Integrate your primitive reflexes and thrive

- *“I can’t stay still!” “,*
- *” I am unable to concentrate “,*
- *” I am hyperactive “,*
- *” I am dyslexic and dysorthographic “,*
- *” I am ADHD “,*
- *” I can’t stand noises “,*
- *“My hand hurts when I write and I can’t hold my pen properly “,*
- *“I keep falling all the time “,*
- *“I’m super clumsy”,*
- *“the labels on my clothes are driving me crazy”,*
- *“I’m shy”,*
- *“I lack self-confidence”,*
- *“I find it hard to make friends”,*
- *“I am afraid of many things”,*
- *“I am always anxious”,*
- *“I lose my means during exams even if I know my lessons by heart”,*
- *” I can’t manage my stress “.*

If one of these sentences could describe your child, one of your loved ones or yourself, it may be that a primitive reflex remained active!

What are primitive reflexes?

Primitive reflexes are automatic, involuntary movements observed in the newborn in response to specific sensory stimuli. Moms may remember when a pediatrician tested some of these reflexes in their newborn baby.

These reflexes are, in a way, programs of nature which we are all born with and which allow us to develop and adapt. They mostly emerge in the womb, develop at birth and integrate during the child's first years.

The gradual integration of these reflexes will contribute to the neurological construction of the brain and thus to the good motor, emotional and cognitive development of infants, children and adults.

When all of these steps take place as nature intended, the child can enter into a state of inner security, develop resistance to stress and adaptability. This is how he will be able to strengthen his confidence, his ability to take his place and gradually develop his interactions on the social level.

Unfortunately, sometimes certain reflexes do not develop, do not fully integrate or reappear following physical or emotional trauma experienced during pregnancy, birth, or at any time in life. Unfortunately, too, most of the time these reflexes are only tested at birth or during the first month of the baby, then medicine is totally disinterested. Parents can therefore not suspect that this could be something to explore.

However, when a reflex remains active, compensation mechanisms are put in place and disorders appear: **learning, coordination, behavioral and emotional difficulties or postural disorders** (see below for a more detailed list of potential associated disorders).

Why does a primitive reflex remain active or reappear? The causes can be various: stress of the mother during pregnancy, induced and over-medical delivery, cesarean section, forceps, cord around the neck, child who hasn't crawled, but also the child's school life, personal, relational, professional life of the adult, natural disasters, accidents, physical or emotional traumas, cerebral palsy, stroke, etc.

What happens during a session on primitive reflex

integration?

The sessions that I offer allow to progressively (re)build the bases of primitive reflexes thanks to a program of specific movements and sensory stimuli (tactile, proprioceptive, vestibular, visual and auditory). These techniques are gentle, non-invasive and respectful of children and adults.

During a session, I will first evaluate the integration of a series of primitive reflexes. Then I will propose rhythmic movements (passive or active) and isometric pressures adapted according to the reflex to be worked on.

Rhythmic movements are simple, regular, effortless, coordinated, fluid, rhythmic movements. They are inspired by the movements that an infant makes naturally. These movements are responsible for the basis of posture, maturation of the vestibular sense, neural development, sensory processing, emotions and behaviour.

The proposed rhythmic movements, when practiced in a precise and conscious way, **allow an efficient maturation of the nervous system and motor functions.**

These movements can be difficult at the beginning and then, as the sessions progress, they become easier and easier until the associated primitive reflex is integrated.

I also propose **isometric pressures**, which consist of gentle pressure on certain parts of the body to reinforce the reflex. These pressures allow to unravel long-established patterns of stress and tension, to improve tonicity and motor control.

A session lasts between an hour and an hour and a half.

Articles from the blog on primitive reflexes:

- Learning disabilities and ADHD: what if it was a question of unintegrated primitive reflexes?
- Will COVID 19 also launch a Fear Paralysis Reflex epidemic?

For whom?

The work on primitive reflexes concerns babies, children and adults alike. Below is a list of signs indicating that working on archaic reflexes could be beneficial (list drawn up by AFREM).

Cognitive signs

- Dys" disorders (dyslexia, dyspraxia, dysphasia, dysgraphia, etc.).
- Attention deficit.
- Difficulty concentrating.
- Difficulties remembering.
- Agitation, hyperactivity.

Emotional signs

- Anxiety, irrational fears.
- Separation anxiety.
- Low resistance to stress.
- Emotional frailty.
- Hypersensitivity.
- Lack of confidence.
- Low self-esteem.
- Aggression.
- Shyness.

Motor and physical signs

- Motor delays (turning, crawling, walking, talking, jumping, etc.)
- Difficulties with coordination and balance.
- Weak muscle tone in the

Signs more specific to babies

- Difficulty crawling
- Does not get down on all fours.
- Moves on "3 legs".
- Moves on the buttocks.
- Difficulty moving from the ventral to the dorsal

Signs more specific to childrden

- Dislikes physical activity.
- Difficulties doing simple coordination exercises
- Bumps and trips frequently.
- Difficulty tying shoelaces

- Learning difficulties.
- Difficulty organizing.
- Language delay.
- Autistic tendency.
- Isolation.
- Difficulty defending oneself
- upper/lower body.
- Postural deficits.
- Walking on tiptoes.
- Difficulty swimming breaststroke.
- Difficulty cycling.
- Dys" disorders (dyslexia, dyspraxia, dysphasia, dysgraphia, etc.).
- Sensory sensitivity (sound, light, touch, smell).
- Motion sickness.
- Bedwetting.
- position.
- Does not hold his head.
- Does not sit down.
- Difficulty catching.
- Difficulty feeding.
- Does not relate to those around him.
- and closing a button
- Difficulties in learning to ride a bicycle. Walk on tiptoe.
- Has the soles of his unevenly worn shoes.
- Lay down on the table.
- Wrap his legs around the legs of his chair.
- Sits on one leg or in W.
- Hates the unexpected, changes in his habits and

separatio
ns.
- ...

Contact me

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