



Embodiment Case Study

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1. Anamnesis of the Patient

Patient: L. M.

Date of birth 01/09/2014

My patient is a 9-year-old boy, M. He is thin but strong, brown-haired, with deep brown eyes and often a thoughtful look on his face.

He was born naturally, after a healthy pregnancy. Around the 30th week of pregnancy, however, the mother bled and consequently spent some days in hospital while medical checks were carried out and the health of the baby was confirmed. The birth was induced a few weeks later though, before the due date, and the birthing process was fairly complicated, leaving both the mother and the child with a weakened system and some infections. As a baby, M. had eczema-type skin problems, but otherwise he was a healthy child. He was breastfed and received no childhood vaccinations. The family lived in Scotland at the time, M. has an older sister.

As a toddler, he was developing in a healthy way, although he was very 'cautious' with each new step in his movement development, before moving on to the next. He crawled, stood up and started walking at a usual age but for a long time he would only walk holding an adult's hand. When walking, he kept his arm very tense and would almost pull on the adult. Up to this day, he can walk in a relaxed manner on his own, but when he is holding hands, his arm has a lot of tension, and 'grabs' on the adult walking with him.

His speech was a bit slow to develop and he started talking later than his age group. M. was a 'balanced bilingual' (as in he spoke both English and Hungarian to an equal extent) up to the



age of 3, when he started using Hungarian language more. When he speaks, he tends to have an excess of saliva and would easily leave his mouth open when concentrating on listening.

He has always had a healthy appetite. He would only refuse meat when offered until he was about two. Milk and non-fermented dairy products were omitted from his diet due to doctor's advice on eczema. He was diagnosed with a sensitivity to lactose which he outgrew in a few years' time. He sleeps well and has a sound and deep sleep. However, he always asked for a little light to be kept on while he is falling asleep.

When M. was 3.5 years old, his parents separated, and he moved to Hungary with his mother and sister. He became a bit withdrawn from strangers and took some time to adjust to his new surroundings. He formed a few attachments only but those were strong ones.

By the age of 7, M. made friends, settled in and was a strong and physically active, healthy boy. At the school-readiness assessment, his fine motoric movement development was somewhat behind the standard, but he was accepted, and he started Class 1 on his 7th birthday. A melancholic-choleric child, prone to anxiety to a certain extent, he took time to develop trust and attachment to his class teacher but once it was established, his trust was unconditional.

M. is in Class 3 now. He is left-handed and has occasional difficulties with the direction of writing, numbers especially (he writes the mirror image of a number). Otherwise his handwriting is nice and legible. He is comfortable in his class socially; he is considered strong and fast and the other boys tend to follow him. He doesn't like to perform in public, he becomes stiff and anxious if he has to do so. He has issues with physical boundaries – he doesn't always notice how far he can go or how strong he can hug, tug or wrestle. At the same time, he hates to go to crowded and loud places, and becomes very anxious and tired if he needs to. He gets scared of strangers easily.

2. Reflex test results

Areas affected:

- Balance – slight tension with 'tandem walk'. The face is involved, hands and fingers go stiff or into a grabbing gesture.
- TLR – issues with keeping balance. Tension in the body and wobbling when having to look up with closed eyes.



Posture issues – shoulders falling forward, especially when worried or concentrating.

- ATNR – balance problems when tested standing. Hips and shoulders move slightly when tested on hands and knees.

Additional observations during free play:

When concentrating deeply on something that involves crossing movements of either the arms or the legs (dancing, juggling, or practising a ball trick), he tends to stick his tongue out or stiffen his hands and fingers.

3. Sensory test results

My observation of the child suggests that the sense of touch and the sense of ‘I’ are affected.

Interestingly, in some areas M. ‘presents’ as a *hypersensitive* child, while in others as a *hyposensitive* one.

He is hypersensitive with regards to certain types of pain/too much touching: on his fingers and toes, as well as his head (cutting nails is difficult, doesn’t like others to wash his hair). He reacts strongly to loved ones’ emotions – he cries when you cry, feels hurt by any form of injustice, protects his sister instantly if she’s told off for something etc.

However, he is hyposensitive with regards to accidents even there are big wounds, bumps and bruises – he jumps up and keeps playing and forgets about a sprain or any other injury and only ‘collapses’ and feels the pain later. He cannot sense the physical boundaries around him so well – bumps into things easily, cannot always stop in time to avoid running into something or cannot hold himself back from touching something. He likes to be hugged or held strongly and can be too strong, sudden or intense in his movements towards others.

He doesn’t like clothes which are too loose, but also avoids wearing ‘hard’ materials like jeans. He’s very sensitive to smells.

4. Embodiment exercises selected



Because the starting point of our practice was the outcome of the sensory test, we started with a broader view and with the **Windmill** exercise.

We gradually added the '**Little Mermaid**' on both sides.

Then **head turning exercises on the back** (to both sides) were added to the sequence, soon followed by **head turning exercises on the stomach** (to both sides).

In addition, '**Drawing a Lemniscate**' with the nose first on the back, then later lying on the stomach became part of the exercise sequence.

The final exercise added was the '**Dolphin**'.

5. Summary of the therapeutic process

Regularity of practice – 3 to 4 times weekly with me, 1-2 times without me at home.

The **assessment** was carried out in November 2023.

I did my observations for the sensory test during M's free play and some lessons at school. I also consulted the class teacher to get a broader view and to make sure my observations were unbiased.

I then tested M. for reflexes mid-November and found that there are definitely issues with balance, which M compensates by strong and tense muscle work in the legs – and my theory was that the muscle pain he often has in his lower legs is related to this issue.

Problems with balance and posture showed up in tests for TLR and ATNR.

M. started practicing Embodiment at the end of **November 2023**. He was already enthusiastic at the test and was very motivated as he understood the therapy would help him get better at movement – and he loves sports and games. This month we tried the Windmill followed by the 'Little Mermaid' exercises, but it was difficult for him to follow the directions of turning. IN the end, we only practised the Windmill exercises, a few minutes on each side, with a little walk in between, while I would say a few words but try and keep the environment calm and quiet. He responded well, liked the practices and was happy to try what is better – softer or harder surface underneath etc.



In **December 2023**, I tried adding the ‘Little Mermaid’ exercise on both sides in again and it worked better this time. Also, M. stayed in the Windmill position somewhat longer. As a novelty, he relaxed way more in the Windmill, but experienced physical tiredness there, too and sometimes he almost fell asleep. His class teacher reported that M. seems much calmer and balanced at school (while in November, he had a few conflicts and arguments with his classmates). The next exercise added was the rotation of the head to both sides on the back and on the stomach. M. enjoyed these, even though it was a challenge to keep the movement “fluid” and slow. He would quickly turn his head then slow the movement down at the end. We practised this a lot and gradually he could slow his movement down from the beginning.

At the middle of the month, about a week before Christmas, he became ill. He had flu-like symptoms and fever, so we put the practice on hold. He rested and slept a lot and gradually recovered from the illness.

In **January 2024**, we started with the exercises again. M. was interested to start with, but soon he said he felt the Windmill was too uncomfortable, he couldn’t stay in the position as the rotation was painful. For a few days, we tried the exercise again, but the experience was the same. I then contacted Birte and following her advice, we omitted the Windmill for a while and focused on other exercises. By now, M. was comfortable with the ‘Little Mermaid’ as well as the head rotations and we introduced the lemniscate exercise (on the back first, then a few days later on the stomach as well). M. liked these exercises especially – but he got very tired by the end of the practice each time.

At the beginning of **February 2024**, we added in the Windmill again at the end of the practice. M. was reluctant at first because he was worried it would be painful again. We started with a very short time in the position (1-2 minutes on each side) and used a thicker base as well as pillows or folded blankets to support the knees and sometimes the ankles. This helped and we gradually raised the time he could spend in the Windmill up to 5 minutes. A big development in the practice was that he could by now ‘take up the position’ by himself. According to him, he understood it was like running – but lying on the floor at the same time. In order to help him relax in the position, I would stroke his back alongside the spine, which seemed to quieten and calm him.

The most recent exercise added to the practice was the Dolphin. We are still in the process of learning this and usually it takes a few tries to do a proper sequence. I normally support either



the knees or the head/arms. M. finds the picture of the jumping dolphin intriguing, and this helps a lot with the fluidity of the movement.

Further plans and complementary therapies

In January 2024, partly as a recommendation for tension in his muscles but also as an addition to the Embodiment practice, M. started a rhythmical massage therapy process. He receives rhythmical massage fortnightly, mostly on the arms and the back. The aim is to help him relax and support his breathing and balance both physically and in an emotional sense.

We found that the massage does help and can support the Embodiment exercises well. My plan is to keep the present Embodiment sequence for a while and establish the Windmill exercise as an everyday element of the night-time routine (even on days when we ‘rest’).

Conclusions of practice

In summary, the therapeutic process so far has helped M. be more conscious of his own physical body and subsequently of others’. In my view, he has become a lot more verbal about his feelings and can detect if he has gone too far (too wild in a game, too strong in touch).

As a notable development, he notices and verbalizes his own physical limits, e.g. with respect to tiredness (‘I want to go to bed now, I don’t want to be too tired tomorrow.’) and locating pain in the body (‘My belly hurts, I think it’s on this side’). According to him, his lower legs don’t hurt so much anymore, which I believe is due to his walk being slightly more relaxed.

For me, the most important turning point in the process was understanding why difficulties arose – and finding a gentle solution to them. In my experience, the practice became deeper, calmer and even longer after the adjustments were made and M. has become enthusiastic about his practice again, which I found crucial in the regularity and effectiveness of the practice.

M. says that it’s not easy to stay in some of the positions, but he doesn’t experience them painful anymore. He sleeps well after having done the Embodiment exercises in the evening. He doesn’t need a night light on anymore.



Although the steps taken are small, we started seeing results fairly soon and I feel content with what we have reached so far. I am very much looking forward to further development and experiences with this therapy.