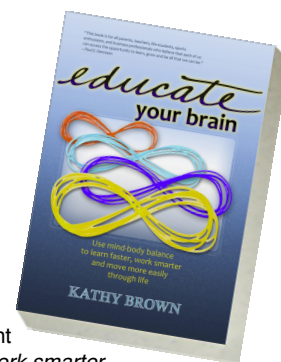


Classic Articles on Brain Gym®
And Retained Reflexes
By Kathy Brown, M.Ed., author of the 2012 Book
Educate Your Brain

www.EducateYourBrain.com

This article was written in 2000 as Kathy was continuing her exploration of the impact of retained reflexes on children and adults, and how Brain Gym processes could help relieve them. More current information is presented in her book, *Educate Your Brain: use mind-body balance to learn faster, work smarter and move more easily through life.*



Balancing to Resolve the Moro Reflex

and its Effects on Learning, Behavior and Performance

by Kathy Brown, M.Ed.

In a previous article I included information on how many academic and behavior issues have at their core the incomplete progression of childhood reflexes, and how effectively they can be resolved using Brain Gym, making huge shifts in the quality of life for people. Here is a story that illustrates one of the shifts that I experienced with a recent client.

Christine had always been awkward at sports, and was particularly afraid of catching balls, even ones tossed gently to her. As a child, this was a tremendous hindrance in school PE classes. She said she felt awkward and was often ridiculed by her peers. Now an adult, she had a group of friends who loved to spend time at the park playing Frisbee, but she always created excuses not to participate.

As Christine and I moved toward balancing for her goal of “easily and comfortably catching things” it became clear that the “Moro reflex” was still strongly “on” in her system. The Moro reflex develops in infants at 9 weeks in utero, and usually falls away somewhere between two and four months of life. The Moro reflex is a series of rapid movements made in response to sudden stimuli. When young infants are surprised, both arms swing out and upwards, opening the hands, and there is a sudden intake of breath, followed by momentary freeze and gradual return of the arms across the body into a clasping posture.

If the Moro reflex does not fall away when it should, one remains poised on the edge of “fight or flight” throughout the rest of their life. This can result in being very emotional, easily distracted, physically

timid, having low tolerance to change or stress, being either insecure or controlling (both a reaction to sense of fear), having auditory confusion, poor stamina, difficulty in reading, and much more.

I did a “cover check” of Christine’s eyes. I covered her right eye, had her look at a small object I was holding about two feet directly in front of her nose, then slowly brought the object in to a few inches from

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her nose. At that point I uncovered her right eye, and found that, rather than looking at the object, her right eye was looking out to the side, quite away from the object. The left eye behaved just the same when it was checked.

When we are in fight or flight, as those with Moro invariably are, the body’s eye muscles pull both eyes outward to the periphery of one’s vision, making it very challenging to focus on something in the center of one’s vision. People with Moro still “on” are much more likely to focus first on the blank border of a page of print, for example, rather than on the print itself. (Needless to say, this makes reading very difficult, and tiring on the body.)

When I described this condition to Christine, she said, “That’s me! I have the hardest time remembering people I’ve met because I don’t really see their faces, I see just the outlines of their heads.” Of course she’d panic at an object coming right to the center of her field of vision, where her eyes had the hardest time seeing.

To do a quick precheck of her ability to catch an object, I gently tossed a small, soft pillow to her. Even though she told me she was ready she almost panicked, moving backward when it came her way, and nearly dropped it.

We moved forward with her balance, which included Dennison Laterality Repatterning, and several additional movements that specifically support the resolution of Moro reflex.

At the conclusion of her balance we repeated the “cover check” of her eyes, which showed considerable improvement. We also rechecked her ability to catch an object. When I gently tossed the pillow this time, Christine playfully moved toward it and easily caught it, with a big smile on her face. She said, “That was actually fun!”

That night I got a call from Christine. She said, “I’ve been having the most amazing time seeing people’s faces all day. And I can’t wait to play Frisbee with my friends!”



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Sample pages from *Educate Your Brain*

Two pages from the section discussing Infant Reflexes in *Educate Your Brain*, the new book by Kathy Brown.

For more information and to order your copy, go to
www.EducateYourBrain.com

Palmar Reflex: A touch to the inside of the infant's hand causes her to grip very hard, curling fingers around that object: perhaps your finger, hair, or necklace. A neurological loop between the mouth and the palms of the hands (sometimes active when nursing) may cause the mouth or tongue to move when manipulating objects, drawing, etc. Palmar Reflex emerges at 11 weeks in utero (present at birth); should integrate by age 2–3 months.

Birgitta has poor manual dexterity and holds her pencil in a tense, fist-like grip. She has speech articulation issues and moves her mouth or tongue while writing.

Asymmetrical Tonic Neck Reflex (ATNR): When the infant turns his head, his arms and legs automatically assume specific positions. Head to the right—right arm and leg extend and left arm and leg draw in toward the body. Head to the left—the opposite limb movements occur. This reflex builds the ability to move one side of the body while the other side is still. ATNR emerges at 18 weeks in utero (present at birth); should integrate by age 6 months.

Rafael struggles to concentrate and has challenges with reading and writing. Unable to fully combine input from both eyes, he avoids working in the midfield, so he often positions his book or paper off to one side. He has a history of coordination challenges, from tying shoes to balancing and ball-catching. He's learned to stare straight ahead when riding his bike because if he turns his head, his hands jiggle the handlebars and he risks steering into a parked car—or oncoming traffic.



Infant in ATNR position.

Tonic Labyrinthine Reflex (TLR): a reaction to changes picked up by the vestibular system, the body-balance mechanism within the inner ear. Forward movement of the head (relative to the spine) immediately causes her arms and legs to bend; backward movement of the head causes her arms and legs to extend. When fully integrated, this response becomes the muscle tone that allows us to automatically hold our body upright in opposition to gravity. TLR emerges in utero (present at birth); should integrate at about age 4 months.

Akemi has low muscle tone, or hypotonus. (Other children may have high muscle tone, or hypertonus.) She assumes a multitude of peculiar sitting postures including slouching and propping up her head on her hand. She struggles with sequencing, organizational skills, short-term memory, and sense of time. She experiences difficulty focusing near to far (copying from the board in the classroom) or accurately perceiving figure-ground (seeing the words in a sentence rather than being distracted by the white space around them).

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Seated postures that relieve the STNR impulse



The book *Stopping Hyperactivity: A New Solution* by O'Dell and Cook describes retained STNR as a significant root cause of ADHD diagnosis in children.

find reasons to stand, sit on the floor, or even lie down, all in an unconscious attempt to straighten his legs.

Yet, even standing can be a challenge, especially in the "soldier" position, which leaves his legs *and* his arms straight—triggering the unconscious need to bend one or the other. This is the source of much agitation as such a child tries to stand for

very long, even unintentionally "poking" or "tickling" others as he reflexively bends his arms. Such a child would do much better with his hands resting on opposite elbows or clasping his hands near his waist.

Of course, these behaviors are not the child's fault: they're the direct result of delayed integration of this basic reflex. The effort required to maintain a "proper" seated or standing position may drain him of energy needed for focus, resulting in all sorts of behaviors that may be categorized as hyperactivity. In this case, a child may end up being medicated to control impulses that are part of a retained reflex.

Edu-K courses addressing infant reflexes are available as part of the Edu-K curriculum. Please see Appendix A and the course listings at www.braingym.org.

Calling on Edu-K balancing to resolve reflex issues

One of the things I appreciate most about the Brain Gym/Edu-K program is that it offers a means of resolving core issues behind learning challenges. Through various upper-level courses, those trained in Edu-K can learn to address retained reflexes through the five-step balance process.

Here's an example of how this process was of use in supporting a student who simply couldn't sit still and focus:

I recently worked with Ronny, a very bright, likable boy, whose teacher was amazed (and frustrated) by how agitated he was when sitting and how poor his focus was. Now in eighth grade, Ronny was still struggling to achieve academically. I had seen him several times over the past few months, and after each session, he showed progress but still lacked the ability to sit quietly, and he was not reading at grade level.

Smarter standing up

Throughout the course of our sessions, perhaps as a direct result of the way Brain Gym processes foster inner noticing, Ronny became a very good observer of his own state. One day he commented, "You know, I

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