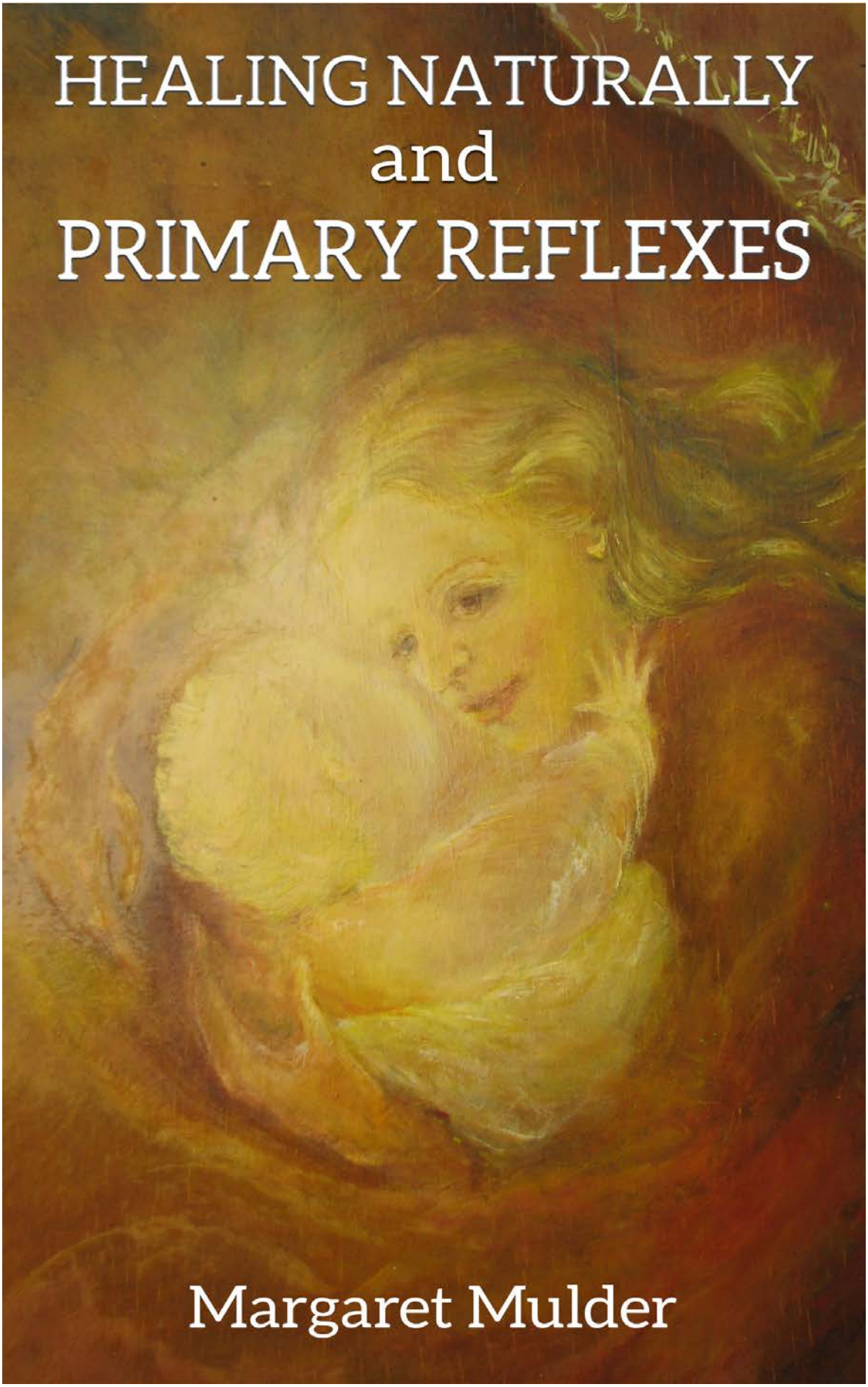
HEALING NATURALLY and PRIMARY REFLEXES



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Introduction

How often do we witness young children who need extra coaching in school or at home, or a child dropping out of education because of learning and behavioural disabilities? Nowadays children are quickly labelled unmanageable, ADHD, ADD, PDD-NOS, autistic, restless or unstable. What to do with a child that explodes all the time? Or one that impresses you with his cleverness but mixes up his letters? Children that cannot write like we expect them to, or automate new words. Or who have no sense of direction in space and are late time and again. Or a child that is very sharp verbally, but bumps into everything, including his friends, because of his two left feet? Children that have no control over their body do feel powerless!
Do you recognise a feeling of urgency about the future development of your child in this overloaded society? Have you been trying countless methods without lasting results?

Do you, god knows why, feel so tired? Or are you at home unemployed, suffering from a burnout after a breakdown completely out of the blue? Perhaps you do feel that, though as yet undefined, something in you is eating your energy and you can't help it.

Are you familiar with the hopeless feeling that it is no use, that nothing you have done or will do is ever going to help you? That your child is stuck somewhere on a road every other child seems to walk easily? And that she is not stupid or lazy, but simply can't help it? Our teachers are driven crazy by the restless and tired children attending their classes. Often parents cannot manage their emotionally difficult offspring at home. Some adolescents are not exactly dying to finish school, they have lost their appetite after one year of education. How is this possible in our safe and, compared to many other places in the world, prosperous countries? How come adults burn out or have ME all of a sudden?

Uninhibited primary reflexes often turn out to be at the root of these problems. Many children and adults in our society are troubled by uninhibited primary reflexes without knowing it. This may surprise you, for do we not need our primary reflexes, or as they sometimes are called 'survival reflexes'? Is it not in the nature of a human being to have reflexes, why should they be controlled? Yes, the development of primary reflexes is very necessary for the baby, but only up to a certain point. Easy natural development is only possible when a baby succeeds in inhibiting his primary reflexes. They must be controlled, because after having provided for survival functions, their task is done. The baby must grow on and he must have the freedom of movement and choice he needs to develop himself without stress. Uninhibited primary reflexes keep a person busy surviving permanently. When fear programmes with their (often inherited) inherent memories of dangerous situations are activated, the body switches to survival in a split second. In addition to fear, many things can function as a catalyst activating uninhibited primary reflexes. When the body reacts with stress hormones, your child (or you) become hypertense and overwrought internally. This situation reactivates a fear of failure, creating a vicious circle.

Fortunately it is possible to remove this cause with RPRM®, Remembering Primary Reflex Movement. It is marvellous to see how children can get rid of their problems and develop

themselves with this method, without pain. RPRM® provides in a completely natural way to learn anew the organic movements of the nervous sytem, without artificial medication or harmful side effects.

The development of RPRM®

People who had relapsed into their problematic states after successfully completing courses of therapy called on me. Some of them felt their old problems surfaced time and time again no matter what they tried. This astonished them and their former therapists alike, especially when the therapists would normally get good results with their treatments. Some adults and children had been receiving inadequate treatment, and some children were referred to schools for special education that did not fit their needs. These situations caused them to be under even more strain. Of course human beings are all different, and therefore require different approaches. But why do some benefit from regenerative therapies when others with similar problems do not? Apparently I was missing something. So I searched for the thing that had escaped my notice.

When I laid my hands on information about primary reflex activity, I immediately saw its impact on the functioning of our body and psyche. When uninhibited, these reflexes act on humans as a chronic distraction. Not only did I see how the body despite the disturbing influence of these uncontrolled reflexes tries to operate at its best, but also the enormous amount of energy and exertion that it takes. During my work on primary reflexes, I learned how these reflexes can wipe the floor with somebody. Before my very eyes the enormous positive potential of RPRM® and stress release took shape.

My training in several forms of therapy has given me the means to stimulate the regenerating potential of people. Inward observation, exercises and meditation opened up my awareness and experience and resulted in insight into my own patterns of behaviour. After having inhibited my own disturbing primary reflexes, I did not experience any more relapses. The energy drain had ceased. I am still thankful for the rich experiences and knowledge I gained during study and working on myself and with clients, because it helped me to acknowledge the huge impact of uninhibited primary reflexes on people. I became convinced that inhibition of primary reflexes is a necessity in our society.

The base of our nervous system must be solid. Analogous to a dilapidated foundation of a building, uninhibited primary reflexes result in a shaky foundation for our nervous system. This causes us to be permanently busy repairing the damage resulting from the imbalance. Our body must compensate, which leaves us in a constant survival mode, even during sleep!

Doing research into the actions and expressions of our brains and bodies, gradually my attention was led in the direction of movement and the experience of movement. The Asian way of approaching health, including eastern forms of moving such as tai chi, aikido, yoga, buqi, shiatsu and Indian dance, was of much use to me.

Everything moves, nothing ever stays the same. During the action of forces upon us, there is no guarantee for permanence. By using the data of movement and urging the body to let natural processes take place, so-called harmful ‘definitive patterns’ can be broken.

I found kinesiology to be a fantastic tool: by means of it one can use the innate wordless wisdom of people, trace harmful unconscious patterns and stressors, trace causes of stress and find out what the person needs to release it. Enabling the use of natural (also wordless) processes inherent in our organism, it is as far as I know the fastest and safest way to get rid of stress. Unconscious harmful patterns, or as it is called in kinesiology, ‘reactivity’, can be broken in a split second by making use of our innate movement centre, which works exponentially faster and more efficiently than cognitive functions in our brain. Here our ratio/cognitive function has no power whatsoever. This is also the reason why people who discover this power of our organism are without exception struck with wonder at the incredible speed of our ‘subconscious’ system. Yet this is only natural: when our organism is able to instantly produce stress, it is also able to instantly release it. These processes occur beyond our reasoning.

I searched for a quick, efficient way to inhibit uninhibited primary reflexes, and found it. The therapy I use in my practice, RPRM®, was drawn from all these experiences and can also help a person to release the cause of the impeding primary reflex activity.

Now, how was it again with uninhibited primary reflexes? At birth, everyone has extremely important primary reflexes that enable us to survive during the birthing process and the following months. These reflexes need to be controlled after six to twelve months to allow the body the freedom of balanced development without disturbing automated actions of the nervous system. Sometimes however, primary reflexes are not inhibited. Then their actions impede the toddler’s development so badly that he will need all the energy he can find to do perfectly normal things like standing, walking and eating. These reflexes disturb his metabolism and aberrant as they are, keep on providing brain and body with stimuli that hinder learning processes. As a result, children can end up lacking abilities needed for successful learning at school or mastering skills. Generally people are unaware of uninhibited primary reflexes causing these problems. Remedial teaching, medication or diagnosing will not offer a solution in such circumstances. However exquisite or advanced exercises, therapy sessions or training you may have been performing or taking part in, unless they be primary reflex inhibition exercises, none of these will inhibit uninhibited primary reflexes. The body needs rewiring by means of very specific movements, part of RPRM®, to get uninhibited primary reflexes under control.

Awareness of primary reflexes is not new. Generally, just after birth the presence of about three primary reflexes is checked. However, maternity care lacks information on the activity of uninhibited primary reflexes. People do not know what problems uninhibited reflexes can cause, let alone that they can result in severe disorders in a child and even in an adult. Because of this ignorance, at the end of the first year nobody checks whether a baby has succeeded in controlling his primary reflexes.

An immature child does not function well in society. But he cannot help himself, and feels powerless. Judgements like ‘he is not able, has no insight, is not motivated, is under/above average, is not up to the mark, is lazy’ etc. will work against a child with uninhibited primary reflexes that does its utmost to keep up. Later on, as adults, these children will be burdened with many impeding habits, ideas and feelings about who they are and what they are capable of.

Having been tested for and told about being troubled by uninhibited primary reflexes, people tend to react with a sense of recognition. What a relief to find that they have been right in suspecting the presence of some deeper cause for their problems or their child’s behaviour. Something they could not put their finger on. Something they had never heard of.

Many people who experienced the positive effect of RPRM® asked me to write about it. This book will show what primary reflexes actually are, what they cause, how one experiences them and how simple therapy stops primary reflex-related disturbances. The information about uninhibited primary reflexes and RPRM® will offer a view on a quick and painless solution to problems. Many examples of primary reflex inhibition by RPRM® are featured.

This book can help you to understand why therapy up until now did not result in the desired outcome. It may assist you to find a way to tackle your imbalance, complaints, stress or problems. I do hope this book will hearten you as I was heartened, by understanding the permanent source of my waning vitality. I wish you to discover your enormous human potential for recovery, as I did while applying RPRM®. For our children, I hope it may provide in a beneficial shortcut to vitality without medication or unnecessary exercises.

1. What are primary reflexes?

Primary reflexes are automated movements performed by the body. They help a baby to be born and survive the first months after birth. A baby's body 'knows' how to be born and how to breathe and drink after birth. It performs all kinds of things it has never done before. How does the baby manage all this without anybody having shown him? All these things just happen with the help of his primary reflexes.

These movement sequences begin to develop in the womb at the age of five weeks. They make the nervous system of the foetus grow and teach his body to move, to balance, to contract and relax. Imagine what enormous changes the birthing process causes to happen at high speed. During his birth, the little baby has to change his body position, to spiral his body through the birthing channel and release his foetal position by stretching his body. All of a sudden his connection with his former living space, his mother's womb, is broken when the umbilical cord is cut. He is in need of his own breath so his lungs must fill themselves with air to survive. He has to regulate his body temperature. Then he must be able to take his mother's breast to drink for the first time. When he encounters a smell, sound, light or touch to his skin, or a sudden lurch of his head, he immediately has to warn his family through crying. Without these skills, the baby would die after birth. Fortunately he has his primary reflexes — or survival reflexes — that help him go from life in the womb to an individual life outside the womb.

Thus, primary reflexes are of the utmost importance for the baby and everybody has them. These reflexes are present uninhibited in newborn babies and will be triggered time and time again by movements of his head or certain stimuli. After a couple of months these primary reflexes have to give way to new movements, and are gradually inhibited. After having formed his organ of balance in the womb at approximately five weeks, the baby visibly begins to react to stimuli originating from outside his physical body. His nervous system starts to develop. Stimuli make his nerves react. One can react to anything, but here we are mainly discussing all kinds of sensory stimuli that we experience as sound, light and darkness, smell, taste, touch of the skin, movements of your own body or the bodies of other people or animals. Of course your nerves react to movements within your own body, to the substances your body produces (like hormones) and to the functioning of your stomach, intestines and other organs.

During the period in the womb the baby becomes sensitive to stimuli. At the recognition of a stimulus the baby seems to withdraw, moving away from the stimulus. This process has been animated, so you can see it. That's why the first primary reflex is called the 'withdrawal reflex'. It takes the embryo about four weeks to develop this sensitivity in his total body. Growing sensitivity of the embryo ignites a chain of movements unfolding in time. These are

the primary reflexes developing until about four months after birth. All primary reflexes are present uninhibited at birth.

When the foetus has become sensitive to stimuli from his environment, the next primary reflex is initiated from the brainstem, which develops into maturity, after which the next primary reflex in the sequence unfolds and so on until all his primary reflexes are developed in utero. Every time a reflex reaches its peak, the signal for the rise of the following reflex is given. During development this next primary reflex inhibits the previous movement somewhat. Lack of inhibition will result in the continuous triggering of a reflex by specific movements or stimuli. Due to the almost permanent presence of these stimuli, a baby will manifest his primary reflexes permanently.

Primary reflexes can be classified by looking at the function or use for the baby. Each primary reflex performs one of the seven basic functions his body needs.

1. Sensitivity. To be sensitive to influences or stimuli. It is important to take notice of stimuli in order to react adequately to our environment or body. If I am not aware of heat when holding my hand above a fire, I will not withdraw it so it will burn.
2. Reaction. To be able to react to stimuli or to take action.
3. Eating. To be able to feed oneself.
4. Differentiation of left and right. To be able to distinguish and balance left and right in space, in your body, in your brain.
5. Transmission of stimuli in the growing body. To be able to communicate via the spine.
6. Breeding. To be able to grow safely and develop sexual functions in order to breed.
7. Differentiation of front and back. To be able to distinguish between the front and back sides of your body and in space while moving and resting.

Each primary reflex is named and has a specific function. Specific stimuli trigger their own primary reflexes that cause your body to make specific movements. Above all, primary reflexes inform the body and nerves about motion in relation to the outer world and how to handle it. Most of the time these processes take place at an unconscious level. Let us see how primary reflexes manifest themselves in a baby. Below you will find a description of each primary reflex, illustrated with a case of somebody with a corresponding specific primary reflex-related problem.

Withdrawal reflex (WR)

The WR is triggered when a stimulus reaches the foetus. At the touch of the stimulus his body withdraws from the stimulus, hence the name ‘withdrawal reflex’. In utero it looks more or less like seaweed drifting with the stream.

Example

‘Our dreamer Dieke is already eight years old. Yet he has not the slightest notion of doing something in time or according to a certain plan. He is always daydreaming. No lack of fantasy there in his own world, like the small child he is. When he had to take a test, Dieke

completely forgot what he was doing when a small spider walked over his desk. When something gets tricky, he clears off. He never faces up to anything at all. He does not succeed, even at the very things he likes. Take swimming. Although being very fond of it, he does not manage to show his ability and has not taken his final swimming test. He 'forgets' and plays with his friends. Such an attitude is no good to him.'

Moro reflex[1]

The next step is the baby physiologically becoming aware of a stimulus while being in contact with it. The Moro reflex covers this. At first sight the baby seems to freeze, any outwardly visible movement stops, including the breathing reflex. Later on, after birth, this looks like a kind of shock. This phase of the Moro reflex is sometimes called the fear-paralyzing reflex. Then a movement originates from the core of the body, making its way outside in order to expel this rigidity. The Moro reflex makes his entire body react by stimulating his adrenals to release stress hormones like cortisol and adrenaline; he thrushes out his bated breath, cries and reddens while opening up his body by spreading arms and legs diagonally. After a while his body relaxes into the position typical of a foetus. This reflex activates his whole body. Each time something unexpected happens, the Moro is triggered. His body reacts by releasing stress hormones, muscular strain, acceleration of his heartbeat, hormonal changes and often by holding its breath. It does not matter what triggered the reflex; it might be something the baby actually likes. These reactions may be followed by transpiring or light to severe panic (not always unconscious). One gets filled with stress hormones, but how to get rid of them! The body and emotional condition are heavily influenced.

Example

'My daughter Irma is inflexible, to put it mildly. She sulks each time plans change. Whatever you do, no explanation will satisfy her. She has a very quick temper, which is awkward for everybody. Of course it bothers her too, socialising with friends and all that. And of course we feel sorry for her having these fits of temper. For an eight-year-old, this is no fun. Still she is affectionate really. We would like her to take life easier. Whenever she has to perform in school, like presenting something in class or answer a question, she is in no condition to surf anywhere (to do a thing). She is so painfully nervous and afraid to fail that nothing stands a chance from the very start. Clever though she may be, it does not show. Dashing from one emotional state into another, nobody can read her temper beforehand. She has to be in control and can be quite manipulative to get her way.'

The palmar grasp reflex (PR)

This reflex is triggered in a newborn baby by touching his palm. At the touch he closes his eyes, grabbing and sucking at the same time. His body learns the existence of a difference between himself and his environment. This reflex activates a direct neurological connection between his palm, jaw and digestion. Vice versa, his digestive circuit will be activated each time he grabs something. Whenever he sucks there is a tendency to close his hands, because

[1] Named after the first person to describe this movement, German paediatrician E. Moro.

of the automated connection of grabbing and sucking caused by this reflex. This reaction goes for adults with uninhibited primary reflexes too. As an adult you might have suppressed the visible movement, although the tendency of your nervous system is still present. In order to close your hand, a stimulus is sent to its muscles. Unconsciously and quickly you suppress the stimulus, which costs extra energy. When your hands are working, your mouth will be moving at the same time, for example you may lick your lips or chew involuntary.

Examples
Parents about their five-year-old son Tijs
'He hardly utters a word and when he does it is unintelligible. He does not manage to articulate. Swallowing his words, he appears to be a lazy talker. Moreover he spills his food everywhere. Actually he does not feel like chewing most of his food. And what about his digestion! A disaster, his faeces have this irregular funny structure. You can't do as much as look at his stomach, it hurts so often. It is no treat to eat with him, gosh and all that farting. This is not all of it; we fear him to be lagging behind at school. There he refrains from doing anything with his hands really, he hates tinkering. Nowadays they start teaching children to write from an early age, but he detests it.'

Marian (fifty-three years of age)
'I have got something funny going on; I cannot go out to dine. As soon as the food is on the table my stomach turns and I feel too sick to swallow a crumb. The only food I can stand is the food I prepare myself at home, always the same thing.'

Asymmetrical tonic neck reflex (ATNR)

When the baby turns his head to one side, right or left, this reflex is triggered. The arm and leg on the indicated side are extended while the opposite arm and leg are flexing. This reflex makes the baby move continually at the turning of his head, giving him a bodily sense of right and left, and of moving horizontally in space. He develops his so-called homolateral movements. At the same time, when clutching something in his hands, he learns to follow his hands with his eyes and by doing so arm movements are coordinated with visual stimuli. Alternating from the left-hand side to the right-hand side of his body, his muscles are trained.

Example
'Liesje would not have been any trouble at all living in the bush. School however! The nursery class was quite alright. It all started at learning to read and write. Her handwriting is absolutely hopeless. All slanting scrawls outside the lines, she fills a page with three words. Her hand-eye coordination isn't worth much. Besides she always tucks one leg under her bottom when sitting and rests her head on her hand on the table. She clasps her pen so tightly that the blood is drained from her hand, tearing the paper by pressing the point. Letters or the right sequence of letters in words do not mean a thing to her, although she is already nine years of age. Again and again letters do not seem to click for her. She keeps on writing them mirrored or upside down. Her sense of balance seems to be disturbed. She can't manage space-related assignments. She is always the one that does not catch the ball at sports. She is

never asked to play games as you will understand. And tired, always so tired returning from school.'

The spinal Galant reflex (SGR)

The fifth reflex is triggered by touching the skin of the lower back at the spine and by (sound) frequencies in the organ of balance. It is instrumental in bringing stimuli from the head to the pelvis via the nerves. When the loin is touched on one side of the spine, the hip on the same side rotates to the direction of touch, that is 45 degrees up. It looks as if the baby wags. The baby's mobility increases, meanwhile rotation of the pelvis is practised. Moreover this reflex transfers (sound) frequencies internally to the lower part of the body via the organ of balance and spine. Thus information from the brain can reach the lower body. During birth, this reflex helps the baby to pass through the birthing canal.

Example

'Johan is eight years old and really sweet, but he just drives us mad. "Do you recognise this behaviour?" The tired-looking mother gives a true-to-life demonstration of fiddling hands, tapping feet and nervous tics rippling her face while she pushes to and fro on the sofa. 'He never sits still. Every conversation is interrupted a thousand times. He is noisy all the time and can't occupy himself with anything for longer than a couple of minutes. Johan literally gets distracted by anything. Because he hinders other children in their work he continually gets reprimanded in school. He means well though, and does not understand why. Although he taps on everything all the time, he complains about the sound of a dripping tap. Also, when one raises one's voice, there is the devil to pay. He is easily shaken and will burst into tears suddenly, like a three-year-old. Any confrontation between people drives him away. Any slightly grumpy thought you may have can make him flee. He is mesmerised by computers, they seem to suck him in. But they wear him out and he gets very touchy.'

Rooting reflex (RR)

A soft touch on the cheek, nose or mouth triggers the rooting reflex. At the touch of mouth or cheek the baby will turn his head to the side of touch, closing his eyes, opening his mouth, pursing his lips and pushing his tongue slightly outwards. This reflex has to do with sexual energy, breeding and basic safety.

Example

'My 18-month baby Emma cries all the time, we're exhausted. We can never rest. Every night we have to let her lie with us. She is afraid. She panics whenever we leave her alone in the dark. So sad to see. It doesn't help to leave the light on. We would like her so much to have more fun. Breastfeeding came to nothing. I tried, but it didn't work. My nipples were creviced all over and hurt very much. Of course all the trying to suckle feed her didn't help much.'

The tonic labyrinthine reflex (TLR)

Whenever the baby's head falls or moves forward, chin on chest, or falls or moves backwards, the TLR is triggered. When his head is bent backwards, while making a kink in the straight

line of his spine, his arms and legs stretch all the way. This reflex helps his body to make the transfer from a foetal position to a completely outstretched position during birth. It also helps him to get a sense of the space both in his body and in front and behind his body. By doing so, he practises his muscle tonus and his balance. When he bends his head forward, away from the straight line of his spine, his front muscles weaken and his body collapses. All labyrinthine reflexes (organ of balance-related reflexes) help the baby to develop a physical sense of moving in space both within and without his body. Generally speaking, after having learned to sit, one or more uninhibited primary reflexes will cost one much extra effort.

Example
'Our stumbling little boy always trips over doorsteps. Wiebe hardly manages to stand on two legs. Isn't that funny for a ten-year-old boy? Most of the time he rests on one foot, leaning against a table or similar. In PE class he is in big trouble even though he likes gym the most. He panics when he has to perform a somersault. His gym teacher gets exasperated with him and thinks he is putting on a show. Still, when it comes to somersaulting he sweats his head off, never succeeding in doing it well. He has trouble swimming too. Sometimes he suddenly exclaims, "Mum, I am so dizzy." It strikes me that he also always says so when standing on escalators. I find him to have very weak legs when standing in general. As if he hasn't got any power at all in his muscles. And funny, he's clever and has a quick understanding in school, but he doesn't manage to take notes from the blackboard in class. He says it makes him dizzy and gives him a headache.'

More often than not, people have got clusters of primary reflexes. If so, they may suffer from a variety of symptoms that at first sight do not seem to be related. The symptoms can be anything from physical to psychological or mental problems. The following examples give a sense of what these clusters may cause:

'Attending class tires Hielke, he doesn't like school at all. He is restless, listless, overactive and cannot concentrate. He is clever enough but doesn't show it.' His parents see him wishing to cooperate though. 'Being supersensitive, he can't stand rebukes. Moreover, sometimes his lips turn blue all of a sudden, and he stumbles and falls regularly. Something hasn't been right all along. As a baby he had all kinds of symptoms, like asthma, eczema, water warts, very dry skin, an allergy to milk and poor digestion.'

Hielke has three uninhibited primary reflexes: the Moro reflex, SGR and TLR.

'Irma works very hard. At home she spends hours on end on her schoolwork, although she is only nine years old. Unexpected changes make her overwrought and unmanageable. She is very inflexible and a real control freak. When there is pressure from school or at home, she gets red spots and is troubled by eczema. When she reads out loud, she spells out every word. In class, she takes a very long time at exercises. Everything has to be perfect. Writing is disastrous; she handles a pen in the most contorted way. She seems to be under continuous pressure, the way she walks with her shoulders up and chest down. She wears glasses so she

can see the writing on the blackboard. She is often very sensitive to people and observes true things about them without having been told.'

Irma has three uninhibited primary reflexes: the Moro reflex, ATNR and STNR.

'It may sound funny. But our nine-year-old son Wouter is too quiet; he does not dare to do a thing. His physical development is lagging, he does not manage to catch balls in gym class. He cannot swim well and is permanently tired. However, he does not fall asleep easily and is often tormented by asthmatic attacks. When he has to speak in class he stays silent and blushes. He would rather make himself invisible. "I cannot, I do not want to, it is no use," he keeps on repeating. At home he draws for hours, while at school he manages nothing. He watches everybody and knows exactly who is and who is not present in class. Each and every sound makes him fiddle and there has to be absolute silence whenever he is concentrating on something.'

Wouter has an uninhibited WR and Moro reflex.

'Tom is just over one year old. He absolutely can't stand solid food and because of this, he drinks from a bottle with supplements. He has to cope with many food allergies and eating solid food (milk products, fruit, vegetables, grain, porridge, meat etc.) causes him to sweat and itch, and he gets asthma and eczema. At night when he sleeps, he is very restless and sweats a lot. He is also scared. Often he grabs something too tightly, or bites and destroys things.'

Tom has got four uninhibited primary reflexes: Moro reflex, PR, SGR and RR.

'I have been disabled (man, 43 years) for ten years now. Reintegration into the workplace was a failure. I take medication for my restlessness. My body refuses to obey and does not perform according to my wishes. It acts kind of contradictory to what I want. Inwardly I am very restless too, and I keep on panicking. My breathing is shallow; I am short of breath and suffer from muscle aches. I lack perseverance and become mentally depressed easily. I get tormented by intense conflicting emotions if things are out of my control.'

All primary reflexes are uninhibited here.

'I am bothered by migraines, headaches and sickness (woman, 54 years). I have not felt well for the last three years. I am irritated continuously and feel all worked up. I receive psychiatric treatment for manic depression and take medication. Besides I take hormones, because my thyroid gland does not function well. My energy levels are very low and I always feel tired.'

This woman is disturbed by all primary reflexes except for the WR.

‘I (woman, 35 years) suffer from mood swings and PMS. I feel my physical and mental abilities to be failing, weak. Moreover I seem to be forgetting everything. And I can’t control myself, all of a sudden I am shouting at my children. After giving birth, I suffered from panic attacks and convulsions. Lately tinnitus has been added to the list. I am quite deaf actually.’

All primary reflexes are uninhibited here except for the WR.

The symptoms in both children and adults of uninhibited primary reflexes are made obvious in the examples above. Somewhere on the way the motor development of the individuals listed stagnated.

Motor development starts after birth, when the baby tries to lift his head for the first time. To gain control over his head, he exercises the muscles of his neck. Since his head takes up about a quarter of his total body, this lifting is a big job. His organ of equilibrium resides in his head. Muscle control develops from big total movements differentiating into smaller movements from top to bottom, first in prone position then in supine position. A top sportsman can’t equal the achievements of a baby’s first year. A baby learns to activate his muscles and to separately move his limbs and head. Then he has to coordinate all these new movements while keeping his balance and preventing himself from falling at the turn of his head or a shift of his body. Now this may seem very simple, but fast cooperation and organisation skills are required. For example, to move the fingers of his right hand separately, these independent movements of the baby have to be related to his brain to integrate into a coordinated gesture. The baby exercises his senses and learns to differentiate between all kinds of language sounds and react to them. Being occupied with all these new movements, his growing brain will gain control over his primary reflexes gradually. Every new acquired and automated movement exercises an inhibiting influence on the preceding primary reflex. This means that after one year, even though the stimuli may be the same, the baby will not be taken by surprise by primary reflexes. By then he will literally have his hands free to do as he pleases. A foundation has been laid to do all kinds of new things with his body and mind, like learning new skills, discovering things and eventually going to school.

Most of a baby’s primary reflexes should be inhibited during the first six months after birth. When everything goes well, motor development unfolds chronologically according to a specific sequence and is basically the same for every person in this culture. During motor development, babies gain control over muscles that move their skeleton, thus facilitating changes in bodily position in space. I wouldn’t say a baby does all this consciously, but of course he finds himself doing fantastic new things all the time. What’s more fun than an exhilarated baby just having learned something new?

Two transitory reflexes

When a baby is able to move his head, hands, arms, legs and feet when lying on the floor, it is about time to rise from the ground. To make this possible, nature provides two very helpful movements, the transitory reflexes, the Landau reflex and the symmetrical tonic neck reflex (STNR). Both movements help him to get up off the ground. These reflexes are called

transitory, because they help the baby make the transition from movement in a horizontal plane to moving in a three-dimensional space. They come into existence and play out their role only to disappear after a couple of months. Although they are meant to go away completely, they can cling on, disturbing further development.

The Landau reflex is triggered by pressure on the baby's belly. When balancing the baby horizontally on your hand in the air, his arms will stretch and he will lift his head backwards, thus arching his back. This reflex activates the extensors in his body. Extensors are muscles that bend limbs outwards while arching the back backwards. This way muscle tonus in the chest and upper body is strengthened.

The STNR is triggered by movement of the head and bridges the transition from lying (and paddling) in prone position to standing on hands and knees. In this position the baby's bottom will sink onto his heels when his head is angled upwards and backwards when his arms stretch. When he bends his head forwards, his legs stretch at his knees to an angle of 90 degrees or more, while he drops through his arms with his nose to the floor. This resembles the movement of a stretching cat. You may see babies practising the crawling position before being able to crawl on hands and knees. Whenever they want to go forwards, their head bends forwards and — bang — the enormous head bumps into the floor because of their collapsing arms. Then they try to lift their head backwards and find themselves suddenly on their bottoms since their legs collapse. On and on they practise until they can rock to and fro on their hands and knees without dropping to the floor or onto their bottom. Sometimes this reflex does not develop very well and the baby has to find other ways to fight against gravity. Often children skip crawling altogether and move about woodenly.