



Erasmus+ Project: Cooperation for Movement Therapy in schools
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BERNARD LIEVEGOED INSTITUT EMBODIMENT

Case study

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To be free is to be capable of thinking one's own thoughts - not the thoughts merely of the body, or of society, but thoughts generated by one's deepest, most original, most essential and spiritual self, one's individuality.

Rudolf Steiner

Introduction of the subject of the case study

The child I chose for my case study is the daughter of a friend. In this case study I will call her B. She is 14 years old. I've followed her life since the age of 3 with less intensity at the beginning. At the age of 6,5 B underwent an SDR operation following that she started to make big steps in her motor development that has slowed down after starting school at the age of 7 (almost 8). B's parents put huge energy and efforts to help their daughter in her development. B is in the puberty and this is reflected in her everyday behaviour and connection to her parents. She attended a Waldorf school until 5th grade and it was a great opportunity to her to attend the Waldorf Olympic Games where her Bothmer teacher escorted her during the Games. In her school she was rather treated with differentiation and some discrimination that caused loss of enthusiasm and life forces. This situation led the parents to make the decision to change school. Unfortunately there was no opportunity to stay in a Waldorf school so B attends from 6th grade a learning group based on democratic education, she is in 7th grade and plans to go in a Waldorf High School after finishing primary school.

Patient history

B was born on November 15th 2009 after a normal, happy pregnancy with natural birth with approx. 9 hours of labour. Her birth and early childhood were both normal and her motor skills developed normally until she started the crawling. She prone crawled normally without any deficiency but soon after her left hand started to bend inside at the wrist in a tense position. As a next step she pushed her bottom up but never started to crawl. Too early she pulled herself in standing position. Walking has started quite early but only with help (holding hands) and she was never able to walk alone.

Her speech development was normal, started to use complete sentences quite quickly. She was a healthy kid, rarely ill, if so she recovered very quickly. It was also the case with small injuries, wounds.

No chronical illnesses in family and she got all the mandatory vaccines until age of 6. (see in annexes the description of mandatory vaccines in Hungary)

Around age 2.5 to 3 years old the family observed a tension in B's both feet keeping them pointed. After different developments, therapies, medical controls where she was diagnosed with CP (cerebral palsy) the family find the opportunity to operate with SDR (selective dorsale rhizotomy). The operation and the following physiotherapy was made in the US at the age of 6.5. The operation was successful and followed by many motoric skill therapies, physiotherapy, art therapy both in Hungary and abroad. B made a big step in her movement development. The first "regression" in her development was when she started school. She lost enthusiasm and stopped making efforts, slowly several therapies were ebbed.

B often wets her pants, it is often caused by lack of attention, or her attention being attracted by something, or laughing strongly.

Reflex testing

B's muscle tones are weak and do not make possible for her to keep balance. Her knees turn towards inside and she is not able to stand with straight legs, keeps her buttocks backwards making a lordosis in lower back that starts to give her pain. There is an asymmetry in her body, her right arm and left leg are stronger than the other. She keeps her left hand bended at wrist, fingers in tension. In the whole body there is tension, uncertain standing, although she is capable to stand still, there is a need for grabbing and holding on to something or someone. In case she is standing still and turns her head to a different direction she tends to loose balance. The feet are instable and weak, the toes thin, small, and the toes can move only slightly.

When testing in the walking exercises I hold her hands to be able to feel how intensively she uses my help, also I asked her to use the less possible the support I offered her by lending my hand for hold on.

General observations:

- unable to stand on one leg (needs to make steps quickly to reduce time being on one leg while walking)
- left leg is significantly stronger than the right leg,
- unable to use different parts of the feet to stand or walk on (tip toes, outer feet, etc),
- crossing movements are not clearly well developed, mainly on the left side,
- unable to stand on all fours with straight arms, ATNR symptoms are clearly identified also STNR but repeating of test is necessary,
- TLR test shows unintegrated reflex,
- eye-movement tests, closed eyes may cause dizziness and loosing balance, head slightly moves with eyes (mainly on left side)
- Moro reflex is visible not only in testing situation,
- the palmar grasp reflex is visible in right hand, in left hand due to tension and
- signs of not integrated Galant reflex in different movements
- lower back lordosis

Specific observations in tests:

- She can put her feet correctly without watching in heel to toe walking, unable to keep balance but holds on less when having weight on left leg.
- In eye movements test head follows a little bit to the left side and becomes dizzy.
- ATNR: on all fours the position of the arms and legs need to be corrected (limbs are too close to each other in all directions, hands to hands, knees to knees, hands to knees), the arms are bended in initial position and bend more when turning the head.
- STNR: unusual movements during testing, not clearly identifying the reflex, must be checked several times.
- TLR: in standing position I hold her hands she gripped my hands, was swaying. Same results were in a straight sitting position on a stool.
- Transition between phases of motion: difficulty with rolling, with pulling up the knees but easily comes on all fours. Crawling is technically correct, but movement is not harmonized, lack of "rhythm" in moving, arms are bent. Lets her body to obey to gravity easily that gives an impression that she "falls into positions"
- Galant reflex on left side.

- Throwing ball: B does well the catching of the ball, but she uses the fingers, on the left hand the ends of the fingers to catch the ball, also she has a little Moro reflex
- Difficulty in grabbing small objects with feet, but not impossible, left foot is stronger.

Sensory testing

Sense of touch and sense of I

Almost all the aspects show hypersensitivity (hair, skin, sweat, wet hand and feet, wetting her pants, sensitive to touch, intense reactions, avoiding challenges, wants to be successful, etc)

Sense of Life and Thought sense

Showing overactivity in sympathetic nervous system:

- difficulty in going to sleep, little sleep,
- takes up lot of activity without noticing her fatigue,
- sensitivity for food and eating,

Sense of movement and Word sense

Physical appearance and behaviour shows oversensitivity. In her speech she does not articulate, speaks in a rather high tone, and quite quickly, fatigue during handwriting.

Sense of balance and sense of hearing

- head and body moves together,
- tension is body when balancing,
- needs to grab someone's hand,
- unable to make rhythmical movements,
- crossing movements are not clearly developed,
- short-time focus

Since B has attended painting therapy for several years she was not open (yet) to make the drawing I asked, will make it later.

Exercises

B and I started to work together at the beginning of December. Since her case can be very sensitive due to her history, I planned to build up the exercises gradually and slowly. I considered the importance to build up the exercises in a raw since B did not have the chance to go through the motoric skill development in the good order. I found important to emphasize the incarnation by helping with the sense of touch and warmth.

Based on the experiences in our group and our teachers' experiences I let several weeks with only the windmill and the incarnation position to see the eventual results. Also, I wanted to see her emotional reactions to be able define the building up of the exercises further on.

At the beginning B started to do the windmill exercise and after each side resting in the incarnation pose. We met twice a week in person, and 3 to 4 times a week online with camera. When we worked in person, I used my hands on her back (in the middle where her back was affected by the SDR and the bottom of the backbone). When we worked in distance, I gave her pictures to help her to feel the warmth in her back, or other places of her body, and the limbs.

During Christmas time there was one 5 days pause but B promised to make the windmill without me.

After almost a month of practice I slowly introduced the little mermaid, turning around and sliding down then the windmill. Since it was impossible for her to step forward and knee down without help she started the exercises on the knees than through all fours position sit down in the little mermaid.

B practiced it with enthusiasm but sitting in the mermaid position leaning on her hands was quite a big effort for her. At the same time she enjoyed so much the turning around that she asked me to make it in a whole circle before sliding down.

After 10 days practicing as above described I wanted to introduce the head turning exercise lying on her back but it was difficult for her to hold the legs, also to put the pads under her hip. Since she also refused at that time to invite her mother to help (it was mainly due to a whim caused by puberty behaviour) I decided to start with some exercises in prone position. B started with the head lifting, then a couple of days later we added the head turning.

Routine of exercises built up

In mid-January she was doing the exercises as follows:

1. Knee on all fours,
2. sit in little mermaid,
3. turn around (a little bit more than 180°),
4. slide down palm facing the ceiling,
5. stretch legs and arms,
6. roll on prone position (put the pad under),
7. lift the head during 3 breathe 3 times (buttocks pushed together),
8. lift head turning slowly with slow movement (buttocks pushed together),
9. remove pad and take the windmill position,
10. incarnation (feet in Chaplin position),
11. roll onto the left side,
12. push herself up into little mermaid,
13. coming on all fours,
14. same on left side.

Difficulties due to B's physical state:

- standing on the knees or on all fours: unable to find a straight “upright” position, swaying on all fours, difficulty to find stability,
- little mermaid: hands get tired, left hand goes into a fist (I always remind her of opening the palm),
- turning around: tendency to lean on hands too far from body,
- sliding down: easily becomes a “falling down”,
- stretching and rolling are not accurately done,
- Chaplin position: B is unable to turn out completely the feet,
- pushing the buttocks together: B seems not to be able to identify these muscles.

After a couple of weeks of practice B started to show signs of resistance. Such as rubbing the nose, touching the hair constantly, being unable to stay quietly in a position, rushing with the exercises. She also lied about her schedule, or cheated with the exercises, made confusion between her mother and me. Also, I realized that she had very busy schedule in the afternoon.

At that point after consulting with Birte I decided to come back to the windmill and incarnation position 3 times a week and only during our personal meetings twice a week working with the rest of the exercises. At the end of January B fell ill. We had to stop the exercises. It has been 3 weeks now that we stopped, and we will restart next week.

Since almost a month went by, I will again start from the windmill and incarnation position.

Results, experiences and observations:

- After one week of windmill and incarnation position B was able to sit in straight uprightness without dropping on the side.
- B gave feedback about her handwriting that became nicer
- B became quicker in some of her reactions / answers in certain situations (thinking f. ex in maths)
- B made decisions about her future, as a main goal she wants to be admitted in a Waldorf high school after finishing her primary school, she decided to work on her physical state (fitness and strengths) and study more maths, literature, etc.

Summary

There is a long way with B to go through, but I believe in her development through Embodiment. As a next step I hope her will can wake up and she becomes more cooperative in practising. After a couple of weeks or months of Embodiment I consider that Bothmer and Spatial Dynamics can also be helpful in her motoric development.

As a practical advice for myself is that having a special room for working with children or even adults are a must to create an atmosphere filled with clean and clear surroundings and to have the spiritual world's support in this work.

Experiencing the effects of the exercises I consider it as a real gift of the spiritual world. During practising it I have met so many aspects of self-awareness going through my own motor skill development unveiling some "bricks" that were not completely correctly built in the "walls of my house".

Working with B, discovering small aspects behind her physical situation showed me the power of the infinite cosmic wisdom. I am grateful to be able to give a helpful hand to human beings by movements that are ready to change the path (or the karma?) of a human being.

Although as an important reminder for myself the responsibility of helping is huge and the respect of the free choice of the human asking for help or being in the need of help.

On the way of such a curative method self-examination, introspection are as important as looking back and working with the angel of the person I work with.

Thank you All, Birte, Natalina, Eszter, to share a little bit of your knowledge and experience.

Annexes

Photo:



Mandatory vaccines in Hungary:

- BCG-vaccine (Newborns must be vaccinated at the Obstetrician Departments or within 4 weeks after birth)
- DTPa + IPV + Hib vaccines (Primary series of vaccination are provided when the children reach their age of 2-months, 3-months and 4-months with a combined vaccine containing DTPa + IPV + Hib vaccine parts. The first booster vaccine is given at 18 months of age with a combined vaccine containing DTPa + IPV + Hib vaccine parts. The second booster vaccine is given at 6 years of age with a combined vaccine containing DTPa + IPV vaccine parts.)
- PCV13-vaccine (Primary series of vaccination is given at 2 months and 4 months of age, at the same time when the DTPa + IPV + Hib vaccination is provided, the booster vaccine is given at 12 months of age.)
- MMR-vaccine (against measles, mumps and rubella, children are vaccinated with it at 15 months of age)
- MMR-booster vaccine (in the 6th-year of primary school)
- Diphtheria, tetanus, pertussis (dTap) booster vaccine (against diphtheria, pertussis (whooping cough), and tetanus (jawlock), provided for children in the 6th-year of primary school)
- Hepatitis B vaccines (provided for children in the 7th-year of primary school).

The documents of the tests and the journal are made in handwriting and need to be clear up, my notes are difficult to read.