



Understanding the Impact of Retained Reflexes on Relationships and Development

A Guide for the Infant Mental Health Practitioner

Pamela Crljenica, LMSW, IMH-E® (III)

Ledges Wellness LLC

ledgeswellness@gmail.com

Michigan State University School of Social Work Faculty



Workshop Description

The field of Infant Mental Health has long understood the critical importance of the infant-parent relationship to all learning and development. But, what if something is interfering with that relationship that the field has yet to recognize? What does it mean for development if a child's or parent's primitive reflexes, specifically Fear Paralysis and Moro, are still retained? And, how does this impact their ability to build a successful relationship? In this workshop, learn how to identify if these reflexes are retained and impacting attachment, and what you as an Infant Mental Health practitioner can do about it.

Objectives

- Identify specific symptoms of inappropriately active (i.e., retained) Fear Paralysis and Moro reflexes.
- Learn and apply several relationship-based strategies that encourage integration of the Fear Paralysis and Moro reflexes.

What are Primitive Reflexes?

- Can also be known as primary, infant, or newborn reflexes
- Innate movement patterns that emerge in-utero
- Originate in the brainstem or spinal cord
- Activated through the birthing process (cardinal movements)
- A predetermined patterned movement response triggered by a sensory stimulation
- Happens automatically without conscious effort or will

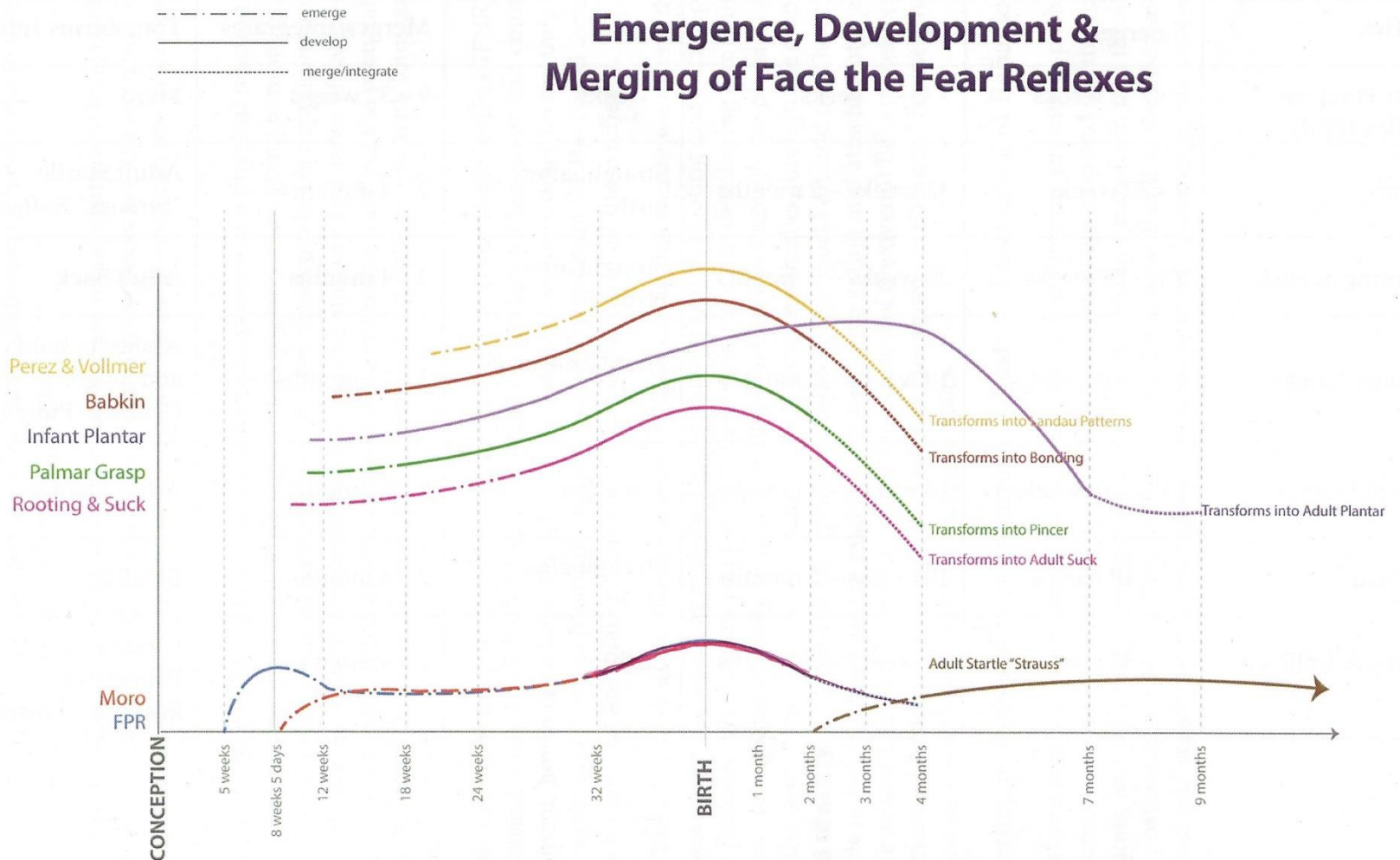
What do Primitive Reflexes do?

- Start a developmental process in the brain and central nervous system
- Help babies during the birth process and orient them to their new environment after birth
- Prepares newborn to move against gravity and teaches muscles to move together
- Gradually lead to voluntary movement (i.e., transforms into adult postural and defensive reflexes)

Simply put...

- Primitive reflexes are the blueprint for movement.
- Once a reflex emerges and does its job, it should then integrate into the hindbrain so that a more sophisticated and purposeful movement can build off it.
- Integration of one reflex can also act as a trigger for the next primitive reflex to emerge.
- This series of primitive reflexes creates the foundation for each movement a baby will make.

From RMTi Facing the Fear Training with Moira Dempsey:



Retained Primitive Reflexes...

- ...make it difficult for the brain and nervous system to mature.
- ...result in a range of developmental and behavioral issues relating to neural immaturity.
- ...can result in delayed or poor motor ability, poor reading skills, poor balance and co-ordination, hyper-sensitivity, and poor memory and attention skills (as documented by research).
- ...can also impact emotional development and the ability to attach and bond.
- ...limit choices.

What is the Fear Paralysis Reflex?

- Involuntary withdrawal from stimulation in-utero
- Emerges 5-7.5 weeks
- Merges (i.e., integrates) with the Moro Reflex in late pregnancy
- After this, should only be active in response to life threat; i.e., play dead and be invisible, save energy for one last escape

What is the Moro Reflex?

- 3 stage response to threat
- Emerges in utero and should be integrated around 4 months after birth
- Transforms into the Adult Startle “Strauss” Reflex
- Usually active if the Fear Paralysis Reflex is not integrated
- Role: prepares fetus for breathing and clinging to mother

What is the Moro Reflex? (continued)

- Triggered by a strong and unpleasant stimulation of the balance, auditory, visual, tactile, or proprioceptive sense
- Stage 1: Infant takes a deep breath and stretches arms and legs away from body
- Stage 2: Arms and legs are bent into the body and infant starts to cry, clings to caregiver
- Stage 3: Infant re-engages with the environment

Video example of the Moro Reflex

<https://www.youtube.com/watch?v=ur0UcdJ8sR0>

Why might these be retained?

Both the Fear Paralysis and the Moro Reflex are highly susceptible to being retained if a baby experience stressors in-utero and/or just after birth.

Possible Stressors

- **Toxin exposure:** mother smokes, drinks, uses drugs, or has poor nutrition, heavy metals, etc.
- **Emotional stressors:** mother not wanting the baby, being in an abusive or violent relationship, having too many other children, or having had previous miscarriages and being afraid it will happen again
- **Birth stressors:** prematurity, delivery via Caesarean section, or birth trauma, such as an umbilical cord around the neck or unnecessary medical interventions during delivery
- **Environmental stressors** after birth: separation from caregivers, emotionally unavailable caregivers, or a lack of developmentally appropriate movement opportunities.

Why is integration important?

- The Fear Paralysis Reflex and the Moro Reflex must be integrated in order for an infant to develop the ability to feel safe and begin to explore the world, and to know that there is a safe place to come back to.
- A well integrated FPR and Moro, along with a well functioning Adult Startle, is essential for a well modulated stress response system in adulthood.

Signs of a Retained Fear Paralysis Reflex

Low tolerance for stress

Overly sensitive to sensory stimulation

Prone to motion sickness

Inability to voice needs, desires, opinions

- Physically impossible to get sound out
- Shy due to lacking confidence to speak out
- Speaks in whispers
- Elective mutism in children

Withdrawal from social situations, clinging to those known or safe

Hypochondria (as a way of avoiding others)

Sensitive to smells

Signs of a Retained Fear Paralysis

Reflex (continued)

Tactile challenges

- Does not like being touched, cuddled, rocked
- Babies do not like being swaddled
- Does not like wearing clothes
- Cuts labels out of clothes

Invisibility

- Not noticed by others in social situations

Poor adaptability and flexibility

Physical problems

- Muscle tension in neck and shoulders
- Shallow breathing, reminders needed
- Blood pressure issues

Signs of a Retained Fear Paralysis

Reflex (continued)

Difficulty making eye contact

- Due to struggling to process sensory input
- Can overcompensate by staring

Eating Disorders

Perfectionism

Aggressive or controlling behaviors

Sleep challenges

- Difficulty forming a sleep routine as a baby, can persist with age
- On high alert when awoken
- Nightmares, sleep walking, sleep paralysis

Active in people on the Autism Spectrum

Emotional Impact of a Retained FPR

- Low self-esteem and insecurity
- Extreme shyness, fear in groups
- Depression, isolation, withdrawal
- Anxiety
- Panic attacks
- Phobias, particularly social phobias
- Extreme fear of failure or embarrassment
- OCD symptoms
- Feeling overwhelmed, stuck, or negative
- Dread (the “What ifs?”)
- Procrastination

Signs of a Retained Moro Reflex

Reactions from the senses...

- Visual: dilated pupils that are slow to react to light cause poor night vision and hypersensitivity to light, cross eyed, dark glasses inside
- Auditory: hypersensitive to sounds, difficulty shutting out background noise
- Vestibular: motion sickness, problems with balance
- Tactile: Hypersensitive to touch, may not like affection or be excessively clingy (depending on the stage)

Signs of a Retained Moro Reflex

(continued)

- Low tolerance for stress
- Withdraw and shut off from others
- Afraid of unfamiliar situations and to explore the world
- Lack inner security needed to be spontaneous and flexible, react to changes in routine
- Lack of emotional security and flexibility may lead to manipulating others
- Children may become tired after being exposed to excessive stimuli; ex., may need to sleep after school



Emotional Impact of a Retained Moro Reflex

Depends on the stage, but can include:

- Anxiety
- Emotional or “moody”
- Gets angry easily, has outbursts
- Low self-esteem
- Separation anxiety, clings to caregiver
- Wants to be “rescued”

Strategies to Integrate the FPR

- The Tarzan
- Ear Massage
- Trigeminal Face Massage
- Body Tapping
- Emotional Stress Release (ESR)
- Brain Body Mapping or Naval Radiation
- Ribcage Breathing (similar to Porge's Self-Holding exercise)

Strategies to Integrate the Moro

The Moro is integrated by hugging!

Play movement games and look for:

- Clasping with arms and hands
- Clasping with legs and feet
- Head bent forward

Games to integrate the Moro Reflex



Remember...

- You are playing intentionally to bring about specific muscular response.
- STOP if the child can't tolerate, is crying, anxious, or wiggling away.
- Keep it fun so you can do it often.
- Have the child complete the 3rd stage of the Moro Reflex, re-engaging with the environment (ex., jump up and say “ta-da” and look at everyone, run to mom for a hug then go off to play, etc.)



Questions?

Websites

- Rhythmic Movement Training International

<https://www.rhythmicmovement.org/>

- The Haller Method

<http://www.cardinalcapers.com/overview.html>

References

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Contact Information

Pamela Crljenica, LMSW, IMH-E® (III)

Ledges Wellness LLC

ledgeswellness@gmail.com

517.282.7597

Pamela is a mental health therapist who has been working with infants, children, and their families for over 13 years. For much of that time, she worked for CEI CMH Early Intervention Services providing home-based therapy. Currently, Pamela teaches a graduate course in Family and Couples Therapy at Michigan State University and is in private practice specializing in treating clinicians and their families. In her practice, Pamela uses EMDR, Emotionally Focused Therapy (EFT), the Rhythmic Movement Method, her understanding of Interpersonal Neurobiology, and her Infant Mental Health training to treat individuals of all ages with very early trauma and attachment wounds.