



## **Basal Stimulation in the Context of Pedagogy and Care**

### **Two examples out of practice**

The concept of Basal Stimulation, founded by Andreas Fröhlich and his colleagues in the 1970s and continuously developed over the last 40 years, is about creating contact between people with severe impairments and their social and physical environment. In our work with the concept, we meet people like Miranda:

*«Miranda lives in a very restricted situation in a vegetative state after a cardiac arrest in her 12th year. She no longer attends the grammar school (as before her accident), but a Basale Förderklasse (a specific school offer for learners with severe disabilities in Vienna). It is still important for her not only to be at home with her mother, but also to have social contacts with peers and other caregivers, to experience stimulation and to have experiences away from the parental home. It is an enormous demand for her to get into school attendance and a great challenge for us educators to get in touch with her» (Reisenberger 2019, 336).*

Basal stimulation means exactly this sensitive exchange between a person with a severe disability and a caregiver from a holistic and body-oriented perspective. The dialogic-communicative concept gives us the possibility to build up a relationship with Miranda through touch and movement offers and to open her isolation (at least temporarily). She does not need any requirements or previous knowledge - she is sufficient in her being there.



Miranda needs basal stimulation to compensate for her lack of active experience. We offer her individually adapted somatic, vestibular and vibratory stimuli that correspond to her speed of perceptual processing, her state of alertness and her needs. In this process we learn to closely observe her communication signals and can give meaning to all her reactions to our offers (including vital signs like breathing, eye movements, facial expressions, tonus changes) - because this is the only way she can express herself.

Systematically offered basal experiences with close contact facilitate her trust building. They give Miranda orientation and security for joint activities. Basic activities provide her with information about her own body and the environment. By selective stimulation of all her senses, she has pleasant experiences that contrast with many physically stressful experiences and medical necessities in her everyday life, that arouse her curiosity, favorably influence her tone and breathing, and thus repeatedly enable a degree of well-being and a better quality of life.

In basal work, we are always in very close contact with our counterpart. The balance between proximity (too much is intrusive) and distance (too far away to be noticed) must fit individually. For a professional design of relationship and encounter, a professional touch with adequate touch quality while respecting the privacy despite physical closeness is therefore of particular importance. It is also important to maintain an open and continuous dialogue between the professionals and the parents or relatives. They are, especially in childhood and adolescence, the most important reference and protection persons of our students or patients. A trusting, professional cooperation is absolutely essential in this context.



Professionals work with Basal Stimulation in different professional settings: in the residential home, at school, in the intensive care unit and in many other places. The following example is from hospital care:

*„The patient Mrs. Andalusi has been admitted to the University Hospital due to deterioration of general condition and pneumonia. The 94-year-old patient has been suffering from acute myeloid leukemia for eight months. For the first three months of the disease, Ms. Andalusi received chemotherapy, which she tolerated very poorly. Therefore, the therapy has been stopped. After that, Mrs. Andalusi has been able to live in her usual environment again. She lives with her son (73 years old) and daughter-in-law in their house.“ (Report of Mrs. Köhler, the practice attendant basal stimulation in nursing)*

In the initial contact, Ms. Köhler encounters a patient who is fast asleep and cannot be awakened. Ms. Andalusi is lying on her left side in a fetal position. Her breathing appears difficult due to pneumonia. During the initial interview, the practice attendant records current symptoms of the disease. Together as a family, the relatives want to accompany and support the patient in the dying process in the hospital. Mrs. Andalusi is very restless, she has very little strength, but is constantly on the move, cries out again and again, strips off the bed cover and hits the protective grids of the bed in her urge to move.

The practice attendant greets the patient with a clear, flat initial touch in the shoulder area, introduces herself again and wishes her a good morning as well. Ms. Andalusi pauses briefly in her movements, but does not open her eyes. She is busy pulling herself up by the offered hand of her son.



In doing so, she repeatedly emits high-pitched, short cries. However, Mrs. Andalusi lacks strength. Mrs. Köhler would like to support Mrs. Andalusi to get up into a sitting position at the edge of the bed.

First, Ms. Köhler takes the patient's hand and leads her across the bed, showing her the edge of the bed and the direction in which she would like to move with her. The practice attendant gently begins to mobilize the patient into a sitting position. During this process, Ms. Köhler pays close attention to the patient's signals: verbal signs such as moaning and crying as well as nonverbal signals such as breathing, facial expressions, body tension, defensive posture, etc.

Ms. Köhler adapts her pace to the patient's reaction. Again and again, the practice facilitator and Ms. Andalusi take small breaks on the way from the supine position over the right side into the semi-upright seat. The professional monitors Ms. Andalusi's resources and gives her the opportunity for self-doing and re-feeling. The final position is a semi-upright seat. The patient leans against the son sitting behind her.

The practice attendant has taken a seat on a chair in front of the bed and holds Ms. Andalusi's hands. The moment when Mrs. Andalusi swings her legs, which are hanging down, onto Mrs. Köhler's lap and presses them against her abdomen with what for her is an enormous amount of force is astonishing. During the ten minutes that now follow, the practice companion soothingly strokes the patient's feet, modeling each toe individually. Ms. Andalusi is thus given the opportunity to feel her body, to experience her body boundary downward. A very relaxed state can be seen in her posture and facial features.



The mood in the room becomes very pleasant. The dying Mrs. Andalusi, who was so restless a few minutes ago, is the center of attention and can feel her body in various ways. She is obviously listening to the conversation of the practice attendant with the family members. After ten minutes in a position that is comfortable and relaxed for the patient, Ms. Köhler senses that Ms. Andalusi's strength is waning. Without interrupting contact with her, the practice attendant informs her of the next change of position back into bed and, adapted to the patient, slowly and calmly carries it out together with her son.

Finally, the practice attendant models Ms. Andalusi's entire body again with the blanket and says goodbye with a flat touch in the shoulder area. Ms. Andalusi appears very exhausted, but looks relaxed and content. Her cries have stopped, a calm atmosphere has been created. The patient immediately falls asleep. The son and daughter-in-law are very grateful for this experience, for this intense time together at the end of their mother's life. In this way, they have once again experienced Mrs. Andalusi's strength and will, they have been close to her on her last journey.

For a more in-depth knowledge of the concept of basal stimulation, the following publications are recommended as an introduction:

- Bienstein, C. & Fröhlich, A. (2016). *Basale Stimulation in der Pflege. Die Grundlagen* (8. Aufl.). Bern: Hogrefe.
- Fröhlich, A. (2015). *Basale Stimulation – ein Konzept für die Arbeit mit schwer beeinträchtigten Menschen*. Düsseldorf: selbstbestimmtes Leben.



- Mohr, L., Zündel, M. & Fröhlich, A. (Hrsg.) (2019). *Basale Stimulation. Das Handbuch*. Bern: Hogrefe.
- Reisenberger, U. (2019). Basale Stimulation – konzeptionelle Grundlagen und intentionale Kommunikationsförderung. In H. Schäfer (Hrsg.), *Handbuch Förderschwerpunkt geistige Entwicklung* (S. 335-343). Weinheim: Beltz.