

Self experiences

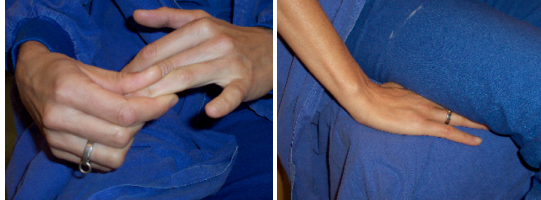
After a lecture about Basic Stimulation some nurses shall teach their colleagues about the concept. The theory is (hopefully) easy, but important is also the *experience* of the concept. Here are some examples for some exercises, which are all possible in a sitting position.

Remember that there is nothing right or wrong in the concept. We talk about adjusted or individual offers to a patient. That means that the experience of the single person is always right and true. In Groups with different experiences you should point upon general and special experiences (the famous exception).

Perception / Habituation (single experience)

Make an inner picture of your hands. Grope and feel your hands. Close your eyes and feel every single finger, the palms, the outside of your hands and maybe some equipment like rings. Feel soft parts of your hand, hard parts, movable and fixed parts. Imagine you could paint your hands with a pencil ... make an inner picture of your hand.

If you have finished the picture, sit upon your hands. Observe that your bones will not hurt yourself, but please, sit the next five minutes upon your hands – without moving.



(Continue with your lecture...)

Back to your hands. Keep on sitting on your hands. How do you feel your hands? Can you perceive every single finger? Can you feel your thumb? Can you perceive the border between your hand and the thigh? The border between your hand and the chair? If you should paint a picture of your hands right now how would it look like?

At last: what effects has immobility to you? What kind of feelings or even thoughts do you notice?

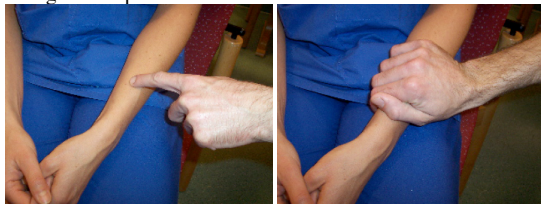
Now you can move again.

Evaluation:

What effect has immobility to perception? What happens to the body-image? Which psychosocial experiences are possible? Point upon general and individual differences and reflect the situation of a patient.

Clear touches (partner-exercise)

Ask the person beside you to sit comfortable and to close his eyes. Touch him for five times with your fingertip on his body. Make a short and silent rest (count up to ten) and touch the person again with your whole hand (your hand will form the body of the be-touched person). When you are finished, you change and repeat.



Evaluation:

How do the touches feel like? Are there any differences? How can you transfer this into nursing care?

Initial touch / Initial contact (partner-exercise)

Ask the person beside you to sit comfortable and to close his eyes. Touch him for five times with your whole hand without talking about it. Make a short and silent rest (count up to ten) and inform you partner at first, touch him at a shoulder and again for five times on the body. Finish the activity again with a touch at the shoulder (leaving quality). When you are finished, you change and repeat.



Evaluation: what effect has a sudden touch? What effect has an activity with an secure beginning and ending? What is an adjusted greeting in speech and touch (general and individual).

Modelling touch / body experience (partner exercise)

Ask the person beside you to sit comfortable with closed eyes, the hands upon

his thighs. Tell him that you will start an activity. Take one arm of the person and make with your other hand a classical washing-movement in stripes from the hand to the shoulder. Put the arm down, leave the partner and give him a short time to feel the effect.

Again, build up a contact, put your both hands upon the shoulder of your partner (now: the other shoulder!), wait a short moment and move both hands to the hand of your partner, your hands are modelling the arm, hand and every finger of your partner. Repeat twice without modelling each finger. Leave the contact as in the beginning and give time to feel the effect.



Evaluation: how do you feel your arms? Which effect has these different kinds of touches to you as a person?

Positioning (Partner experience)

Ask the person beside you to sit comfortable with closed eyes, the hands upon his thighs. Put one hand of the person without telling it on his shoulder (left hand on right shoulder). Make a short rest (count up to ten) and touch at first the person on his right shoulder, use your two hands to make the right arm experienceable by a modelling touch down to the fingertips. Take the arm from below, support the elbow and move the right hand up to the left shoulder and leave the hand with a light pressure. Give a short time to feel the effect.



Evaluation: how do these different kinds of positioning feel like? Are there differences in the perception between both arms? How can you transfer this into nursing care?

Communication by breathing (partner experience)

Ask the person beside you to sit comfortable with closed eyes. Hold a hand of the person and start to move the hand for some centimeter: upwards, if the person breaths in and down, if he breaths out. In the beginning you follow the breathing of the person and continue moving. After some time (1-3 minutes) you try to influence the breathing by using larger or shorter, quicker or slower movements



Evaluation: what effect has this experience? Where is the difference between guidance, furtherance and support? What can be adjusted in nursing care?

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