Retained Reflexes in Children and Adults
and its Effects on Learning, Behavior and Performance

by Kathy Brown, M.Ed.

“Stuck” Reflexes Lead to Learning Challenges

For children, these challenges show up clearly in the classroom, where it is hard for them to keep up with grade level expectations for academics and behavior. Children most able to cope develop techniques for compensation, and succeed or just get by with great effort. Those least able to cope often end up in special-ed classrooms or alternative schools. They are at high risk for behavior and attitude problems, most often out of years of sheer frustration.

Children and teens with reflex challenges grow into adults with reflex challenges. They may end up with limited career choices, or may simply have to work extremely hard for each success. In any case, the common denominator is the need for struggle and effort against the invisible pull of these reflexes.

What Disrupts the Reflex Continuum?

Many things can disrupt the normal progression of infant reflex develop ment. At-risk pregnancy, Caesarean section, fetal distress, birth trauma, infant illness, and extreme stress or illness in the mother are but a few of the suspected causes.

Examples of the Effects of Retained Reflexes:

Each retained reflex controls aspects of posture, movement, perception and behavior, all of which affect our ability to function in the world. Here are a few examples:

• “Karen” has the first reflex of all, the Fear Paralysis Reflex, still strongly “on.” Her body is constantly under “red alert:” hypersensitive to touch and sound, constantly complaining that people hit her, when the truth is they only brush by her as they pass in the crowded hallway or make other casual contact. She is very uncomfortable in tight clothing or in sleeping bags. People with FPR still “on” may suffer from “selective mutism,” being extremely non-verbal away from home, for example; their mind/body system is so overwhelmed by stress that the vocal cords actually become temporarily paralyzed.

• “Charlie” still has the Spinal Galant reflex strongly “on.” A light stroke on one side of his lower back causes him to instantly and involuntarily contract to that side. He instinctively takes odd seated postures so that area of his back doesn’t rest against the chair back. If told to “sit up and sit back in your chair!” his back makes contact with the chair and he can’t help but wriggle, diminishing his chances of actually paying attention. People with Spinal Galant strongly “on” may be bed-wetters. Stimulating both sides at the same time can cause someone with strong Spinal Galant to wet himself; the Spinal Galant reflex seems to be triggered through contact with bedding during sleep. Tickling may have the same effect. Adults with irritable bowel syndrome have a very high incidence of Spinal Galant still “on.”

• “Frances” has elements of the Rooting and Suck Reflexes still “on.” She has a
Compensation Takes Great Effort

Throughout our lives we strive to compensate for any of these reflexes that may still be "on," and these compensations take a tremendous amount of energy. Under stress we simply run out of energy for this compensation and we are less able to cope.

As one enters the elder years of life, the energy to continue these automatic compensations becomes less and less available and the reflexes themselves begin to reappear, in reverse order; in this way, abilities fade and frustration emerges because of the tremendous effort required to do familiar tasks.

The good news is that there are simple ways of determining where any child or adult is in relation to any or all of these reflexes, and, through the Brain Gym Balance process, allowing them to completely resolve, one at a time. Results are often immediate and quite dramatic.

Resolution Through The Brain Gym Balance Process

Following a “balance” to become more comfortable while writing, which included resolution of the Palmar (hand) Reflex, one of my recent clients (age 32) found himself immediately able for the first time to hold a pencil in the classic “pincer” grip and write without his hand aching after just a few words.

One of our post-Gathering course members volunteered to “balance” for resolution of the Spinal Galant Reflex. She recognized herself immediately in Claire’s description of the typical Spinal Galant response, because she had never been able to stand having her lower back massaged: she would always jump uncontrollably. A precheck showed extreme discomfort and classic side contraction when the Spinal Galant spots were stimulated. Following the balance (perhaps fifteen minutes of specific movements) she was completely comfortable with this same stimulation. She is an avid golfer, and a quick swing of a handy golf club showed that her chronic sense of “not connecting with her backswing” had disappeared.

It’s interesting to note that this particular course participant is an extremely experienced Edu-K instructor who had been doing Brain Gym for many years. Yet this reflex had not resolved because it had never been directly addressed through a balance.

Throughout the course Claire regaled us with self-disclosures of all the counterproductive things she’d said to children during her years as a classroom teacher, before her new awarenesses of childhood reflexes: Sit up straight! Sit back in your chair! Look at me when I talk to you! She’d shake her head ruefully and say, “If I’d only known...”

Certainly, I could see the ghosts of my many years as a classroom teacher, and all the things I would have done differently if I’d known Brain Gym and this reflex material at the time.

With knowledge comes understanding, and with that, new action. My goal is to use this new material widely and inspire others to take Claire’s course as well. The only prerequisite for this course is the basic Brain Gym 101. With enough demand we’ll entice Claire to “come over” (as the Aussies say) and teach again soon.

Recommended Reading:
To learn more about how reflex continuum delays may manifest in older children and adults 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.
Palmar Reflex: A touch to the inside of the infant’s hand causes him 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 more 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 mid-field, 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 juggle the handlebars and he risks steering into a parked car—or oncoming traffic.

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 reflex 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.

Abenii has low muscle tone, or hypotonia. (Other children may have high muscle tone, or hypertonia.) 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 is the classroom) or accurately perceiving figure-ground (using the words in a sentence rather than being distracted by the white space around them).