

# **Basic Stimulation – History of a concept**

## **How the concept evolved**

Until the 1970s, children and teenagers with significant support needs were not able to visit a school. They were exempted from the compulsory school attendance. Urged by parental movements and educationalists, the federal state Rhineland-Palatine as the first one in Germany established a school test in the rehabilitation center Westpfalz in Landstuhl from 1975 to 1983.

## **Aims of the school test**

Within the scope of this school test possibilities should be found to educate children and teenagers with significant support needs.

## **Scientific background**

The school test was headed by special education teacher Andreas Fröhlich. The school test was scientifically supported by the institute for special needs education at the University Mainz (Prof. Ernst Begemann; later Prof. Ursula Haupt).

## **Personnel of the school test**

Beside the head Andreas Fröhlich who was a special education teacher, educators, nurses and physiotherapists worked at the school test during the first years. Later on, more physiotherapists, one ergo therapist, one remedial teacher as well as a special education teacher joined the project.

## **Basic Stimulation – The naming of a concept that originated from the school test**

Since 1977, the concept that came into existence during the school test has been called “Basic Stimulation”:

BASIC or in German BASAL originates from Latin and means to build a basis: we want to use the simplest and most elementary means to reach and

contact a human being. It also means that we reach back to basis or the fundament of human interaction.

**STIMULATION:** It means to make offers to people with significant support needs in order to encourage them to interact with other people or their environment.

### **What ideas underlie the concept?**

Andreas Fröhlich, his colleagues and the children's parents were convinced that children with significant support needs are able to experience and perceive. They have psycho-social competences – even if outsiders find it difficult to recognize this. Fröhlich's team assumes that these children like everyone have elementary needs to perceive, move, communicate and learn, but they struggle to meet these needs themselves. Therefore, it is necessary to find ways for these children to access communication and learning.



Beside the principles elucidated above, Basic Stimulation rests on findings of development psychology and physiology. Within the scope of Basic Stimulation Fröhlich and his team offered perception experiences to these children who did not need to meet any preconditions. These experiences tie in with very early and in most cases prenatal experiences: Feeling of the own body, experiencing yourself in motion, realizing a change of position in a place or discovering the inside with the help of vibrations (somatic, vestibular and vibratory experiences); exact listening and watching, oral and olfactory experiences of the environment, understanding the environment (acoustic, optic, oral and olfactory as well as tactile experiences). Fröhlich and his colleagues successfully discovered that the children within their potentials responded. This way they were able to develop an elementary communication that accompanies

the children experiencing and enhance their abilities. A learning process on both sides started.

### **Basic Stimulation – The state of the art**

Today, Basic Stimulation as special education concept to support children and teenagers with significant support needs is known in the whole Federal Republic of Germany and in many parts of Europe.

Basic Stimulation as teaching and supporting concept is permanently advanced. Whereas in the beginning the focus of the concept was on basic questions of support, today it focuses on communication support, the material education of people with special needs and the transfer of the concept to the everyday education.

### **Care and Basic Stimulation**

In the mid of the 1980s, the concept of Basic Stimulation caught the attention of Christel Bienstein, a graduate educationalist and nurse.

The cooperation between Andreas Fröhlich and Christel Bienstein made it possible to introduce the concept of Basic Stimulation to the everyday of a hospital with people with severe medical conditions and restrictions.

### **What is Basic Stimulation in care?**

The elucidated principals were introduced to the adult care by Christel Bienstein and Andreas Fröhlich. They realized that the concept of Basic Stimulation can be applied to adults with severe restrictions as well (the professional care was enriched by Fröhlich's educational concept). They discovered that apallic and comatose people feel the same elementary need for perception, movement and communication. Thereby, they are very much restricted they make new experiences. Without careful stimulation further damages can occur.



*Basic Stimulation in care* now tries to provide severely restricted people with known and elementary perception experiences which support their life and enhance their abilities. Thereby, the pure Basic Stimulation can even be more comprehensive as adults have already made various experiences.

### **What is the aim of this care?**

The aim of Basic Stimulation is to stimulate and support the individual learning processes of an affected person.



### **What people need care according to Basic Stimulation?**

- All people whose abilities to perceive, move and communicate are restricted or disordered.

These are people, who are unconscious, disoriented, somnolent, or have artificial respiration applied to them. They suffer from craniocerebral trauma, hypoxic brain-damage, morbus and Alzheimer disease, or a hemiplegic, apallic or comatose syndrome. They are dying or their mobility is severely restricted. They might be prematurely born or have special needs.

All these people have in common that they “need

- Physical closeness, to perceive other people.
- A caring person who mediate their environment to them in the simplest way.

- A caring person who facilitates movement and the change of position.
- A caring person who understands them without language and reliably cares for them.” (see Fröhlich 1998)

A human being lives autonomously through the interaction with his or her environment. The stronger his or her autonomy and willingness for a relation to his or her environment are, the more he or she relies on his or her relationship to the environment. Thereby, we perceive the patient as an equal partner, as a holistic human being with an individual history and the permanently present ability to experience, as human being with the elementary need to express and communicate in his or her present life situation, as a human being with his or her very own reasonable coping strategies – this is also valid for comatose patients.

### **When is care basically stimulating?**

Within this concept care takes place as a mutual learning process. Caring persons offer activities (i.e. the change of position) to the patient and wait after the first contact for the responses of the patient. These responses will be taken into account during the further treatment and guide the actions of the caring person. This requires the caring person to be willing to get to know the patient within his or her restricted abilities. Also, it is necessary to be flexible and to know a set with numerous activities in order to respond to the expressions of the patient and to arrange activities in a communicative way. This is how the patient co-determines the care. The patient gets the impression that he or she is respected. He or she learns to trust and experiences his or her own influence and self-determination.

The treatment itself is in line with the patient’s experience, his or her biography and “learning potential”. It is simple, comprehensible and interesting. The treatment has a meaning to the patient and it invites him or her to participate and become active. Mostly, the treatment contains tasks like: perceiving and updating the own physical and psychic identity, being able to experience and change environment, understanding contexts, developing an own rhythm and

arranging and self-determining responsibly the own life – or leaving behind the



current life.

Basically stimulated care is characterized by:

- Preserving life and experiencing development
- Feeling the own life
- Experiencing security and building trust
- Developing the own rhythm
- Experience the outside world
- Establishing relationships and arranging interaction
- Bearing a meaning
- Arranging the life
- Autonomy and responsibility

(see Fröhlich and Bienstein 2000)

### **Expenditure of time**

*Basic Stimulation in care* is not a method, but a concept for educational care and support; it is a 24h concept. This does not mean necessarily that more time is needed, but rather it is about organizing the usual care in a different way.

### **Research**

Basic Stimulation is not a manipulative, but process-oriented care with therapeutic aspects which value the self-determination and proprietary development of the patient. Hence, quantitative research following strictly scientific criteria can lead to pretty weak results. On the contrary, qualitative observations prove the effectiveness of the concept for the patient: Reduction of stress, well-being, enhanced social interaction ability, higher autonomy, more opportunities for perception and action.