



TRAUMA, NERVOUS SYSTEM & TRAUMA-INFORMED SUPPORT

Fight, Flight, Freeze & Fawn

Understanding common threat-response language without turning every reaction into evidence of trauma.

The key idea

Fight, flight and defensive freezing describe recognised patterns of responding to threat. 'Fawn' is a useful therapeutic description of appeasing or accommodating behaviour, but it is not an established stand-alone biological threat-response category.

Threat responses are not a personality test

Defensive responses are flexible patterns involving perception, attention, movement, autonomic activity and behaviour. People can move between responses quickly, show more than one at once, or respond differently in different situations. A reaction does not reveal a fixed 'nervous-system type'.

Fight

Fight describes active resistance to a perceived threat. It may involve confronting, pushing away, shouting, defensive aggression or preparing physically to protect oneself. Sympathetic activation can support mobilisation, but behaviour is also shaped by context, learning, appraisal and available options.

Flight

Flight describes moving away from, escaping or avoiding a perceived threat. Increased cardiovascular and muscular mobilisation can support rapid action. Leaving, creating distance or seeking safety may be adaptive responses when escape is possible.

Freeze

Defensive freezing is more complex than simply 'doing nothing'. Research describes attentive immobility with motor inhibition and often heart-rate deceleration, while the person remains prepared to evaluate threat and shift into action. Sympathetic and parasympathetic processes can occur together.

Important clinical point

Freezing can involve simultaneous sympathetic and parasympathetic activity. It is not accurately described as the whole nervous system simply 'switching off'.

Freeze is not the same as shutdown

Freezing, tonic immobility, dissociation, fainting and reduced responsiveness should not be treated as interchangeable. Different forms of immobility can involve different mechanisms and contexts. Describing what is actually happening is usually more accurate than assigning one universal nervous-system explanation.

Fawn

Fawn is commonly used in trauma-informed and therapeutic language for appeasing, accommodating or prioritising another person's needs in an attempt to reduce conflict or threat. The behaviour can be meaningful and protective, but 'fawn' is not a formal diagnosis or a universally established biological response category equivalent to fight, flight or experimentally studied defensive freezing.

Key distinction

'Fawn' can be a useful way to discuss appeasement or accommodation used for safety. The label should not be presented as though it has the same established experimental and physiological status as fight, flight or defensive freezing.

Appeasement can have many meanings

Agreeing, placating, masking disagreement, becoming highly helpful or monitoring another person's mood can sometimes function as strategies for maintaining safety. The same behaviours can also arise from social learning, culture, caregiving roles, anxiety, attachment patterns, neurodivergent masking or ordinary relationship dynamics.

Automatic does not mean uncontrollable forever

Defensive reactions can occur rapidly and partly outside deliberate conscious control. That does not mean they are permanently fixed. Learning, context, supportive relationships, therapy and repeated experiences of safety can influence how a person responds over time.

Responses can overlap

A person might initially freeze, then run; verbally confront someone while physically moving away; or appease while planning an exit. Human threat responding does not always fit neatly into four boxes, and the popular 'four Fs' are best treated as accessible shorthand rather than a complete biological classification.

Dissociation

Dissociation can include experiences such as detachment, unreality, altered awareness or gaps in memory. It may occur around overwhelming experiences, but it should not automatically be labelled a freeze or 'shutdown' response. Persistent or clinically significant dissociation warrants appropriate assessment.

Trauma is not required for every response

Fight, flight and freezing are part of broader defensive biology and can occur in people without PTSD. Appeasing behaviour can also occur without trauma. A response becomes clinically relevant when its pattern, intensity, persistence or consequences are causing difficulty, or when it forms part of a wider mental-health presentation.

Important to remember

A defensive reaction is not proof that someone has experienced trauma, and a particular reaction does not diagnose PTSD.

After the threat has passed

People may experience shaking, exhaustion, crying, numbness, muscle tension, nausea or difficulty concentrating after intense stress. These experiences vary. Support can focus on immediate safety, orientation to the present, basic physical needs and the person's own preferred ways of settling.

Supporting someone in the moment

Reduce unnecessary demands, communicate clearly, offer realistic choices and avoid forcing touch, eye contact or disclosure. If there is immediate danger, medical concern or safeguarding risk, appropriate safety procedures take priority. Trauma-informed support should work alongside, not replace, clinical judgement.

When symptoms persist

Repeated intrusive memories, avoidance, hyperarousal, negative changes in mood or thinking, dissociation or significant functional impairment may need professional assessment. Evidence-based PTSD treatments include trauma-focused CBT and, in appropriate circumstances, EMDR; treatment should not be selected solely from a person's presumed 'F response'.

Using the language carefully

Rather than saying 'you are a freeze type' or 'your nervous system chose fawn', describe the observable experience and remain curious about its function. Language such as 'you became very still', 'you felt an urge to get away' or 'agreeing seemed to help reduce conflict' leaves room for individual meaning.

Practical check

Am I describing rather than diagnosing? Have I avoided assuming trauma from one behaviour? Am I distinguishing defensive freezing from dissociation, fainting or tonic immobility? If I use the term fawn, have I made clear that it is therapeutic shorthand rather than a discrete established biological response?

References & Further Resources

These resources provide further information on defensive responses, trauma-related symptoms and evidence-based treatment.

Roelofs, 2017

A review of defensive freezing in animals and humans, including its relationship with immobility, heart-rate deceleration, perception and preparation for action.

Kozłowska et al., 2015

A clinical review of the defence cascade, distinguishing active fight-or-flight responses from freezing and other forms of immobility.

Algarin et al., 2026

A recent review using fight, flight, freeze and fawn as a stress-response framework. It illustrates current use of 'fawn' while not establishing it as a discrete physiological response system.

NICE NG116 - PTSD

UK evidence-based recommendations for PTSD assessment and treatment, including trauma-focused CBT and EMDR in specified circumstances.

How to use these resources

The four-F language can support psychoeducation when it is presented as a flexible framework rather than a diagnostic system. Persistent trauma-related symptoms should be understood through appropriate assessment and current evidence-based guidance.