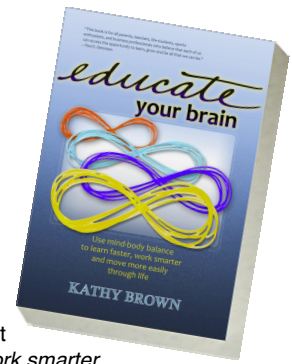


Classic Articles on Brain Gym®
And Retained Reflexes
By Kathy Brown, M.Ed., author of the 2012 Book
Educate Your Brain

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*.

June 2013 -- Kathy has added a brand new article on **Fear Paralysis Reflex and Baseball Performance** to her blog. See it at www.wholebrainliving.com and click on the article name under Past Articles on the right.

Balancing to Resolve Fear Paralysis Reflex

and its Effects on Learning, Behavior and Performance

Background information:

Many academic and behavior issues have at their core the incomplete progression of childhood reflexes. These reflexes should each develop in the child's system, become fully integrated and useful as a neural pattern, and then "inhibit," or fall away, so the use of the pattern can be a choice, rather than an inevitable reaction. Early trauma can cause the orderly progression of reflexes to go into a "holding pattern," resulting in a wide variety of emotional, physical and academic challenges. Fortunately, these reflex challenges resolve quickly and effectively when addressed through specific Brain Gym processes. For more background information, please see "Retained Reflexes in Children and Adults" under "Articles" on my website, www.centeredge.com.

The Fear Paralysis Reflex is the key to all other reflexes. It is the first reflex to manifest. Indeed, the Fear Paralysis reflex is intended to develop, become integrated, and "inhibit," or fall away, all in utero, long before birth.

If the Fear Paralysis Reflex (FPR) does not follow the intended route of development, the child's (or adult's) system is left locked in a fear state that permeates all waking and sleep activity. If Fear Paralysis is still active all situations are seen through a filter of fear.

A list of behaviors that may manifest due to lack of resolution of Fear Paralysis Reflex is as follows:

- low tolerance to stress
- anxiety seemingly unrelated to reality
- hypersensitivity to touch, sound, specific frequencies of sound, changes in visual field.

by Kathy Brown, M.Ed.

- Dislike of change or surprise/poor adaptability
- Fatigue
- Elective mutism - the persistent failure to speak in specific situations where speaking is expected, despite the ability to speak otherwise
- Holding breath

**If Fear Paralysis Reflex
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- Fear of social embarrassment
- Insecure. Lack of trust in oneself. May become socially isolated and withdrawn.
- Overly clingy or may be unable to accept or demonstrate affection easily
- Fear of school
- Compulsive traits/OCD
- Negativism, defeatist attitude
- Won't try new activities, especially where comparison occurs or excellence is expected
- Depression
- Temper tantrums
- Controlling or oppositional behavior, especially at home
- Immediate motor paralysis under stress - can't think and move at the same time
- Reduced muscle tone

- Eating disorders
 - Craves attention
 - Aggressive behavior borne out of frustration and confusion
 - Poor balance
- Children or adults with FPR still "on" in their system will typically manifest a cluster of these behaviors— the more fully the reflex manifests, the more pronounced the behaviors will be, and the more severe the implications in their life.

Like all reflex issues, Fear Paralysis Reflex responds quickly and easily to the Brain Gym balance process. Once identified and addressed, rapid, permanent change is experienced.

- A recent client, a very capable woman with a flourishing business, recently came for a balance regarding her fear of being home alone. It was clear that resolving Fear Paralysis was called for. The session had excellent results, and I got a call from her a few days later and learned that she was now completely comfortable at home alone, and none of her old fear remained. A few weeks later I heard from her again. She had just come back from a ski weekend in Utah. Previously she had stuck to the easiest slopes, but this time she thought, "Why can't I go down these other slopes? They look like a lot more fun!" She found herself skiing aggressively and joyfully, truly "throwing herself into it." That night back at the ski lodge she realized what she'd done, and thought immediately of her balance for Fear Paralysis. While she had taken appropriate precautions to remain safe, there had been no feeling of fear the entire day.



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• Another client brought her daughter, Jana, age thirteen, to deal with some very challenging issues. Jana was simply unable to be away from her mother. She could tolerate her mother going to work if she herself was at school, but was unable to wait at the bus stop in the morning without her mother waiting in the car until the bus got there. Her mother could go nowhere in the evenings or on weekends without Jana.

After a series of doctors diagnosed Jana as simply ADD, her parents tried everything from hypnosis to a variety of alternative treatment methods. Nothing had any effect. Jana's balance session focused on being able to be anywhere, regardless of where her mother was. The specific process that was called for here was a balance to resolve the Fear Paralysis Reflex.

At the end of the balance Jana reported feeling "really different... and good!" And her trip to church camp the next weekend, where she waved goodbye to her mother and never gave her another thought the entire time, was a great experience.

A few weeks later she turned to her mother and said, "Mom, school is only two miles away. Can't I just ride my bike there every day?"

• Another client, Ron, would always jump at unexpected noises. A career police officer, he'd always dreaded his yearly visit to the shooting range to maintain his marksman rating. Now retired, even the sound of the phone ringing next to him caused him to jump. Having had two heart bypass surgeries, he decided it was time to do something about his extreme reactions.

Of course, his balance session called for resolving Fear Paralysis Reflex. Immediately following his first session Ron reported that he no longer jumped at the sound of the phone. He said, "I find myself just turning my head and thinking, 'Oh, the phone is ringing.' Before that you'd have had to peel me off the ceiling."

Not long after, Ron and his wife were out for the evening with two other couples, and they enjoyed dancing all evening. Ron told me, "I'd always hated dancing—

you couldn't make me dance in public. I always worried what people were thinking about how I danced. This time I just didn't care what anybody thought—and you know what? I had a great time!"

As you can see from each of these client stories, when you resolve the Fear Paralysis Reflex, you resolve a lot more than the issue that might have prompted you to come for the session in the first place. You're resolving the tendency toward fear itself.

What does it take to resolve a reflex?

As I mentioned earlier, each reflex must be fully developed, integrated, and then inhibited. On occasion, if manifesting in a mild form, all three stages may actually be resolved in a single balance session. More typically, especially when the reflex

Reflex issues act as the invisible puppeteers, pulling us this way and that.

seems to be strongly "on," it will take two or even three sessions for each reflex to be completely resolved: one session to facilitate reflex development, one to support integration and one to support full inhibition of the reflex.

Especially if you or your child are dealing with severe learning or performance challenges, you will want to see what other reflexes have been compromised. If Fear Paralysis Reflex is still strongly "on," it is certain that other reflexes are, as well. And each reflex creates its own unique strain on the system, producing its own array of learning and performance challenges.

As you approach resolving each of these reflexes, it's important to move slowly. It takes at least two weeks for each balance session to create the neural network desired. Sessions held too close together could be counter-productive, as time needs to be allowed for the neurology to mature.

Amazing results are seen in both children and adults with a wide variety of challenges, when reflexes are addressed over time. Claire Hocking, who pioneered addressing reflex issues in this way through Brain Gym, has had remarkable results, from those who are extremely learning-disabled, developmentally delayed or autistic. Many of the originally "hopeless" learning-disabled children that Claire has worked with over time are now excelling in college.

At a recent training for Brain Gym consultants she told of her work with a young girl diagnosed as having "Asperger's Syndrome" (a syndrome described as part of the "autism spectrum"). After a few sessions to resolve the girl's Fear Paralysis Reflex, the doctors actually had to re-categorize the girl as "normal, with occasional and mild Asperger's behaviors."

We all have various reflex issues, acting as the invisible puppeteers pulling us this way and that. Of the fourteen Brain Gym consultants who gathered for Claire Hocking's recent course almost all had Fear Paralysis "on" to one degree or another. Who knows what changes will manifest in the lives of all those people who are no longer subject to this invisible pull?

Resolving Fear Paralysis is a powerful step in creating true inner ease. It may be the step your body has been waiting for your entire lifetime.



Recommended Reading:

To learn more about how reflex continuum delays may manifest in children and adults, as well as interim management and coping strategies, I highly recommend ***A Teacher's Window Into The Child's Mind*** by Sally Goddard.

Please note: The book by Sally Goddard referred to in this article has been revised and has a new title: ***Learning, Reflexes and Behavior: A Window Into the Child's Mind.***

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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.

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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