

Overview of reflexes - effects of non-integration

Fear-paralysis reflex FLR

The FLR ensures appropriate handling of stress.

Affected people with a residual FLR often freeze in fright situations, are shy, highly sensitive and fearful. Consequently, they avoid conflicts and large crowds. They show a limp posture with poor coordination and balance and often have hunched shoulders. Separation anxiety and difficulty showing emotions may also indicate the persistence of this reflex.

Moro reflex

The Moro reflex ensures the first breath after birth and is important for the survival of the newborn as it triggers a fight/flight response in the brainstem in emergency situations.

The restactive Moro shows itself above all in social-emotional behaviour. Affected individuals tolerate criticism, competition and stress poorly and tend to have low self-esteem. They struggle with change and seek security in structure and repetitive patterns of behaviour. The sensitivity of all senses can lead to overreactions. Children in particular often react over-sensitively with outbursts of anger and tears. They show mood swings, can adapt poorly and do not like to play with other children. The longer the Moro reflex persists, the more likely an adult is to show depression, fears/phobias or panic attacks. Increased susceptibility to infections, asthma and allergies can also be the cause of a persistent Moro reflex.

Bonding Reflex

The bonding reflex is the emotional conclusion of birth: the mother's heartbeat relaxes, calms, provides bonding and emotional connection.

Low stress tolerance and low resilience are signs that the bonding reflex is still active. Often, affected children are dependent on social recognition and have fear of failure as well as low self-confidence. Children with a non-integrated bonding reflex are anxious, do not want to be alone, need a lot of encouragement and attention. However, they may also display provocative behaviour, take on a scapegoat role and not get along with authority figures.

Tonic Labyrinth Reflex (TLR)

The TLR enables the baby to adapt to spatial conditions in the womb, is necessary for the birth process and prepares the baby's muscles for the righting process.

Characteristic of a restless TLR is a limp posture, round back, stiff movements and often tiptoeing. Standing is strenuous. These children are constantly moving to keep their balance. Or they sit or lean on the floor at every opportunity. They stabilise themselves by crossing their arms or pushing their thumbs into their belt loops. Affected people often have difficulty with orientation, body and time perception and are often untidy.

They stand out at school because they often twist letters and have difficulty copying from the blackboard. These children have difficulty recognising grammatical structures. They are also the so-called "what?" children, as their auditory processing is impaired.

Landau Reflex

The Landau reflex controls the balance between flexor and extensor muscles.

Affected people have a stiff posture, the knees are usually pushed through and they have problems learning to swim breaststroke. Overall, there are difficulties in coordinating the upper and lower body. Attention and concentration are impaired.

Symmetrical Tonic Neck Reflex (STNR)

The STNR is responsible for bilateral vision and hearing, as well as taking on a great responsibility in the baby's movement development and forming a bridge for the next stage of locomotion (crawling).

Therefore, people with a persistent STNR may have difficulties in transitions from one stage of life to another. Affected children often do not crawl, but get up and walk straight away. They are characterised by toe-tapping. They show motor clumsiness, spill more when eating. Learning to swim is difficult for them because the coordination of arms and legs is not good. A lack of eye-hand-head coordination can also be observed. Therefore, they often have problems copying from the blackboard and finding the right line again after looking up. Their oral performance is better than their written performance. These children lounge at the table, like to sit on one or both legs or wrap their feet around the chair legs. The children prefer to draw and write half lying on the table. They often also show difficulty in hopping and jumping.

Asymmetric Tonic Neck Reflex (ATNR)

The ATNR has an important function during the birth process and combines head, eye and arm movement. It thus forms the basis for the eye and hand to work together and supports the development of several cognitive systems, such as auditory and visual perception, spatial orientation and perceptual memory.

Affected children often learn to walk late because they have balance problems. They are also conspicuous in their gross and fine motor development. These children do not like to write and their spelling is faulty. When writing without lines, the lines fall off to the right. They often turn the notebook and mix up letters or leave them out. All crossing movements are difficult. For example, when riding a bicycle, if they look to the right, they also ride to the right.

Amphibian reflex

This reflex enables learning to crawl and creep and is retained for life.

Affected people often did not crawl and had problems rolling as a toddler.

Spinal galant

The spinal galant prepares the child in the womb for the correct birth position, helps the child move out of the birth canal and is responsible for hearing development.

These children cannot sit still, move with one-sided hip rotation, are hyperactive and have restless sleep. Digestive disorders and lack of bladder control (wetting beyond the age of 5) may occur. The children are hypersensitive at the back and do not like tight clothes or belts, the tags have to be cut out of the clothes. Malpositions, scoliosis and a crooked gait are possible.

Spinal Perez

Spinal Perez creates the basis for the development of whole-body coordination and supports the development of the trunk muscles.

Affected children do not like to lie on their backs, show digestive disorders and lack of bladder control (wetting beyond the age of 5). They often show weak muscle tone, often have poor short-term memory and difficulty thinking logically and abstractly. They are also often hypersensitive to auditory or kinaesthetic stimuli.

Babinski Reflex

The Babinski reflex influences the development of the nervous system and the integration of motor and thinking skills. It also prepares the child for standing.

Residual activity of this reflex is shown by holes in the sock of the big toe, halux valgus and heel spurs. Affected children show signs of wear on the shoe, balance problems, delayed speech development and late learning to walk.

Palmar Reflex (Hand Grip Reflex)

The palmar reflex served developmentally to cling to the mother and thus ensure survival. It shows neurological connections between hand and mouth motor functions. It is therefore closely related to the sucking reflex.

Persistence is indicated by teeth grinding, involuntary tongue movements and problems with speech. Poor handwriting, poor pen posture and fine motor skills with mouth movement are often observed.

Since grasping also involves letting go, detachment difficulties, fear of losing control or constipation may also occur.

Babkin Reflex

The Babkin reflex is important for the coordination of hand and mouth, the development of facial expressions and thus for the development of speech.

When there is residual activity, the body's tensions are expressed by twitching, grimacing or clenched fists. Tension in the neck and chest muscles also occurs. Other signs of persistence of the reflex may include weak hand muscles and thus difficulties in fine motor skills, cramped pen posture, teeth grinding, mouth movements when writing and impaired communication skills.

Plantar Reflex (Foot Grip Reflex)

The foot-grasp reflex leads to conscious grasping with the foot.

Signs of persistence of the reflex may include the formation of corns and/or hammertoes. Affected children may show awkwardness in putting on socks and shoes, tiptoeing, "wobbly" feet, poor handwriting, lack of fine motor skills and teeth grinding.

Sucking and seeking reflex

The sucking and searching reflex ensures that the child can find and eat food. It also prepares the child for speech.

Residual activity is manifested by problems with food intake (food is pushed out of the mouth with the tongue), swallowing difficulties, drooling and lack of mouth closure. These children often need to have their teeth corrected with braces later on. They are hypersensitive in the lip

and mouth area. Constant chewing or licking of objects (jumpers, jackets, pencils, etc.) slurred speech, articulation problems (e.g. lisp) indicate a possible persistence of the reflex.

Pull-up reflex

This reflex is responsible for hand-mouth coordination and proprioception (= the perception of one's own body's position in space and its changes).

If the child presses too hard on the paper, has a cramped pencil posture, has problems concentrating especially when writing (dyslexia) or moves his or her mouth when writing, the reflex should be considered to be persistent.

Grasping reflex

This reflex works together with the pull-up reflex and develops fine and gross motor skills of the hand, hand-mouth and mouth-foot coordination as well as the distinction between right and left. It also rehearses the pincer grip.

Affected persons of a residual grasp reflex often show tongue movements to the left and right and have difficulty writing (exert too much pressure on the paper, do not have a 3-point pen posture). Other signs are holding on to jumper and jacket sleeves but also on an emotional level "not being able to let go of anything and therefore not being able to pick anything up".