



# **Embodiment case study**

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Name: ILLÉS ÁRON  
Born: Szeged, 16 years old

## **I. Anamnesis**

Áron is the second child in the family from his mother's second marriage. The parents are high school and university teachers, translators.

At 12 weeks ultrasound, doctors recommended genetic testing based on the size of the nuchal translucency, which revealed a healthy developing foetus. The parents were reassured, especially as the parents were over 40 and the father's family had a history of mental illness (suicide, alcoholism), hereditary illness, Down syndrome and autism. There were no other unexpected events in the pregnancy.

Áron was born with a beautiful, fast, normal birth. He was 3900 grams, 56 cm. He had a 10/10 Apgar test. His mother recovered quickly and was able to concentrate fully on caring for his baby, alongside his elder brother who was 19 at the time. He was a calm and attentive baby, his movement development was optimal, no movement phases were missed according to the parents' memories, he was also regularly taken for baby swims. He was a well-balanced baby. He could suckle until 4 months of age, but was fed with mother's milk until 8 months of age. After that he was curious about all kinds of food, following a varied diet. His mom had a great time cooking for him.

At 2 years and 4 months his younger brother was born. At that time, in the weeks and months immediately after giving birth, his mother was very often left alone with his two young children, and they went through a very difficult time together.

The first curious sign that parents noticed about Áron was that at the age of 2-2 and a half he had not spoken a single word, expressed himself only with sounds. Around the age of two, the variety of food he ate started to narrow down, not drastically, but during a long process. For months, he still eats the same biscuits or gingerbread, salty crunchy food, the same lunch and plain garlic toast for dinner. This cannot be changed, perhaps after a few months a slight change in one meal may happen. He is hypersensitive in his mouth and oral cavity, and feels pain even when brushing his teeth.

He has not been able to touch many textures with his hands for a long time, so he cannot use clay, plasticine or touch a wet sponge when wiping a blackboard, for example. That has changed a bit by now.

As he was not potty-trained at the age of 3, he did not speak a word and could not go to kindergarten, so he was tested and taken for regular developmental therapy. He was also tested for suspected autism at this time. The child psychiatrist said that because of him maintaining eye contact, the suspicions were ruled out. So did the psychologist, as he does not dislike human touch. He was diagnosed as being on the autistic spectrum at the Vadaskert Child and Adolescent Psychiatric Hospital, and he picked up picture exchange communication system (PECS) at lightning speed, then 2-3 weeks later he suddenly started talking at the age of 4. His speech articulation had to be assisted weekly for another 7-8 years.

He attended a small special kindergarten with 3 autistic children in his group. He did well and loved kindergarten, he was treated with great expertise and care. He also had friends. From the age of 6 or 7, he regularly developed overtiredness, which has been accompanied by vomiting, severe headaches and long sleep periods ever since. It occurs at a fortnightly rhythm.

He rarely had childhood illness, with very few febrile illnesses. Major illnesses: pneumonia at 2.5 years of age, 2 months after the birth of his brother. He has had vaccinations and the meningococcal vaccine. He had surgery for a lumbar hernia when he was one and a half years old. The hereditary physical body has had little opportunity for the Higher Self to work on the physical body.

His digestion used to be a big problem, he was constipated all the time. Because of his selective diet, Áron takes vitamins and fish oil.

He finds it very difficult to sleep, so he takes melatonin before bed.

As part of his life path, he has been attending Waldorf school since the age of 8 and is now in the ninth grade. His father left his family suddenly when Áron was 9 to start another family, from which he had a half-brother, and since then his father has paid very little attention to Áron, which has been a huge trauma for him. He learnt to read and write at the age of 10 or 11, and since then his handwriting has not been fluent, with many spelling mistakes. Numeracy, and especially the more abstract segment of mathematics, is beyond his comprehension. His visual thinking is brilliant, he never forgets what interests him. He has a special interest in the world of animals, especially reptiles and dinosaurs. He has an incredible knowledge of this area, he tirelessly researches, and gives fascinating daily lectures on his discoveries. His auditory comprehension is stronger than his reading comprehension.

Physical appearance: short, very thin, shoulders slightly sloping forward. He has a proportionate build. His posture shows a slight retreat. He has pale face and thin skin.

## **II. Test of senses**

### **1. Diagnosis of touch and ego-sense disorders**

Áron's physical appearance is as follows: a short, very thin, proportionately built boy with slightly sloping shoulders. His height and weight are similar to those of a 9-10 year old, which has bothered him for many years. His posture shows a slight receding. His face is pale and his skin is thin.

Hypersensitivity to touch, has no tolerance at all for prickly, tight clothing like wool, still has difficulty brushing his teeth, and is extremely sensitive to the texture of food. He has hypersensitive oral cavity, feels pain to touch that is natural to others. Therefore, only certain and familiar things can touch his tongue, e.g. a smoothie, pudding or certain types of soup may not. He is disgusted by all wet kinds of food with a custard-like consistency. Sometimes lunch may change, but he must know this in advance. He will not eat any vegetables or fruit in any form. His hands and feet can be touched by the usual textures, not wet substances, e.g. he has never stepped in mud, clay was a huge challenge. This is why he did not explore many qualities of material when he was little, and he still does not have a firm sense of his body boundary now. He is not really comfortable in his body. He is constantly learning his own and others' limits. As a young child, he was constantly bumping into and touching his peers, not out of hurtfulness or aggression, but a need to feel himself through physical contact. Cutting hair is not his favourite, not least because it gives him protection when his longer, strong hair, like a thick cap, is emphatically around his head.

Bed-wetting has also long been a problem. He does not like a too gentle touch, he also touches others firmly, which was too intense for his peers when he was little, now Áron is socialised to what his peers like. He reacts very intensely to pain. His experience of the outside world is incredibly intense and remains indelibly etched in him as strong images. He does not forget his wounds, he carries them for years, so he used to be strongly

defensive, either physically or by knowing the weaknesses of others, by verbal battles. His stimulus tolerance is poor, followed by regular (about every two weeks) overtiredness, vomiting, 16-24 hour sleep periods.

He is not in harmony with himself, with a feeling of insecurity and a great lack of self-confidence, despite his genius. He has difficulty in trusting positive outcomes of processes. He is anxious about challenges and delays starting activities and studying.

## **2. Sense of life and sense of reflection**

Áron's face is pale and I have never seen him blush in seven years. From his appearance and his life habits, he clearly has an overactive sympathetic nervous system. He finds it difficult to fall asleep, and he almost always feels tired in the morning. He often cannot sleep through the night. He alternates between very active and passive periods during the day. Daytime fatigue sets in regularly at midday.

He has been very fussy from a young age, as I described in the anamnesis, he consumes no vegetables or fruit and eats very little compared to his peers. He does not like to explore new flavors.

He has a huge vocabulary and a super-memory in specific areas. He loves encyclopaedias about animals and is interested in all exhibitions, zoos and science TV shows. He can give fascinating presentations to his peers. For years he drew nothing but dinosaurs, nothing else at all.

He is sensitive to noise, and certain smells and colours irritate him.

What characterises his behaviour is that he is anxious and has little self-confidence among his peers. He would like to spend more time with his peers outside of school, but he has difficulty understanding the emotional and interest orientations of his peers, has difficulty recognising emotions from faces and gestures, and so finds it difficult to relate. He is respected and accepted by his peers and they can deal with the issues that come with his uniqueness. He often felt offended by a peer's expression or attitude and could not get over these for years, although I have seen considerable improvement in this regard on his side.

He is too attached to the familiar, and has his own rituals at home, so travelling with him was not easy when he was younger. Most objects and books in his room are immovable and untouchable.

He built fantastic 3D Lego systems as a small child, surpassing the spatial and logical abilities of his peers by several years. His visual memory and face recognition are excellent. He finds it difficult to keep up with other people's games and thoughts, so he can feel a little left out in many situations. He cannot write essays on his own. He can create great jokes based on his strong visual thinking.

## **3. Self-motion sense and the sense of speech**

His movement development has gone perfectly well. He did not like to try any sport on his own, he only does regular physical exercise in PE lessons, he has no interest in running, swimming, cycling, and he avoids gardening at school. It is clearly noticeable that Áron is much calmer and more balanced after more physical strain, e.g. Waldorf Olympics, hikes, excursions. His movement impulsiveness is fluctuating, either too fast or too slow and moody. Speech onset with assistance, using the picture exchange method, occurred at the age of 4. For many years he had regular speech and language therapy. His articulation became almost clear by the age of 13.

## **4. Sense of balance and hearing**

Áron never liked to swing, never took the initiative to do so, and was offered a tear drop swing to develop his sense of balance, but this was not accepted by him. He had difficulty standing on one foot when he was little, but now his static balance is good with his eyes open. He corrected his balance a little with his arms while walking like a chicken. His

posture has changed when walking like a teddy bear, his hands moved unintentionally, and he was very concentrated.

It is a huge challenge for him to lift heavy objects and to encounter gravity. He likes his special, heavy blanket for sleeping. Even as a teenager, his relationship with gravity reminds me of a baby bird treading lightly on a water lily.

He has difficulty in perceiving space, which we experience strongly when he is learning to draw and trace the shapes of space, and in his eurhythmics lessons and when studying geometry. For a long time, he did not travel around the town alone, he did not have the courage or the vision to go to his classmates in his home town, which is a medium-sized town. He cannot imitate rhythmic movements at all. His body awareness is low.

He has difficulties with language learning, both listening and reading comprehension and learning words. Grammar is also a foreign world to him. As regards his drawings and writing, he places his drawings and writing on the page in a unique way, starting to write mainly lower down and away from the left margin. Even now, he often misses the capital letter in sentences, it is meaningless for him. He often omits letters from words, his writing is chaotic and very difficult to read. He is slow to copy from the blackboard. Learning geometry is too abstract for him, difficult to follow.

### **III. Test of the main muscle groups and balance**

- Horses' balance: no abnormalities were detected in forward movement, in reverse movement he corrected his balance slightly, his hand was engaged. I saw slight gesticulation on his face. 1 point
- Frog-walk: Posture altered, with both hands making involuntary corrective movements both forwards and backwards. Her movements are stiffer. 2 points
- One-legged stance: right leg dominant, maintains balance with eyes open, all with difficulty for more than 10 seconds, with movement. This would have been a major loss of balance two or three years ago, now she is compensating well and has had extra lesson therapy.
- Eye muscle test: The eye crosses the center line, the eye follows the movement of the pencil exactly.
- During climbing, I experienced a coordinated, regular movement.
- Head posture. During active lifting of the head, the neck muscles are slightly strained, the mouth is distorted. 1 point
- In a passive head lift, the head remains between the two shoulders 1 point

### **IV. Reflex tests**

- Moro reflex: When testing in the lying position, no deviation was found, he immediately put his hands on his stomach. 0 points
- Moro reflex: In the standing position, slight movement in the hips, uncomfortable leaning back. 1 point
- TLR-Toned labyrinth reflex: I observed leg movement when moving the head back and forth, with changes in muscle tone of the legs. 2 points
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- STNR: No reaction occurred in Áron's body during head movement. 0 points
- ATNR: In kneeling position, during head rotation, the opposite arm flexed slightly and the hip also moved (more flexion of the right arm) 2 points, in standing position, slight arm movement of about 15-20% 2 points
- Galant reflex: hip flexion on the right side was 15-20%, less on the left side. 2 points

Summary: From the tests it can be seen that there is a more significant difference in TLR, ATNR and Galant reflex, and the psychic behaviour shows that the Moro reflex is persistent.

## **V. Selected exercises to integrate certain reflexes**

- Áron did 4 exercises in the first two weeks, but it proved to be too many, so from week 3 we just started again with the windmill.
- Windmill exercise: this is the Embodiment exercise, which helps to integrate all reflexes, it also works with the tactile sense. Week 3,4.
- Lying on your back, turning your head: this exercise works on ATNR, TLR - from week 5
- Lying on your back with knees locked, turning right, left with head together: this works on ATNR-RE, Galant Reflex. From week 5
- supine frontal: affects ATNR, STNR, TLR from week 6
- Prone rollover: TLR, tactility, balance from week 7
- Prone head lift: TLR, Moro, Galant from week 7
- Prone head turning: ATNR from week 10
- Prone nasal: ATNR, STNR, TLR from week 10
- Kneeling down, "little girl": TLR, Balance, Galant reflex, STNR from week 12
- Incarnation exercise: tactile sense, Moro
- Planned exercises from February:
- Galant reflex reduction exercise (hip down, lifting elbow)
- Grasping onto the ankles with crossed arms, head turns top the opposite side
- Dolphin exercise
- Head lift in side lying position

## **VI. Conclusions - Summary**

It was not clear from the testing of Áron as a child that he had an autism spectrum disorder. He is not averse to touch and maintains eye contact, but had delayed speech development. Her emotion and situation awareness is less than that of her peers. He has had very specific interests since he was very young, has difficulty changing routines, is hypersensitive to noise, colour intensity, things in his mouth, and has tactile sensitivity. These can lead to frequent fatigue and listlessness. What can be stated as a fact is that he has a delayed neurodevelopment, some delay in coordinated processing of sensory stimuli, low stimulus filtering and persisting infantile reflexes.

Áron's desire and main motivation for doing the exercises is to be able to engage more easily in his daily tasks, to achieve better results more easily, to have less or less intense episodes of over-fatigue, and to have reduced levels of daily stress and anxiety. These are our shared hopes.

### **Affected reflexes and their consequences in Áron's life**

Moro reflex: What is interesting is that during testing I did not find any major signs of the persistence of the Moro reflex and during his elementary school years he worked on it with a developmental teacher at school. However, psychological symptoms of the persistence of the reflex are present in Áron, especially alternation of excessive activity and intense fatigue, difficulty in making changes, insecurity, caution in many aspects, lack of self-esteem. He often thinks he cannot do something. Consequences of residual Moro reflex may include hypersensitivity to light, certain colours, tiredness of noise, difficulty filtering background noise. He is not at all fond of change and always likes to know the planned schedule for the day, and is badly affected if there is a deviation from it during the day. He often overreacts to stressful situations.

Signs of ATNR regression: Áron has difficulty in finding himself in space, seeing through the space, and this has a pronounced effect on his ability to read, write and count. He often mixes directions on his body and in space. His handwriting is almost illegible, he has difficulty expressing his thoughts in writing, which would require a lot of extra energy, even though he has wonderful, complex thoughts about things in the world. These constant struggles, facing the fact that he is progressing more slowly, differently in basic skills than his peers, must have caused him constant anxiety, even though he goes to a Waldorf school, a very understanding class. Self-doubt has led to a different, unique way of seeing things and thinking. Sometimes he cannot see the meaning and the point of the task, so he finds it difficult to get to work. He understands the rules of the gym games when he can see the real game in action, take part in it himself and understand it by watching and asking questions as he goes along. Because he has been able to practice this in an anxiety-free atmosphere, he is patient with himself and the situation in these situations.

The consequences of TLR regression can include:

In Áron, it is immediately apparent that he has no connection with gravity, as if he has no weight physically, and he often does not believe in himself that he is valuable enough to make a mark in the communities where he is present. He does not seek physical challenges to get him moving, to stress his muscles and skeletal system. He has never had any desire to play sports, run in open spaces, play soccer, participate in ball games. He found it difficult to navigate in space for a long time. His motor coordination was impaired in the sense that he could not repeat a sequence of movements he had seen even after repeated practice. In terms of the organisation of the vestibular system, residual TLR adversely affects the transmission of information between the vestibular system's nerve nuclei and the receptors of internal sensation, the proprioceptors, which also interferes with eye function. The stability of perception between the vestibular system, the body and vision depends on the coordination of the timing of the information flow between the vestibular system, the body and the vision, as modified by the cerebellum. Balance, fine motor skills, difficulty in eye-hand co-occurrence have hindered the learning of effortless handwriting and cursive writing. Thus there is a large gap between her oral and written performance to date. What is striking is that he has a poor sense of rhythm, and this has not improved noticeably in the everyday musical environment of an 8-year-old Waldorf school.

In his hearing, it is noticeable that noise overloads his nervous system and in language learning he has difficulty learning words and phrases by ear.

The presence of Galant's reflex may have caused Áron's bedwetting as a child, and Sally Goddard Blythe describes a correlation between the persistence of this reflex and

speech, language disorders and auditory sensitivity. Áron had articulation difficulties for a long time, still noticeable when tired, as well as auditory hypersensitivity. He often loses focus.

There is also some association with STNR: He finds writing very tiring, has difficulty copying from the board for long periods of time, now compensates well with extra lesson practice.

During his school years, the daily complex movement and rhythm exercises, conscious nurturing of the lower senses, working with arts and crafts tasks have nicely nurtured and developed Áron's skills, helped his sensory integration. Years of Extra Lesson exercises have brought him similar great results. In order to live a full life as an adult, to take control of his life and to take care of himself, he still needs help during his years at high school. My hypothesis is that a year of regular practice will reduce the sensory integration blockage, so that he will function better in several areas. As a result, both his academic performance will increase and he will need much less energy to do his assignments. I will also monitor changes in the social area, as this will naturally have a strong impact on his social presence and behaviour.

What results are you seeing?

I have made it a task to work with rhythm to cultivate a sense of life, and the regular exercise routine has brought good regularity to family evenings. Spending time in nature would also help to nurture a sense of life. Áron loves to explore, he has a love for all plants and animals, a great curiosity, they can help his tactile perception and processing of these. I continue to encourage the mother to help Áron to spend time in nature. To this end, I encourage the mother to look for hiking opportunities where he can satisfy both her intellectual interests and nurture his lower senses.

The child of intellectual parents, Áron lives in a world of rigid habits, often helpless in the face of things, due to family difficulties and single parenthood. A problem or situation that has been discussed for years cannot change significantly. I have felt, after practising the last months, that it has given the family the opportunity to move from a stiffened life and helplessness. Áron has since started to take control of his schoolwork. He goes out on his own to get lunch or to the cinema to watch a movie. In Szeged, a medium-sized city, this means long distances, which Áron never used to do alone. Something in him is stirring. His willpower has also increased, I see more perseverance and drive in Áron since December.

Since the autumn, his school results show that he has been able to report everything orally to his teachers by the deadline or a little later, extending the time for preparation, which used to be much later and more difficult. I hope that his more frequent successes will make him more enthusiastic and optimistic about his school and extra-curricular activities. He will not feel the weight of the burden on him as a lead weight, but will experience gravity by taking charge of his own body, owning it, and will live his daily life with more confidence and less anxiety.

The vomiting, which used to occur every two weeks due to fatigue and overwork, has been absent for two months. This is another big change in her life.

Looking ahead, I will continue to talk to his mother weekly, finding positive changes together. Experiencing progress can give Áron and his mother the strength to persevere, as



this is perhaps the most difficult factor in working with them. I am happy that I have an even deeper relationship with the family thanks to the exercises.

## **Journal**

October 25: I talked to Áron's mum about the Embodiment training course, the consequences of infant reflexes and what Áron needs help with.

November 8: I did the reflex test and the senses test. I determined that I needed to set up the exercise sequence so to focus on integrating the TLR, ATNR and Galant Reflex.

November 9: I taught Áron and his Mom the following exercises:

Supine head lift, supine knee lock roll, prone head lift, windmill.

November 10: Repeated the exercises with Áron. We talked about how he experiences himself, how he feels in community, what is difficult for him to connect with.

November 15: We discussed Áron's anamnesis further with his Mum.

This week Áron fell ill.

22-23 November: We do the exercises together, I encourage his Mum to incorporate them into the evening, no weekdays without practice.

Nov 29: Exercise seems too much, so we're cutting back and just aiming for the Windmill for 2 weeks.

December 5: We do the Windmill exercise together, Áron always opens up, tells us about what's on his mind, says it's good for him to relax, it relaxes his brain, and it's relaxing. At home, Áron does this exercise daily with his mother.

December 12: We add the back head lift and back knee turn to the windmill. I tell his mum again about the potential benefits of regular exercise. Her highly intellectual bent may make this seem too simple for her, and she therefore felt sceptical about the effectiveness of the exercise.

20th December. After this, the Christmas period is a very hectic time of practice.

January 10. We repeat the sequence of movement so far

January 12. We add the nose lemniscate in the supine position

17 January We complete the movement sequence with the small mermaid and the outstretched hand and foot roll. We add the head lift in the prone position

January 18. We repeat the same, while he talks a lot about his school life and his film experiences.

24 January : I will also teach the head turn and nose turn in the prone position

25 January. Áron went home instead of the date we had arranged.

31 January: we practise the movements we have learned. I gave Mom the exact drawing of the exercises to help her remember them at home.

February 1 We also do the same exercise. Áron has to watch out for slowing down because he is now doing it as a routine and is keen to get it over with sooner. At home in the evenings he practices three or four times a week with his Mother. It's easier for them to get started with the exercises.

7, 8 February We're doing the same routine this week, his mother has been ill for a week so he's only had a few minutes at home.

Week off starting from the 12th February: practised at home in the evening.

After the period so far, it was noted that his performance in oral assessments at the school has improved, averaging to '4' - this is a nice improvement.