



Case study

Embodiment movement therapy

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Kecskemét, 15.02.2024.

Criteria and background of selection:

I work as a Bothmer gymnastics teacher in a Waldorf school. I know all 110 pupils, although I only teach movement in grades 4-8. But as a substitute teacher, I also teach all but the first grade in mainstream classes. I also meet on call, during breaks and at daycare. Through embodiment training, I can see in many of them a need for help that the classroom setting is not sufficient for.

The selected student is **A**.

I chose a fifth-grade pupil. A. is a student of average ability. We are together in the classroom and in daycare, as well as in 1 Bothmer gymnastics class per week.

Difficulties observed: in his movement, I noticed that he has problems with ball handling, balance and endurance.

In addition to his physical difficulties, in the classroom I have noticed that he also has learning difficulties that hinder his learning speed:

- His attention is scattered,
- he is tired, he is not persistent in his work,
- His handwriting is very ugly, he has slurred, up and down lines (spatial problems).

Another important criterion in choosing the right pupil was to keep the family and the child involved in the work he or she had started. Since his parents have been very supportive and helpful since the difficulties around his birth, I saw this as a guarantee with him.

So this is the starting point. The question for me is: what will be the outcome, will the birth problem and the resulting imbalance be corrected? The results I expect are more in the mental area: better writing, balance, stronger will and concentration. My question is: does the difficulty with the bumblefoot at birth stay with you for the rest of your life, or is it an outgrowth and is it more the missed movement patterns that cause the problems I have observed?



Movement therapy process:

First session: Kecskemét, 13/12/2023 14.00 (school development room)

Child's name: A.

Place and date of birth: Kecskemét, 2012. 08. 07.

Grade 5. He is a boy of average height. Slightly soft body, also due to his laziness. Dark skin and hair and dark brown eyes. Gentle nature. He has attended Waldorf kindergarten since the age of 3.

Anamnesis:

How was the pregnancy?

Second pregnancy, difficult to carry. Nausea, nausea, heavy food intake required by the mother.

Circumstances of birth?

Born by caesarean section at 40 weeks. The mother was physically and mentally distressed as it was her second caesarean. She blamed herself for the failure of a normal delivery.

The baby was perfectly healthy, apart from his legs. He was born with bilateral bunions.

At 3 months of age, he had timely surgery on his legs, his Achilles tendons were cut to allow him to stretch. He was the first child to have this procedure performed in Hungary. After a further 1 month in a cast, he was fitted with small shoes that held his feet at a fixed angle and distance, which he had to wear continuously while sleeping until he started walking.

From the start of walking until the age of 4.5 years, he had to sleep in the shoes at night. He was very patient and never missed a night. He was extremely happy when he could leave the "sleep" shoes, he could finally sleep curled up.

Crawling, rolling over?

It was all on time, no lag or missed elements.

When did the child sit up, stand up, start talking?

His motor development was good, he stood up at 7 months, started walking at 1 year and 3 months. He attended preventive gymnastics from the age of 6 months to 1 year, and physiotherapy from the age of 1 year to 2 years.

Movement development:

Movement developed gradually and well. At one stage, everything started running. He learned to stair climb and jump easily. He refused to sway, preferring only stable things. He does not like to be high, he is afraid of heights. He was only willing to go up the stairs when he was a child, by the wall and holding hands.

Vaccinations, illnesses:

Milk allergy diagnosed at 4 months of age.



Chronic diseases?

None.

Family history of chronic illness: none

Surgery(s), when: foot surgery at 3 months of age. No other surgeries.

3 years, no history of kidney disease, no history of kidney disease:

Good health. Dairy intolerance. Appetite, digestion good.

Other important disclosures:

The mother has a child from her second relationship, A. has a sister who is 6 years older. He was a love child but the parents separated around the age of 9. Since then there has been split parenting, with a fixed pattern of here and there during the week. The father is very consistent and his son loves him very much, imitating him. The father lives on a big farm. He is a farmer, but he makes a living as a mechanic, repairing refrigerators. The mother is more permissive. They live on the top 3rd floor of a city apartment building.

Surveys and tests:

Balance test:

Walk chicken-step forward:

Score: 1 (on a scale of 0-4)

Note: The main initial difficulty I have seen for years is the balance issue. There has been improvement over the years, but the marks of the bunion and surgery at birth have made normal development difficult.

Walking chicken-step backwards:

Score: 3 (on a scale of 0-4)

This is the worst result of the testing for the above reasons. Wobble, effort, strong concentration, body position leaning into force while looking at her feet.

Bear walking forward:

Score: 1 (on a scale of 0-4)

Bear walk backwards:

Score: 2 (on a scale of 0-4)

As above, this was also strenuous for him. He was balancing with his arms, swaying, it took a lot of effort.

Standing on one leg:

Score: Skilful standing, but concentrated.

Passive head posture:



Score: 1 (on a scale of 0-4)

ATNR Quadripedal test:

Score: 1 (on a scale of 0-4)

Hips move slightly, arms are ok.

TLR test:

Score: 2 (0-4 on scale)

Balance difficulty.

Moro and Galant test showed no difference.

Exercises:

I started very cautiously with the release of the exercises. I feel that I have very little experience yet, so I dare to proceed only gradually.

After the test, I gave a short briefing on the process, the duration and that it would be mostly independent practice at home, with a big role for the family.

I showed the first sequence of movements and the child moved him: exit, kneeling and simple lying down, windmill position. Then Charlie Chaplin pose and relaxation. Charlie Chaplin up and a little walk. Left and right.

Second time: 28.12.2023 14.00

He is at his mother's, it's winter break from school. Since the first session was followed by 1 week of illness, there was not much progress in the practice. We met as a confirmation. Home practice started. He tries to get through it quickly, his mum helps his patience by telling him stories in the windmill position.

Although I asked, the mother has not tried the exercise yet.

Third time: 17.01.2024 14.30 pm.

Meeting with mom again in the school development room. Dad cannot be present due to his work, but completes what Mom says by phone.

Notes: Dad does yoga and has a keen interest in spiritual things. His observations and feedback also include small spiritual things. I can't really react to them, I just record them.

A. is also in Extra Lessons (Waldorf Developmental Education) at school, 1 session a week, so that can positively influence his development.

Feedback:

- the right side is more comfortable and also easier to practice the exercise sequence,
- after the first practice, once an old childhood gesture came back (father's communication),
- Mum continues to read to him so that he is calmer during the exercise and not in a hurry to finish,



- smoother and more orderly writing and reading.

This latest communication is a surprise to me too, I did not expect such a quick positive response.

A. will show me the exercise series and I will correct it in one place. In the windmill the body was not straight, it was twisted sideways.

New exercise element: since A. was born by caesarean section, we incorporated the kneeling after lying down stretch into the exercise set as a normal birth with birth canal exercise.

Fourth time: 01/02/2024 15.30.

This time the father came to the meeting. Location is one of the classrooms.

Feedback:

- Evening training, gymnastics and then the embodiment,
- He is more selfish, doesn't need to be pushed, more goal-oriented,
- less sleep is enough,
- sleep problems and fears (he feels someone is watching him),

Note: dad lives in a farm environment, there must be noises around the house. I also talked to the mother, she has no such signs from the child, she sleeps fine, no bad imagination.

A. is showing me the exercise sequence. He's nice, disciplined, a little hurried. The postural error he corrected last time is now well done, his torso is straight in the windmill position.

New exercise element: incorporates the full starting row, both extensions through prone turn, and regular body upswing.

Fifth time: 05/02/2024 (no face-to-face meeting, only correspondence)

Mom: He was at Dad's now, he was only with me for 1 day, that's when he showed me the new item. He made a good comment and knew right away how to turn in. He asked me to cover him up with a soft blanket. I read to him. He is already asking to start then. He continues to be characterized by wanting to get it over with, but when I read he gets absorbed in the story and then doesn't care so much about time. But this is typical of him in other areas. His sleep is fine with me.

Conclusion:

I feel like I am very much at the beginning of this case and the embodiment experience.

I will give the newer practice elements at the next meeting. Mainly supine head turns, crossing movements.

A. has some results but the end of the 1 year time frame is still a long way off.

