of jurisprudence define the active withholding of consent as a necessary component of any sexual assault, and that, historically, women are required in a successful prosecution to demonstrate having physically resisted, (Rowland, 2004), survivors who were unable to speak, to flee or to fight may face substantial barriers in their efforts to seek prosecutorial relief. In fact, in light of this, they may be actively disbelieved (Frohmann, 2012; Kreisel, 2005). However, if they are given a voice that brings their experiences into the realm of those understood by the law enforcement community, survivors would then be allowed more options, and, hopefully, more credibility. Whether or not this increases their chances of successful prosecution, it could at a minimum create an environment more likely to validate and acknowledge their experiences, and less likely to contribute to shame, blame, and guilt on survivors' parts.

Boundaries and Limitations

Participants here were exclusively young adult female undergraduates who had experienced tonic immobility in response to one or more episodes of sexual violence at

some point in their lives. Each of the participants included here had experienced one or more episodes of violence perpetrated against them by a male person previously known to them. This sample was drawn exclusively in the Rocky Mountain region of the United States, and was relatively ethnically homogeneous.

Whether or not men would experience similar phenomenological relationships to an experience of either sexual assault or to tonic immobility is a worthy and important question, but is not addressed here. As we live in a culture with very complicated social and cultural narratives about sex, gender, and gendered violence, it is impossible to know how the women in this sample would experience these events or construe their relationships with them without these dictates of social discourse. For example, we live in a culture saturated with discursive practices portraying women's sexualities as passive and objective rather than subjective. The degree to which this may contribute to actual feelings of powerlessness and passivity when an assault commences, and therefore the degree to which cultural context may play a role in predisposing women to the overwhelming confusion and terror described here, cannot be answered within these data. Moreover, the extent to which any individual woman has or has not internalized these messages as they pertain to her own identity may play a role in how she responds to perceived sexual aggression, however, this question is outside the scope of this research. Whether or not these factors contribute to post-assault or post-TI prognosis and recovery path is another interesting question outside the scope of this work.

Further, how either women or men would experience an episode of tonic immobility in the context of an incident other than sexual violence is not addressed here, but is an interesting and important question. The degree to which the specifically sexual

context of these assaults may have contributed to or interacted with tonic immobility is not possible to isolate within the scope of this work, but whether or not the experience of tonic immobility or the relationship of a survivor to it afterward is impacted by the nature of the event that provoked this response is a worthwhile question.

Finally, this work was limited in its ability to detect whether or not tonic immobility is a phenomenon that human beings experience along a continuum of severity, i.e., is it possible to experience 'more' or 'less' tonic immobility according to person or event, or whether we experience it as a discrete categorical event, i.e., we either do or do not become immobile. This is not yet well established (Fuse et al., 2007). The need to work within an operational definition that, for purposes of this work, was a cut-off score on the Tonic Immobility Scale, limited the ability to include women who may have experienced some version of tonic immobility that did not meet this threshold.

JOURNAL REFERENCES

- Abrams, M.P., Carleton, N.R., Taylor, S., & Asmundson, G.J.G. (2009). Human tonic immobility: Measurements and correlates. *Depression and Anxiety*, 26(6), 550-556.
- Bovin, M.J., Jager-Hyman, S., Gold, S.D., Marx, B.P., & Sloan, D.M. (2008). Tonic immobility mediates the influence of peritraumatic fear and perceived inescapability on posttraumatic stress symptom severity among sexual assault survivors. *Journal of Traumatic Stress*, 21(4), 402-409. doi:10.1002/jts.20354
- Bracha, S.H. and Maser, J.D. (2008). Anxiety and post-traumatic stress disorder in the context of human brain evolution: A role for theory in DSM-V? *Clinical Psychology: Science and Practice* (15)1, 91-97.
doi:10.1111/j.1468-2850.2008.00113.x
- Braude, S.E. (2009). The conceptual unity of dissociation: A philosophical argument. In Dell, P.F. and O'Neil, J.A. (Eds.), *Dissociation and the dissociative disorders: DSM-V and beyond*. New York: Routledge.
- Briere, J. & Scott, C. (2006). *Principles of Trauma Therapy*. Thousand Oaks, CA: SAGE.
- Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.
- Classen, C.C., Palesh, O.G., & Aggarwal, G. (2005). Sexual revictimisation: A review of the empirical literature. *Trauma, Violence and Abuse*, 6(2), 103-129.
doi:10.1177/1524838005275087
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Dell, P.F. (2009). Understanding dissociation. In Dell, P.F. and O'Neil, J.A. (Eds.), *Dissociation and the dissociative disorders: DSM-V and beyond*. New York: Routledge.
- Dunmore, E., Clark, D.M., Ehlers, A. (1999). Cognitive factors involved in the onset and maintenance of post-traumatic stress disorder (PTSD) after physical or sexual assault. *Behavior Research and Therapy*, 37(9), 809-829.
doi:10.1016/S0005-7967(98)00181-8
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38(4), 319-345.
doi:10.1016/S0005-7967(99)00123-0

- Ehlers, A., Clark, D. M., Dunmore, E., Jaycox, L., Meadows, E., & Foa, E. B. (1998). Predicting response to exposure treatment in PTSD: The role of mental defeat and alienation. *Journal of Traumatic Stress, 11*(3), 457-471. doi:10.1023/A:1024448511504
- Fizman, A., Mendlowicz, M.V., Marques-Portella, C., Volchan, E., Coutinho, E.S., Souza, W.F., Rocha, V., Lima, A.A., Salomao, F.P., Mari, J.J., & Figueira, I. (2008). Peritraumatic tonic immobility predicts poor response to pharmacological treatment in victims of urban violence with PTSD. *Journal of Affective Disorders, 107*, 193-197. doi:10.1016/j.jad.2007.07.015
- Forsyth, J.P., Marx, B., Fusc, T., Heidt, J., & Gallup, G.G. (2000). *The Tonic Immobility Scale*. Albany, NY: Authors.
- Frohmann, L. (2012). Discrediting victims' allegations of sexual assault: Prosecutorial accounts of case rejections. In Copes, H. and Pogrebin, M.R. (Eds.), *Voices from Criminal Justice: Thinking and Reflecting on the System* (pp. 199-213). New York: Routledge.
- Fusc, T., Forsyth, J.P., Marx, B., Gallup, G.G. & Weaver, S. (2007). Factor structure of the Tonic Immobility Scale in female sexual assault survivors: An exploratory and confirmatory factor analysis. *Journal of Anxiety Disorders, 21*, 265-283. doi:10.1016/j.janxdis.2006.05.004
- Gagliardi, G. J., Gallup, G. G., Jr., & Boren, J. L. (1976). Effect of different pupil to eye size ratios on tonic immobility in chickens. *Bulletin of the Psychonomic Society, 8*, 614-616.
- Gallup, G. G., Jr. (1972). Mirror-image stimulation and tonic immobility in chickens. *Psychonomic Science, 28*, 257-259.
- Gallup, G.G., Boren, J.L., Suarez, S.D., Wallnau, L.B., Gagliardi, G.J. (1980). Evidence for the integrity of central processing during tonic immobility. *Physiology and Behavior, 25*(2), 189-194. doi:10.1016/0031-9384(80)90206-1
- Gallup, G. G., Jr., Nash, R. F., & Ellison, A. L. (1971). Tonic immobility as a reaction to predation: Artificial eyes as a fear stimulus for chickens. *Psychonomic Science, 23*, 79-80.
- Gallup, G.G. & Rager, D.R. (1996). Tonic Immobility as a Model of Extreme States of Behavioral Inhibition. In Sanberg, P.R., Ossenkopp, K.P., & Kavaliers, M. (Eds.), *Motor Activity and Movement Disorders* (pp. 57-80). The Humana Press: Totowa, N.J.

- Hagenaars, M.A. & Putman, P. (2011). Attentional control affects the relationship between tonic immobility and intrusive memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 42(3), 379-383.
- Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford Press.
- Hayes, S.C., Wilson, K.G., Gifford, E.V., Follette, V.M. & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, 64(6), 152-1168.
- Heidt, J.M., Marx, B.P. & Forsyth, J.P. (2005). Tonic immobility and childhood sexual abuse: a preliminary report evaluating the sequela of rape-induced paralysis. *Behavior Research and Therapy*, 43, 1157-1171. doi:10.1016/j.brat.2004.08.005
- Herman, J. (1997). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: BasicBooks.
- Humphreys, K.L., Sauder, C.L., Martin, E.K., & Marx, B.P. (2010). Tonic immobility in childhood sexual abuse survivors and its relationship to posttraumatic stress symptomatology. *Journal of Interpersonal Violence*, 25(2), 358-373. doi:10.1177/0886260509334412
- Kallstrom-Fuqua, A., Weston, R., & Marshall, L. L. (2004). Childhood and adolescent sexual abuse of community women: Mediated effects on psychological distress and social relationships. *Journal of Consulting and Clinical Psychology*, 72(6), 980-992. doi:10.1037/0022-006X.72.6.980
- Kreisel, B.W. (2005). Police and victims of sexual assault. In Reddington, F.P. and Kreisel, B.W. (eds.) *Sexual Assault: The Victims, the Perpetrators and the Criminal Justice System* (pp. 253-273). Durham, N.C.: Carolina Academic Press.
- Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Leach, J. (2004). Why people 'freeze' in an emergency: Temporal and Cognitive Constraints on Survival Responses. *Aviation, Space and Environmental Medicine*, 75(6), 539-542.
- Lexington, J. (2007). *An examination of the relationship between tonic immobility and the psychophysiology, behaviors and perceptions in response to a hypothetical date-rape scenario*. (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (ATT No. 3255126)

- Lima, A.A., Fiszman, A., Marques-Portella, C., Mendlowicz, M.V., Coutinho, E.S.F., Maia, D.C.B., Rocha-Rego, V., Volchan, E., Mari, J.J., & Figueira, I. (2010). The impact of tonic immobility reaction on the prognosis of posttraumatic stress disorder. *Journal of Psychiatric Research*, (44), 4, 224-228. doi:10.1016/j.jpsychires.2009.08.005
- Marx, B.P. & Sloan D.M. (2005). Peritraumatic dissociation and experiential avoidance as predictors of posttraumatic stress symptomatology. *Behaviour Research and Therapy*, 43, 569-583.
- Marx, B.P., Forsyth, J.P., & Lexington, J.M. (2008). Tonic immobility as an evolved predator defense: Implications for sexual assault survivors. *Clinical Psychology: Science and Practice*, 15(1), 74-90. doi:10.1111/j.1468-2850.2008.00112.x
- Merriam, S.B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco: Jossey-Bass.
- Moskowitz, A.K. (2004). "Scared stiff": Catatonia as an evolutionary-based fear response. *Psychological Review*, 111(4), 984-1002. doi:10.1037/0033-295X.111.4.984
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Nijenhuis, E.R.S., Vanderlinden, J., & Spinhoven, P. (1998). Animal Defensive Reactions as a Model for Trauma-Induced Dissociative Reactions. *Journal of Traumatic Stress*, 11(2), 243-260. doi:10.1023/A:1024447003022
- Polusny, M.A. & Follette, V.M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied & Preventive Psychology*, 4, 143-166.
- Reid, J.A. & Sullivan, C.J. (2009). A model of vulnerability for adult sexual victimization: The impact of attachment, child maltreatment and scarred sexuality. *Violence and victims*, 24(4), 485-501. doi:10.1891/0886-6708.24.4.485
- Risser, H.J., Hetzel-Riggin, M.D., Thomsen, C.J., & McCanne, T.R. (2006). PTSD as a mediator of sexual victimization: The role of reexperiencing, avoidance and arousal symptoms. *Journal of Traumatic Stress*, 19(5), 687-698.
- Rodd, Z. A., Rosellini, R. A., Stock, H. S., & Gallup, G. G. (1997). Learned helplessness in chickens (*gallus gallus*): Evidence for attentional bias. *Learning and Motivation*, 28(1), 43-55. doi:10.1006/lmot.1997.0952

- Rosenfeld, H.M., Breck, B.E., Smith, S.H., & Kehoe, S. (1984). Intimacy mediators of the proximity-gaze compensation effect: Movement, conversational role, acquaintance and gender. *Journal of Nonverbal Behavior*, 8(4), 235-249. doi:10.1007/BF00985981
- Rothbaum, B. O. (1997). A controlled study of eye movement desensitization and reprocessing in the treatment of posttraumatic stress disorder sexual assault victims. *Bulletin of the Menninger Clinic*, 61(3), 317-334.
- Rowland, D. (2004). *The Boundaries of Her Body: The Troubling History of Women's Rights in America*. Naperville, IL: Sphinx Publishing.
- Schmidt, N.B., Richey, J.A., Zvolensky, M.J., & Maner, J.K. (2008). Exploring human freeze responses to a threat stressor. *Journal of Behavior Therapy*, 39, 292-304. doi:10.1016/j.jbtep.2007.08.002
- Shalev, A.Y. (2007). PTSD: A disorder of recovery? In Kirmayer, L.J., Lemelson, R., & Barad, M (Eds.), *Understanding trauma: Integrating biological, clinical and cultural perspectives*. (pp. 207-223). New York: Cambridge University Press.
- Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures*. (2nd ed.) New York: The Guilford Press.
- Shapiro, R. (2010). *The trauma treatment handbook: Protocols across the spectrum*. New York: W.W. Norton & Company, Inc.
- Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretive phenomenological analysis*. Thousand Oaks, CA: SAGE Publications.
- Smith, R.L., Webster, D.G., Hartesveldt, C. & Meyer, M.E. (1985). Effects of estrus, estrogen-progesterone priming, and vaginal stimulation on tonic immobility, dorsal immobility, and lordosis in the female rat. *Physiology and Behavior*, 35, 577-581.
- Suarez, S.D. & Gallup, G.G. (1979). Tonic Immobility as a Response to Rape in Humans: A Theoretical Note. *The Psychological Record*, 29, 315-320.
- Verwoerd, J., Wessel, I., & de Jong, P. J. (2009). Individual differences in experiencing intrusive memories: The role of the ability to resist proactive interference. *Journal of Behavior Therapy and Experimental Psychiatry*, 40(2), 189-201. doi:10.1016/j.jbtep.2008.08.002
- Zoellner, L.A. (2008). Translational challenges with tonic immobility. *Clinical Psychology: Science and Practice*, (15)1, 98-101. doi:10.1111/j.1468-2850.2008.00114.x