

Using MNRI® in a School Setting

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I am a Manual Therapist on the roster of complementary care providers for one of the largest private elementary and high schools in San Francisco. The schools embody an academic tradition which de-emphasizes fact memorization before the permanent teeth emerge, and integrates movement as an essential quality of child development. Additionally, as expensive private schools in San Francisco, the average student has access to extraordinary resources and is of above average intelligence. The academic tradition of these schools recognizes that restrictions in movement or posture will resonate both emotionally and cognitively in a child, and therefore have established relationships with local therapists that can address these issues.



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In my practice I see children with structural, emotional, or cognitive issues. Some of the structural issues I encounter relate to posture and balance, challenges with movements or actions such as catching a ball, car sickness, and visual issues related to tracking and convergence. Common emotional issues are oppositional behavior, shyness, phobias, low tolerance for stress, and aggression. Cognitive issues often relate to attention, either over focus or inability to focus; difficulty with math or language arts, speech issues, fidgeting, and poor personal boundaries. As a MNRI® trained therapist, I always look for an underlying theme that can tie the structural, emotional, and cognitive symptoms together with the level of maturation of a developmental or lifelong reflex (automaticity). The beauty of MNRI® lies in being able to test a hypothesis by checking the functional attributes of the automaticity, and then validate the hypothesis by working to develop the automaticity and checking for structural or functional changes. This process can be quickly adjusted to work with the context of what is presented in a session as a child develops.

My general sense of the children I work with, and the adults that they eventually become, is that they are essentially too smart for the good of the full maturation of their innate automatic sensorimotor functions, which are the foundation of conscious awareness. (Panksepp, 2012) A common example of this is an infant who figures out how to walk before their gait reflexes, which are cultivated by crawling, fully mature. When infants crawl, they not only develop their postural and gait dynamics but also integrate these with vision and balance. If they figure out how to walk, but without crawling, they do so in a more conscious, less automatic manner that is inherently less robust and adaptable, and therefore inherently more stressful. Generally, industrialized societies assume that emphasis on the earliest possible acquisition of skills leads to a more successful (safer) life. Thus, it follows that the automaticities with which we interface with the physical world may be riddled with adaptations and compensations, a consequence of being deployed before maturation. The trillions of

dollars spent on pharmaceutical and recreational drugs (including alcohol) to alter the regulation of our emotional and cognitive functions, as well as medication for aches and pains, suggests a widespread issue of incomplete maturation of our innate self regulatory mechanisms. MNRI® views these self regulatory mechanisms as the primary functional expression of the link between our structure and function which we call 'reflexes'.

Coaching the further maturation of children's developmental and lifelong automaticities is inspiring in that, as the function of reflexes are strengthened and their structural, emotional, and cognitive capacities increase, a therapist can easily feel that they have contributed to the wellbeing of that individual over the course of their life, and to the lives of others in that individual's community.

For example, I recently worked with a boy who has been struggling with math. Although he was still at the level of learning mathematical fundamentals, he had already concluded that he "hated math". He had additionally established an oppositional relationship with his math teacher, reinforcing his perception that math was "useless". It has been established that incomplete maturation of the Asymmetrical Tonic Neck Reflex (ATNR) will challenge the type of associative cognition called upon to make sense of the relationships between objects which we call mathematics. It was a simple matter to check how comfortable he was with homolateral movements with the head turned to the side, which employs the ATNR. He disliked being tested in this way almost as much as he disliked math. However, he was simply disinterested when other automaticities such as those related to cross lateral movement were checked. I worked with him in over several sessions to build capacity in sensorimotor dynamics where stress had been identified. Additionally, I gave him homework from the MNRI® Archetype Movements, which his mother became very invested in doing with him, especially before sitting down to doing math homework. Within a few weeks his mother came in beaming to say that he was knocking out his math homework without any struggle. This led to a rather amusing conversation with the boy as to why he would hate something that was easy for him. A current challenge is to rebuild his relationship with his math teacher, where the idea that he could suddenly become teachable, is possibly beyond the scope of her experience. Educating educators to the possibility and potential of changes emerging from these therapies is an ongoing vocation. Another challenge is to integrate the Archetype Movements into the boy's awareness as a resource he can call upon whenever he notices he is challenged in associative cognition. One can easily see how a relatively small amount of therapy and coaching may impact the direction of this boy's life.

This type of story is common both in my practice and in MNRI®, which specializes in the needs of developmentally challenged children. My interest is in furthering the reach of these tools into the community of high functioning and gifted children and adults, to enhance their capacity for self regulation and access to their potential. It is interesting to me that a privileged lifestyle, high intelligence, and a sensitive and caring academic and home environment will not on their own guarantee that a child will express their full potential. However, when fuller maturation of a child's sensorimotor automaticities is added to the mix, in my experience, the blossoming of that child's potential appears more likely.



Integrating visceral and cranial reflexes with vision and tactility in an infant.

References

Panksepp, J. & Biven, L. (2012) *The archaeology of mind*. New York, NY, USA: W.W. Norton & Company.



The application of Touch Therapy to guidance of the maturation of our innate reflexes is a rapidly evolving therapeutic modality. The progression of refinements in these therapies is only made possible by the adventurous mood of the parents, children, and individuals willing to step outside the boundaries of the 'standard of care' and explore novel therapeutic options. I would like to acknowledge and express gratitude to these adventurous souls, as well as to the neuroscientists and clinicians, both past and present, dedicated to clarifying and codifying optimal sensorimotor maturation and function, and Touch Therapy interventions. – Brian Esty