

## *My son Alfred, Asymmetrical Tonic Neck Reflex, and Dyslexia*

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**M**y son, Alfred, was born in 2000 in sunny tropical Jakarta, Indonesia. He was as healthy as many other babies. During his growing period though, he missed several milestones in his development, and was late in several reflexes, especially crawling, segmental rolling, and spinning. He had some issues with sensory integration but this was not clear at that time. He grew as a rather overweight baby and seemed lazy to move. When he was two and half years old, Alfred started kindergarten, and we learned that he had challenges to adjust, felt insecure, was too emotional and cried easily. Knowing his challenges, our family made a decision to find a school oriented to an individual approach for kids. At last we found a Montessori school, which he enjoyed. He got good practical life lessons, like pouring water, brushing, sweeping, and fastening buttons and zippers. He also had lessons oriented to sensory activation which helped Alfred to coordinate his senses to some extent. It was amazing that, at the same time his fine motor abilities for drawing were so good, his cross motor coordination was a challenge. We learned that his basic modalities for cognition were visual and kinesthetic.



Liong Jam Hoa

In his second year of kindergarten, I realized that Alfred could not spell words easily, was very short and fragmented in focusing, panicked easily, was stubborn, had problems with his vestibular system, flat-feet, and at the same time was very curious in asking too many questions. Often I lost my patience when all that was expressed when I was in a hurry (“Oooohhhh, Alfred, can you stop asking or at least keep your questions for later?”). He asked the same question many times, and it could be for a week, two weeks, or a month – it was frustrating to get the same questions again and again. Sometimes he did ask them to different people. Of course, I was confused and didn’t understand what was going on, and why he was doing this constantly – now it is clear, he was looking for links while processing information and needed time. His rigidity in thinking and coding processes were not matured for his age, which led to dyslexia. His sister also had dyslexia, but the symptoms between the two were totally different! And it was really tough to understand my child’s symptoms!

Based on my experience of everyday solving his sister’s dyslexia problem, I made a decision to start to work with Alfred earlier. When he was five years old I found a facilitator using the Davis Dyslexia Program to help Alfred in reading and spelling. It was a 5-day program then we continued the method at home. Alfred’s facilitator told me that his brain was not able to process the sounds of alphabet. So he learned spelling using the alphabet instead of the alphabet’s sound. And his difficulty was to understand words that have no picture, like a, an, the, some, to, too, am, are, is and many other words that total about 274 words. For these words we had to ex-

plain using pictures or clay or a dictionary to show him the meaning of the words and how to use them in sentences. Alfred is talented as a visual thinker, so the facilitator trained him to focus using this talent, and gave him a model of scale to motivate himself. Alfred improved his spelling and reading, and did well when he was in grade 5. In this way, he developed his language in writing, poetry, and reading comprehension. But Alfred had difficulties not only with language, he also had difficulties grasping the concepts of math. Again we used specially oriented material to help him to understand.

We had been working intensely with Alfred academically at home and he was busy also with sports, swimming, bicycling, outbound, Tae Kwon Do, and Tai Chi to strengthen his muscles, vestibular system, and balance. All this support helped him develop more confidence. Sometimes I made playdough to help strengthen his fingers. I also suggested he do Brain Gym®. Alfred improved to some extent and he had very good motivation for learning. Still he was missing some information and asking to repeat sentences or he got only the end of the sentence. I was still seeing the problem of poor focusing and tried to teach him to regulate it but it happened again and again.

Things changed for Alfred after I started using the MNRI® program. At the *MNRI® Dynamic and Postural Class* in 2011 while learning about the ATNR Reflex pattern, I realized that many of Alfred's problems were because of the immaturity of his ATNR and its improper influence in auditory processing – here was the reason he missed the last words in conversation and instructions and did not comprehend the content well. And it came to me that all his irritation was from trying hard to make sense of links and decoding. He was in the world of all of us decoding and doing huge work to understand what we were saying and how we make sense of our daily routine. Of course, it was not easy for him to make friends in this kind of state and to develop social skills. His dyslexia, I became aware, was associated with his poor ATNR. I also found an explanation of why he was hypersensitive to some sounds and even panicked and was easily angered.

Alfred went through the MNRI® Assessment by Dr. S Masgutova to find out the level of development of his reflex patterns and determine a home program. Over 60% of his reflexes were not matured at the age of 10. And sure enough, she pointed out that his ATNR was a problematic one and that he needed the repatterning of this reflex in order to improve his postural control for auditory system support.

Looking at the definition of this complicated reflex: the trigger for the ATNR is reflexive and passive head turning to the side. As a result of the head turning, the limbs extend on the same side of the body to which the head is turned, while the limbs on the opposite side flex, and that impacts organization of the auditory processing. It was clear that we needed to work on the postural aspect of this reflex. In this reflex the head turning activates the levator scapula, scalene, and upper trapezius muscles causing them to contract, and this triggers the extension of the limbs on that side, and the sacrospinalis and quadratus lumborum muscles contract, flexing the limbs on the opposite side. It became more clear to me that there was disorder in sequence of the work of these muscles, his postural control was in confusion, and Alfred's brain couldn't act properly. This reflex pattern had no chance to mature in Alfred. I was questioning again and again if this is possible; that just because of improper links in ATNR we can face auditory processing disorder... and Dr. Masgutova told me that according to her testing, he is OK with perception of music – and yes! He was and is!!

The reasons for poor ATNR in Alfred, according to Dr. Masgutova's interpretation are:

- the ATNR was not supporting Alfred's vestibular-proprioceptive system, as it deals with the acceleration-deceleration mechanisms within the axis of the body – turning of the head in ATNR posture was still activating in his whole body as in a young child:



This was a car-free day. We were biking as a family activity on Sunday morning. From the left: mother (author), her brother, Alfred's Dad, Alfred, Alfred's sister, and his young cousin.

- the ATNR was not serving as a well organized structure for the Stapedius Reflex pattern
- the ATNR was hypersensitive and hyperactive in him and not matured still, which meant that ATNR was based more on reactive response and not allowing for the freedom of controlled skills to happen
- the ATNR was mixed with the opposing reflex – Abdominal Sleep Posture (ASPR), which was most of the problem for decoding auditory information, as ATNR activates the auditory system and ASPR calms down it.

Continuing on the topic on the ATNR, it is worthy to note that chronologically, the duration of active response to trigger the ATNR is the 4th–6th month of the infant’s life. This is the time when ATNR is being linked with monaural perception of bits of auditory information and thus integrates with Stapedius (auditory) Reflex allowing next for binaural hearing to take place. The ATNR must be integrated into the whole motor system between the 6th–7th month. Language development on the level of decoding human speech continues in the infant until 17 months in infancy, and if not, working speech decoding system will be late. It seems that our Alfred was dealing with improper decoding which was taking a long time for him to link, and it was important for him to link and not to ignore the information as his brain really was very smart, it didn’t want ‘empty spirits in flow of information’. This is why he had so many questions on the same topic, as he needed to cognate it again and again and was trying to memorize on a cognitive level what was done by other kids on an automatic level! In the case of Alfred, he was certainly using the posture of the ASPR when sitting at a desk. He was triggering this reflex while processing the auditory information... actually being passive or ‘sleeping’ on that level of brain activity organization.

Unfortunately, in my country, we don’t have MNRI® specialists yet. So I worked with Alfred regularly with ATNR and five or six other reflex patterns a day according to the priority given at the Reflex Assessment, and rested on the weekend. After months, we all saw the results of our work. It started as less questions, better balance, improvement of posture, better space-time orientation and vestibular responses. In academic skills, he showed surprising progress especially in math.

Alfred had not been able to ride a bicycle, and I often felt sad when the whole family would go out on Sunday morning to ride bicycle and only Alfred stayed alone at home. At the end of the month on Saturday night we made a decision to set the goal: “to ride a bicycle easily, to enjoy, and to have fun”, and worked on repatterning of all his reflexes marked as priority one in his Assessment. The repatterning included was ATNR, Leg Cross Flexion-Extension, Foot Tendon Guard, Fear Paralysis, Hands Supporting, Babinski, Spinal Galant and Perez, and Trunk Extension. The result was just amazing... he now rides a bicycle without fear and his balance is perfect. Next, he improved his ability to do out bound, climbing the net, and crossing the shaky bridge.

A year later, we attended a MNRI® Clinic. And we continued at home with Alfred’s MNRI® Home Program according to Dr. S. Masgutova’s suggestions.



Alfred joking with his young cousin while they are biking.



Alfred showed improving his vestibular.

## REFLEXES OF THE BRAIN

Following the second year, Alfred showed a huge achievement in every part of his skills. He has demonstrated significant progress in sensory, cognitive, and proprioceptive system development. Improvements in his fine motor skills and Hand Grasp were seen through his beautiful and smooth drawing. His auditory processing abilities have developed very well. He is completely adequate in conversation, with no longer any long and repetitive questions that were making him look strange. When he is facing a problem in studying or homework or forgetting something, he is calmer, without panicking, and capable to deal with problems, being good in sequence and timing. His language improved and became typical as with other children. When Alfred started school on the next level with a new teacher and I informed her that Alfred had dyslexia, she was very much surprised. Alfred still works on interpreting written language skills of structure and tenses and is making on-going progress.

Among all his achievements, the most I like is that Alfred grew in his motivation for learning in all subjects. He knows what he wants and how to reach the result with confidence, commitment, and in a natural and positive way. In his last session with Dr. Masgutova, he surprised her with his high level of abilities to set very clear and mature goals. And I believe that the MNRI® method has transformed my son to be a human with a good heart and open friendly communication. This is why I have made a commitment to study MNRI® and to bring this knowledge to other specialists and parents. I am on my way to realize my goal!



*Our MNRI® Team congratulates Alfred for his positive changes in learning and strength! We wish many more new achievements for you, young man! We thank Liong Jam for being such a great Mom and for her organization work for MNRI® in Indonesia. – MNRI® Team from Poland*