



Case study conducted by:

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## Embodiment case study

### **K. P., my child.**

P. arrived as our family's third child; her birth was swift and dynamic. During the pregnancy, I often felt tired and exhausted, requiring frequent rests. The pregnancy seemed fast-paced with a brief duration. The child's development progressed smoothly, and there were no abnormalities detected during examinations.

Her birth took place within 3 hours after the rupture of the amniotic sac, in a hospital setting. Due to an elevated Bilirubin (Bi) level, she was placed under blue light for 4-5 days. I could hold her five times a day, and during those moments, she quickly breastfed, her weight gain started.

She enjoyed a healthy childhood, experiencing only minor illnesses such as mild colds and viruses, swiftly recovering from them. At the age of 12, she was bitten by a Lyme disease-carrying tick (Lyme Borreliosis) and received antibiotics for the first time. She has fainted three times in her life. The first fainting episode occurred at the age of 1.5 due to an accident; we called an ambulance, and she stopped breathing for minutes. However, she regained consciousness before the ambulance arrived.

She also had chickenpox. At the age of 3, she lost her father, who passed away in a car accident.

Her physical strength and willpower were robust during childhood, influenced by her Sun in Pisces and Aries ascendant. She always knew what she wanted, planned it, and carried it out. At 27 months old, she said "ME" and potty-trained herself. With this strength and confidence, she embarked on the El Camino pilgrimage alone at the age of 19 and worked as an au pair in England at 18.

Her ethereal energy was always uplifting, attracting both adults and children. P. possesses a strong emotional intelligence, capable of connecting with everyone and embracing the outside world.

Currently living in the same household with her mother (myself), she aims to move out soon and pursue university studies. Her current challenging situation and stagnation result from struggling



to manage impulses and a disrupted balance. During the holidays (Christmas and New Year's in 2023), she exhibited depressive symptoms, causing concern about her inability to find balance.

I hope that Embodiment will help my child regain her center and return to a constructive, active life as soon as possible.

### **Results of Infantile Reflex Tests:**

Mild persistence of the Galant reflex, 1: 25% abnormality

TLR (Tonic Labyrinthine Reflex): Strong imbalance, no connection between upper and lower parts

STNR (Symmetrical Tonic Neck Reflex): Weak self-esteem; assessed as mild retention

ATNR (Asymmetrical Tonic Neck Reflex): Thinking, Self-esteem should strengthen

### **Sensory Test:**

Diagnosis of disturbances in touch sensation and proprioception:

External appearance: Hypersensitive

Behavior: Mildly falls into the hypersensitive category

Diagnosis of disturbances in life-sense and thought-sense:

Overactive sympathetic nervous system, most resembling an enchanted princess.

Diagnosis of disturbances in self-movement and speech sense:

Does not clearly belong to any specific category.

Diagnosis of disturbances in balance sense and hearing sense:

Can be classified in the hypo-sensitive category, but very few specifications apply, mostly doing everything too quickly.

### **Her current physical characteristics:**

-Inward-turning feet

-Protruding sternum

-Mild scoliosis in the thoracic region (T section)

-Mild ankle pronation

-Fair skin, strong limbs, sparse hair

-Brown, small eyes

-Thin upper body, powerful lower body, not overweight, but with a strong skeletal structure

-Thick, slightly curved lips, slightly wide nose.



### **Selected Embodiment Practices for P.:**

In September 2023, I introduced the Windmill exercise to P. to help her enter a state of relaxation and engage in meditation. However, she did not practice it extensively at that time, and the balance issues were not yet striking.

We commenced the exercise routine on November 26, 2023.

The sequence included stepping-out, kneeling, Little Mermaid, backward rotation, and side lying. The primary concern was the observed balance issue, which required immediate attention.

Stepping-out, kneeling, Little Mermaid, backward rotation, side lying:

In the side-lying position, she struggled to maintain stability and could not straighten herself.

Supine position with leg elevation, head turning in both directions three times, and knee clasp.

Prone position with head lift, three breaths, and head turning to both sides three times.

P. reported discomfort in the hip bone during side lying, experiencing warmth while performing the exercises, and finding it challenging to initiate the routine. Her inward-turning feet hindered her from comfortably doing the Chaplin leg position. I had to support her in side lying to prevent her from tipping over.

Despite the difficulties, her strong social inclination motivated her to quickly engage in the tasks; she willingly wanted to assist me. Progressing skillfully, I incorporated the following into the routine after a week:

Supine position: Crossing the legs with one hand touching the opposite knee, head turning three times.

She performs the exercises with enthusiasm, paying attention. After supine position, she experiences discomfort in the sternum, which slightly protrudes forward. Side lying remains challenging. According to her expression, the exercises feel good to her.

December 2023

She finds it challenging to get involved in the process, complaining of vertebral pain in the lumbar region. The Windmill exercise is quickly adopted without assistance, almost reaching her shoulders to the ground. Little assistance is required during the exercise series. She expresses an unwillingness to work with a full stomach.



The equilibrium does not reintegrate into her life; she exhibits mild depressive symptoms that are worrisome to me. I have taken on all those, just as I did during her childhood.

January 2024.

I introduced the Lemniscate drawing, both in supine and prone positions, as I believed it necessary for her to repeatedly cross the midline, facilitating the deconstruction of the ATNR as soon as possible. Assisting her in her development, this also aids the TLR to expedite the return of balance. She encounters prolonged resistance with the exercises and with me as well. "You always want to do it, Mom, right when my period starts," she expresses. Transitioning from side lying to prone and lateral positions proves challenging, particularly noting the increased difficulty on the left side.

My observations indicate that she is becoming increasingly reluctant to work with me, feeling that the tasks are painful for her, and the alignment of her bones occurs at the expense of overcoming difficulties, which she finds burdensome. At the conclusion of the exercises, she becomes noticeably fatigued. This month, she exhibited a somewhat aggressive and outspoken demeanor, finding solutions to her challenges through interactions with her siblings. While she is beginning to find herself, she remains far from her true self.

February 2024.

The exercises remain consistent with those in January. This choice is intentional, as she now confidently performs the exercise routine and willingly engages with it. Side lying is stable, and I praised her extensively, she is proud of herself. She can articulate these achievements herself. In the Windmill exercise, she managed to elegantly open her chest, allowing her shoulders' entire line to descend, demonstrating an ability to relax in this position. While she still experiences minimal and predominantly recent complaints of pain, these are now localized to the thoracic region around T4-T5 and present as mild sternum discomfort.

Positive changes in her sense of balance are notably occurring and are both visible and palpable. Her approach towards objects is no longer abrupt, her steps have become more refined, and she can release gravitational tension, facilitating a more effortless gait.

Conclusion

I contemplated:

Her vertebral pain is localized in the upper thoracic region, where the vertebrae exhibit more of a spherical extension. This suggests to me a difficulty in relinquishing the spherical form, symbolizing a childlike essence, and embracing the responsibilities of adulthood.



The exercises continue with additional elements. The next exercise, the introduction of Hip Compression in mid-February, will be followed by the Dolphin exercise a few weeks later.

Based on my recent experiences and limited expertise, I believe that Embodiment offers an additional opportunity that we might not fully comprehend. I think those who encounter this therapy, particularly when paired with an attentive, anthroposophically informed, and human-centered therapist, may undergo a renewal and attain a robust, noble SELF, along with a powerful incarnation. While I have not observed changes in her physical body yet, there is a positive radiance in her etheric body and a readiness in her astral body.

The results of her brief therapy are becoming evident day by day.

Based on my personal experience, generally, a family member cannot assist as a therapist, but with Embodiment, both of us have undergone development. It aided me in letting go, while for her, it has fostered a sense of determination, boosted self-confidence, all of which she perceives as her way of helping me.

Her life is turning, according to her desires.

Budapest, February 13, 2024.