



EMBODIMENT CASE STUDY

Name of child: B.V.

Date of birth/place of birth: 04.2015. Budapest

Age:8.5 years

I have known V. for a year and a half, since then he has been with me every day for about 4-5 hours during school hours, so I can observe him closely. At first impression he is characterized by a continuous vibration and restlessness, he is never at rest, one part of his body is always moving. If he is not wobbling all over its body, he is waving with his arms and legs. If he has to stand still, he starts talking. When the first weekend of training was over, I had a feeling that this therapy would be right for him.

Appearance: V. is a large, slowly moving, sweaty boy with very light skin and thin blonde hair. As a rule, he has an unkempt appearance, muddy clothes, a flushed smile, sweating from the having played, contented. He is characterized by sparkling, inquisitive blue eyes and a slightly protruding upper row of teeth. He can also move his ears separately, this is a newly acquired knowledge that he likes to practice. His physique is proportional, characterized by a kind of softness. His shoulders are often pulled up, he cannot relax, somewhere in his upper body there is always a little tension, the legs just follow where the head is leading the movement.

Soul constitution: He talks a lot, there is a constant vibration in this large body, there is no rest. He is an excited, nervous type who takes a breath in a hurry, does not articulate (he also goes to a speech therapist), spits while speaking. He has problems with both gross and fine motoric skills. When he eats, he makes a big mess around himself. He walks into things, stops too late, leans forward slightly in his walk. Helpful, friendly, smiling, direct, compassionate. He is anxious, asks about everything several times, especially in tense situations.

Mental abilities: He has difficulty learning. He can't write his family name yet, he regularly leaves out some vowels when spelling words, and he can't hear

them in speech. He has been slow to understand new things, but he is very anxious to try.

Anamnesis/medical history:

Pregnancy: Everything was fine until the twenty-eighth week, when the ultrasound revealed that there was no umbilical cord flow, no oxygen to the fetus and poor heart sound. They immediately referred his mother to the hospital and she had a paper signed every day for two weeks to postpone the birth for another day at her own risk, until finally he was born at 30 weeks. During these two weeks, it was suggested that the child might have Down's syndrome or other difficulties, and the mother anxiously asked for another day so that the fetus could still develop if possible.

Conditions of delivery: An induced birth took place. He was born with 1.8 kg, placed in an incubator for 2 months. The mother could only touch him twice a day, he received a blood transfusion, the lungs were very weak. Due to infection, he needed oxygen and blood.

Nutrition: He was not breastfed, they bought milk for him. Now he eats a lot, eats two children's worth of food at lunch even at school, and at home he does not want to eat less than his siblings, who are almost adults. He's not picky, he happily eats everything.

Early development and childhood diseases: They were not typical children's diseases. He contracted pneumonia when he was two years old, and while recovering in hospital, his maternal grandfather died.

All diseases affect his lungs, in which case the area under the eyes turns purple, saliva flows, he has an overflow of mucus and coughs a lot. But he rarely gets sick, almost never misses school.

Motoric development: According to his mother, the motoric development went well, he crawled, climbed and learned to walk at the right time. His movements are sluggish, he walks leaning forward, he is clumsy, he knocks everything down with his limbs, he cannot stop in time. He avoids certain movements, such as climbing trees, balancing. His movements are hasty and lumpy at the same time.

Sleep: Sweats at night, does not like to sleep alone. He doesn't sleep in his own room because he's afraid of being alone. He is constantly spinning on the big bed, it is a serious procedure to overcome his anxiety in the evening: the parents have to look at him five times, bring water, cover him. The next day, he asks if

the parents were really there, if they didn't fall asleep sooner than he did. He sleeps from 9.30 p.m. to 6.30 a.m.

Speech development: According to his mother, this was also fine, he learned to speak at the right time, but his speech is very inarticulate and difficult to understand. With help, he can find the words he needs to express himself. He often repeats his stories (almost compulsively), which are mostly related to real life, but at the same time he likes to listen to fairy tales and easily gets into fictional situations.

Family situation: He has 3 older brothers who are already 15, 17 and 19 years old. He was not a planned child. They don't really play with him at home, he plays alone. He likes to play legos, or helps his mom bake and cook. Therefore, he really likes to be at school, he is in daycare for a long time every day, for at least 4 hours, because the parents work. He gets along well with his siblings, he is the little one in the family. All three of his siblings needed extra-curricular support (curative eurythmy or extra-lesson) due to motoric clumsiness and learning disabilities. According to the parents, everything is perfectly fine, and he will outgrow his difficulties. They are collaborative, but they don't feel the need for improvement.

Social connection: In kindergarten, he was the boss in games and he loved that. When he got to school, he had to fight and give up this role, so he was a bit out of the boys' game, struggling to find his place, trying to connect, but a bit lonely. He quickly finds contact with adults, tells them a lot and likes to talk. He is still learning to adapt to children. He is very sensitive to teasing and talks about them with some kind of resignation.

Tests:

Results of reflex examination, remaining reflexes:

Palmar grasp reflex

Balance

ATNR

STNR

TLR (mild)

Galant reflex

Sensorial tests:

He is sensitive to noises, loves music, gets dizzy during sound therapy.

There must be a light at night, otherwise he cannot sleep.

He is sensitive even to cotton clothes, and in the evening he examines seven types of blankets before choosing the right one. Sensitive to pain, touch.

Tactile sense problems, he cannot stop in time, therefore hits into things. He does not perceive the boundaries of others.

Perspiration.

He startles when there is a sudden sound.

His clothes are messy, his coat is always falling off, he is dirty and snotty. He enjoys outdoors activities throughout the seasons.

He was taken away from his mother right after birth.

He eats abundantly, he produces a lot of saliva and snot.

It is difficult for him to fall asleep.

He walks stumbling, shoulders fall forward, he tilts into the frontal space. He has difficulty orientating.

He has difficulties with balance.

Additional information:

He has mixed-dominance and development delay.

His movement and speech are out of sync.

He has a middle line barrier problem.

He has difficulties with eyesight focus.

He has learning difficulties (spelling, sound recognition).

Clumsiness in gross and fine motorics are detectable.

Development plan:

Order of introduction of embodiment exercises:

- Windmill and rest
- 'Crocodile' lying on the stomach

- Head turn on the back
- Body rotation on the back
- Crossing rotation on the back
- 'Lemniscate' on the back
- 'Lemniscate' on the belly
- Galant exercise
- Mermaid with stepping forward, turning over
- Dolphin
- Head lift

Regularity of exercise: Three times a week at school with me, twice a week with his parents at home.

Development log:

October: At the windmill, he reacts with the upper body, the lower body is rigid, motionless, difficult to move into position. After a while, he already helped with the movement, after two weeks he found the right position on his own. This exercise became homework.

In the 'Crocodile' exercise, he holds the head up so the movement 'breaks' and it is difficult for him to concentrate on the top and bottom at the same time, he is either focusing on raising the head or squeezing the buttocks.

He rushes every move, the biggest challenge is to slow down the task. He is not present in the exercise with his attention, he asks about whatever comes to his mind, or tells about his day and what lessons he will have. We could only get to the point of letting go after several weeks as he was constantly in tension.

November: he surprisingly skillfully performs the exercises chosen for him, the body is stiff only a little. It is difficult for him to bend, he rushes through the exercises in a hurry, cannot fully immerse himself, constantly talks or asks about anything but the task.

December: he is very stiff, hard to get moving. In the windmill, he adjusts himself nicely, but it is difficult for him to let go at rest. He always has rigid body parts, especially the neck is stiff, he constantly wants to raise his head even when turning. So far, we have come to exercises on the back in the sequence.

January: it turned out that they didn't do their homework during the Christmas break, so they had to start all over again. He is enthusiastic and serious about the task, still in a little haste. I help him submerge in the exercise and relax at rest by playing the lyre or telling him a story.

The beginning of February: during the week the nervous system hyperactivity intensified in his movements, he became agitated, even more restless than before. He completes the task nicely and calmly, compared to himself, but in daily life he seems more agitated. Therefore I shortened the exercise a little bit so that we could do it on both sides within one session.

February: we finally managed to do the exercise more deeply and with more patience, quietly. I tell him about it in the windmill position, so he can last 3-4 minutes before he starts scratching and fidgeting.

Lessons learned/further planned:

Most importantly, I want to preserve the enthusiasm we both have for the practice. Step by step, the practice should be consistently deeper, more accurate and slower. Slowing down seems like a real challenge. It seems that we can continue practicing until the end of the school year, after which we look at it again together with the parents and the class teacher.

I can complement the embodiment exercises with extra lesson ground exercises, beanbag exercises and painting.

Although we are not making as spectacular a progress as I expected, something has noticeably moved, V. is starting to be more focused and calm, and I hope that this will affect other areas of his life as well.

I am very grateful to have learned this therapy. It brought a deeper practice in an area that I dealt with only superficially during my studies. I am surprised that this is not part of basic teacher training, I think every carer should know about it.