

As infants, we begin to develop a sense of trust as we move through the world and as our nervous system provides accurate information about the direction we are going, how fast or slow we are moving and in which way our head is positioned. We are able to sense when our head position changes, through stimulation to a part of the vestibular system that reacts to the earth's gravitational pull.

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they begin to interfere with the ability to participate in activities, a problem may exist. Some of the signs of gravitational insecurity include the following:

Most children go through periods of

development in which they react somewhat

fearfully to some types of movement or to

heights. There are also many individual

differences in the way in which people

However, when reactions to heights or

motion which are not usually noticed or

bothersome become extreme, or when

react to heights and to fast motion.

Children who do not perceive gravity in the usual ways are often very fearful of movement, heights and/or change of head position. This type of problem was called "gravitational insecurity" by Dr. A Jean Ayres, the founder of Avres Sensory Integration® theory and practice. Most of us can imagine feeling threatened by being at the edge of a ledge that is very high, or by feeling disoriented when moved so quickly that we cannot immediately distinguish up from down. For some individuals, however, even slight changes in height or position create an extreme feeling of disorientation, fear and anxiety. While it may seem difficult we can try to imagine the fear we might feel on a high level ledge. If you cannot trust your body as it moves through space, it would be very difficult to trust anyone or anything else.

Because it is difficult to understand this problem, it may often seem that someone who experiences gravitational insecurity has a psychological or behavioral problem, but the basis of this disorder is related to inefficient sensory integration. However, it is certainly easy to imagine how psychological or behavioral problems could develop from experiences that create so much discomfort in everyday life actions.

- Anxiety when feet leave the ground
- An unnatural fear of heights or falling
- An unusual dislike of having one's head upside down
- Fear or uneasiness when walking on uneven surfaces or on stairs
- Alarm at being tipped backwards

Another related problem is called "intolerance to movement." The main characteristic of this problem is an extreme reaction to linear or rotary motion that is usually not perceived as threatening or significant. People who have intolerance to movement may experience nausea and queasiness and may also be prone to extreme car- and seasickness. We don't know as much about this problem as we do about gravitational insecurity, but we've observed it in children who have other sensory integrative problems. We also know that people naturally have less tolerance for movement as they get older.





Try These Activities

Here are some ways you can help a child with **gravitational insecurity:**

- Acknowledge that this is a real problem for the child and respect the child's reactions to various situations. Treating it as an emotional weakness or behavior problem is likely to make things worse.
- With the direction of a therapist trained in Ayres Sensory Integration, help your child to gradually engage in activities which are threatening. For example, if a child is frightened by being on a swing, first try a swing in which the child's feet can touch the ground or hold the child in your lap on a swing.
- Extra input to the body such as gentile but firm pressure to the muscles and joints, to the top of the head, and through the trunk, may help a child feel more secure. For example, if the child is fearful when walking upstairs, try holding the hips and applying gentle pressure. This may feel more secure than being held by the hand.

- Gentle, back and forth movement is usually easier to tolerate than rotary movement. Try moving the child in the most comfortable ways first.
- Being tilted backward, or hanging the head upside down, is often especially threatening. Do not attempt this kind of movement until the child is clearly ready to tolerate it.
- Engaging in play and imagination during challenging activities may help distract from the scary aspect of the situation.
- Practice engaging in movement activities with the child's eyes closed. This may help children "tune in" to the position of their bodies.
- Adding light weights (for example, wrist or ankle weights or a backpack filled with beans or rice) may also help a child feel more secure.



Check with your therapist to see if these activities are appropriate for your child and for more suggestions.

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