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The use of Snoezelen in prevention and therapy of mental and behavioural disorders

The subject of the author's discussion is to present the Snoezelen as a method supporting comprehensive human development, which can be used in the therapy and prevention of mental health. The starting point for considerations is the currently observed upward trend in the scope of the occurrence of difficulties in mental functioning, especially in Poland, affecting an ever wider group of people. The use of therapeutic support dedicated to individual patients was presented. The search for new solutions in the field of optimization of psychological and therapeutic help was considered, due to the growing need to mobilize interdisciplinary therapeutic activities. The Snoezelen method was indicated as a promising form of therapeutic support with high international effectiveness in various recipients. The author points out the need to include the Snoezelen among the fundamental methods of therapy, at the same time, reflecting the need to expand research in this area.

Keywords: pedagogy, psychology, Snoezelen, mental health, mental disorders, behavioural disorders, therapy, prevention

Zastosowanie Snoezelen (Sala Doświadczania Świata) w profilaktyce i terapii zaburzeń psychicznych i zaburzeń zachowania

Przedmiotem dyskusji autora jest zaprezentowanie Snoezelen jako metody wspierającej rozwój człowieka i możliwej do zastosowania w terapii i profilaktyce zdrowia psychicznego. Punktem wyjścia dla rozważań jest obserwowana w Polsce tendencja wzrostowa w zakresie występowania trudności w funkcjonowaniu psychicznym, dotycząca coraz szerszego grona osób. Przybliżono dotychczas realizowane formy wsparcia terapeutycznego, dedykowane poszczególnym pacjentom. Poddano rozważaniom poszukiwanie nowych rozwiązań w zakresie optymalizacji pomocy psychologiczno-terapeutycznej, z uwagi na rosnącą potrzebę mobilizacji interdyscyplinarnych działań. Wskazano metodę Snoezelen jako obiecującą formę

wsparcia terapeutycznego o wysokiej skuteczności w skali międzynarodowej. Przybliżono główne założenia metody oraz jej twórców, podkreślono szerokie możliwości jej zastosowania. Wskazano na ważność funkcji relaksacyjnej w odniesieniu do skuteczności terapeutycznej w zastosowaniu dla zróżnicowanych odbiorców. W konkluzji autor wskazuje na potrzebę włączenia Sali Doświadczania Świata w poczet ważnych metod pracy terapeutycznej, poddając jednocześnie refleksji konieczność rozszerzenia badań zorientowanych na metodę Snoezelen w obszarze Polski.

Słowa kluczowe: pedagogika, psychologia, Sala Doświadczania Świata, zdrowie psychiczne, zaburzenia psychiczne, zaburzenia zachowania, terapia, profilaktyka

Snoezelen in mental health prevention – introduction

Snoezelen (Multisensory Environments, Multisensory Room) is an interesting proposition of a therapeutic activity based on the use of polysensory (multisensory) stimulation for optimisation of a comprehensive development. Snoezelen is well-known and broadly used internationally, adjusted to many recipients varying both in terms of age and accompanying difficulties (Kupisiewicz, 2013; Smrokowska-Reichmann, 2013). The hitherto research results indicate exceptional effectiveness of Snoezelen in increasingly large groups, starting with children and youth, as well as adults and seniors. The method that started as therapeutic support dedicated to persons with disability turns out to be an exceptional activity which can also be used in case of fully-abled people, including highly functioning in terms of intellect, however, having difficulties, for instance, in the area of emotional functioning. The idea of Snoezelen consists in an attractive arrangement of the premises, among other, with various specialist equipment, where the starting point comprises both providing proper, balanced and free sensory stimulation on the one hand guaranteeing delicate multisensory activation, and on the other hand, in-depth relaxation. Following closely methodical principles guarantees obtaining both functionalities of the method at the same time. Nevertheless, the foundation of properly provided therapeutic support is the level of relation with a properly qualified therapist, who is present during the whole process of non-directive activity of Snoezelen and becomes a starting point for achieving further intended therapeutic effects (Smrokowska-Reichmann, 2018; Smrokowska-Reichmann, 2013; Zawislak, 2009).

Currently, a worrying scale of mental disorders both in adults as well as in children and adolescents is observed in Poland. Furthermore, the current epidemiological situation related to SARS-CoV-2 pandemic has been significantly affecting mental health. Especially in the view of recent pandemic experiences, the necessity to coordinate and optimise interdisciplinary activities in mental

health as soon as at the youngest age, is particularly resounding. While looking at the statistics concerning the frequency of psychological difficulties noted in Poland including, in particular, in the group of children and youth, a clear need to pursue intensification of activities aimed at extending the access to the canon of methods and therapeutic activities used in psychological-psychiatric or psychological-pedagogical assistance, is explicit. Snoezelen, although so far it has been neglected in terms of research in Poland, may prove to be one of the extremely desirable solutions. Effectiveness thereof in the international arena, flexibility of use and long-term efficiency underline the potential of Snoezelen, encourage research activity in Polish conditions and give hope for extending the hitherto used in Poland “evidence-based” methods with another notable therapeutic activity.

Occurrence of mental disorders in Poland – an outline of statistics and the most frequently experienced difficulties

According to the WHO, 8 million adult Poles suffer from mental disorders. If we add statistics concerning children and adolescents we can talk about the total number of approximately 12 million people experiencing psychological-psychiatric difficulties in Poland (WHO, 2016). Mental and behavioural disorders concern approximately 15% of children and youth (WHO, 2005). The statistics are disturbing and alarming, especially among specialists engaged in providing professional help in the scope of mental health. In the years 2009-2012 the first broad research was conducted in Poland with a sample of 10 thousand people, focused on the occurrence of mental disorders - EZOP, that is “Epidemiology of mental disorders and access to mental health care”. In compliance with this three year research project’s results concerning the condition of mental health, approximately 25% of Poles have at least one mental disorder diagnosed in their lifetime (which means that one in every four persons suffers a mental illness), 13% concern disorders related to psychoactive substances consumption, 10% experience neurotic disorders, approximately 4% are diagnosed with mood disorders, additionally, 7% suffer insomnia, and approximately 5% of adult Poles require hospitalisation (Moskalewicz, Kiejna & Wojtyniak, 2012). We know also a detailed report on the extensive research EZOP II (conducted in the years 2017-2020), which results were published in December 2021. In the current edition, its scope for the first time covered a random sample among all Polish citizens without age restrictions. What is disturbing, it was reported that almost 600 thousand children and adolescents in age between 7 and 17 years, and almost 400 thousands children under 6 years old have mental disorders.

Data published by the World Health Organisation in 2016, in compliance with the results of the research on general burden of diseases, mental and behavioural disorders constitute second (in men) and third (in women) most important source of reasons for limited agility and loss of health of Polish men and women (WHO, 2018). The WHO estimates that globally 350 million people suffer from depression that is as many as 5% of the global population. Every year this number changes, unfortunately, it still remains at an alarming upward trend. Depression remains at the top of the most frequent illnesses in the world. What is the situation in Poland? Data concerning mental health of Poles fluctuate at a distressing level. According to the statistics of the Depression Prevention Team (operating at the Ministry of Health), depression affects every tenth adult Pole (therefore between the research project EZOP conducted in the years 2009-2012 and the newest reports it constitutes a leap by over 6 percentage points in the unfavourable trend of occurrence), out of which, unfortunately, only half receives professional help. Approximately 650 thousand children require specialist help in the scope of emotional disorders (Wolańczyk, 2002). The aforementioned difficulties often become a direct reason for numerous irregularities in functioning in many areas of life. Data of Zakład Zdrowia Publicznego Instytutu Psychiatrii i Neurologii (*Public Health Department of the Mental Health and Neurology Institute*) demonstrates that development disorders (62%) including, among others, behavioural disorders and pervasive developmental disorders, are the most frequently diagnosed in the aforementioned group. Next in terms of frequency (15%) are nervous disorders (Heitzman, 2016; Janas-Kozik, 2017). According to the statistics of the National Police Headquarters, suicide is placed the second in terms of numbers of deaths in the group of children and adolescents (age category of 10-18 years). In 2014 Poland was ranked the second in Europe in terms of the number of suicide of persons below 18 years of age (FDDS, 2017). According to the Supreme Audit Office's report of 2020, the number of suicide attempts of children and youth aged 7-18 years old in 2018 increased from 730 to 772, whereas in 2019 – increased to 951. Undoubtedly, the condition of mental health in childhood and adolescence constitutes the condition of proper, comprehensive development, therefore, this group constitutes an extremely important group of recipients of activities aimed at mental health care, which in the nearest future should definitely be treated as a priority.

We are observing a growing unfavourable trend of mental disorders affecting younger and younger persons. New solutions and many specialists are urgently needed. It is necessary to intensify activities, including also interdisciplinary activities. There are not enough psychiatrists, psychotherapists, psychologists, outpatient facilities. Moreover, the number of institutions and entities providing mental outpatient services for children and youth dropped down. What is espe-

cially important, a broad mental disorders' prevention system is missing. If we assume that the WHO's forecasts are realistic, in 2030 depression will rank the first in the inglorious classification of the most frequent diseases in the world. Are we able to change this trend? What data will be collected few years after the pandemic? A lack of proper multidimensional support as well as a lack of direct and swift access to specialist psychological-psychiatric help lead to the intensification of difficulties currently faced by adults, children or adolescents. Thus, prevention in the scope of mental health care becomes a great challenge of our times. Will the known therapeutic methods used so far turn out sufficient?

Forms of therapeutic help for persons with mental and behavioural disorders – an outline of the most important activities

The multitude of difficulties faced by both children and adolescents, as well as adults became the starting point for development of many various forms of specialist activities aimed at prevention, intervention and therapy in psychological and pedagogical terms. It should be added that this interdisciplinary approach is extremely important for intensification of introduced activities, effectiveness thereof in the form of obtaining maximum possible optimisation of patients' mental health. The aforementioned therapeutic activities can be introduced not only in consulting practices, clinics or hospitals, but also, among others, in schools, pre-schools and day care homes, social welfare homes or numerous projects organised by foundations and associations.

Among main forms of support in the scope of mental health care, we can distinguish the following:

- psychological help (usually: psycho-educational, psycho-preventive, re-educational, preventive, counselling, intervention, mediation or rehabilitation);
- psycho-therapeutic help (among others: psycho-dynamic, cognitive-behavioural, integration);
- socio-therapeutic help (special type of group therapy using social impact);
- psychiatric help (depending on experienced difficulties certain disorders require temporary or permanent inclusion of pharmacological treatment in conjunction with simultaneous psychotherapy or psychological support) (Sęk & Cieślak, 2011; Szczukiewicz, 2003; Pilecka, 2011).

The aforementioned forms of support constitute the basis of psychological-psychiatric help provided for both children and adolescents as well as adults experiencing a broad spectrum of mental difficulties. In the scope of additional

auxiliary activities we can present an exceptionally broad assortment of therapeutic methods that are also possible to be used in many age categories and in persons with various dysfunctions. Among them the following types of activities should certainly be listed:

- music therapy (therapy with the use of music elements);
- art therapy (therapy through art, active use of own creativity);
- animal assisted therapy (therapy with the use of animals, among others, dog therapy, alpaca therapy, hippotherapy);
- biofeedback training (non-invasive method of brain training in the scope of physiological changes' control on the grounds of biological feedback);
- auditory integration training (Johansens, Tomatis, Neuroflow – interactive therapeutic methods of higher auditory functions);
- therapies using movement (Veronica Sherborne Developmental Movement Method, Knills' Expressive Arts Therapy, Choreotherapy);
- therapies based on sensory activation (Sensory Integration Therapy, Snoezelen) (Biernat, 2014; Kielar-Turska, 2012).

It is extremely important that each additional activity is individually adjusted to a patient taking into account their possibilities and limitations. Therefore, a prior detailed diagnosis, which will specify the scope of support possible to be provided for a given patient, is necessary. Observation of the patient's reaction in the course of the conducted activity and the use of small steps method in the scope of gradual exposition to specific stimuli, is equally important. It should be added that in the case of forms of basic help (i.e. psychological or psycho-therapeutic help) it is unacceptable to provide simultaneous treatment by two or more psychologists/psychotherapists – intensification of activities in these terms is not equivalent to the maximisation of effects, quite the contrary, it may be detrimental for the patient, as well as it is inconsistent with professional ethics. Whereas, if, in the case of a given patient, therapeutic support process in the scope of various auxiliary (additional) activities is provided, each therapist should be informed of the diagnosis and current condition of the patient, as well as accompanying therapeutic forms applied at the same time. It will allow optimal, holistic approach to the patient and more objective assessment of effectiveness of the provided support.

As we can see, many therapeutic activities use various paths of approaching the patient oriented at the compensation of accompanying deficits. Starting with basic forms of help: psychological, socio-therapeutic, psycho-therapeutic (individual and/or group), through classes with the participation of animals, activities using movement, sound, artistic, kinaesthetic elements, as well as selected interactive training, up to multi-sensory activities.

An extremely interesting proposition, although still relatively not commonly used in Polish conditions, is the therapeutic activity with the use of Snoezelen. Despite the fact that it has been included in the scope of methods oriented at poly-sensory activation mainly dedicated to persons with intellectual disability, its effectiveness proven with numerous international research, flexible possibility of use and developed regulatory action it shows, place the Snoezelen as the activity with a much broader range and directional impact than the one we have known so far.

Snoezelen as attractive therapeutic activity in prevention and therapy of mental and behavioural disorders

Snoezelen (also known as Multisensory Environment or Sensory Room) is a therapeutic activity that on the one hand uses specific arrangement of space with a proper selection of specialist equipment and, on the other hand, underlines the unusual level of relation with a therapist and non-directivity of action (Kupisiewicz, 2013). The aforementioned equipment used in Snoezelen includes, among others: a bubble tube, a light and sound track, a water bed, fibre optics, sensory paths/disks, interactive panels, panels with active liquid, aroma diffusers, projectors and many more. All polysensory stimuli which can be experienced in Snoezelen of course remain in proper intensity and dispersion so that they only provide soft sensory stimulation simultaneously ensuring the possibility of achieving the state of deep relaxation. The essence of this activity consists in the non-directivity mentioned at the beginning, which underlines free – literal “experiencing of the world” – at an individual pace without pressure or by a superior decision on the choice of a stimulus (Smrokowska-Reichmann, 2013; Zawisłak, 2009). While designing Snoezelen, one should have reliable knowledge on the arrangement and adjustment of relevant equipment, as well as all methodical principles, which are a priority in Snoezelen, for ensuring correctness and effectiveness of support provided for patients. Therefore, the International Snoezelen Centre ISNA-MSE assembling specialists working in Snoezelen, pays particular attention to improving competences and training qualified therapists. This seemingly simple method with non-directive frameworks is, in fact, extremely difficult. Smrokowska-Reichmann, the precursor of the method in Poland explicitly underlines that without knowledge and relevant qualifications of a therapist as well as specialist consultations in the scope of proper adjustment of a room it is not possible to provide activities properly (2013).

Snoezelen is an activity which was established in the 70s of the 20th century and has been dynamically developing globally for the consecutive years. Despite

the fact that Snoezelen is widely used in, among others: the Netherlands, Belgium, Israel, Japan and the USA, in comparison with other countries, a major development of this method has not been noted in Poland. The basic difficulty in wide implementation of the method undoubtedly consists in the lack of detailed research in Poland, which significantly limits the possibility of qualifying it to the commonly used therapeutic activities. However, in Poland, Snoezelen is more and more often found in schools and pre-schools, hospitals and clinics, therapeutic centres and psychological-pedagogical practices, Community Self-help Homes and Day Care Homes or Social Welfare Homes. Especially in the last ten years we could observe a growing trend of established facilities using Snoezelen.

What do we know about the effectiveness of Snoezelen in international research terms? The use of Snoezelen has a beneficial impact on decreasing aggressive, stereotypical or self-destructive behaviours. Conducting therapeutic activities in Snoezelen indicates a relation with decreasing the level of stress and fear among patients, influences the ability to relax and decreases the feeling of pain. Furthermore, it has been proven that it significantly reduces the level of apathy and decreases the pace of dementia development. It shows a relation with development of social and communicative skills, increases motivation and creativity. The reports are broader and broader and concern more and more diverse groups (Anezaki, 2003; Hotz et al., 2006; Herrmann, 2003; Kwok, To & Sung, 2003; Lotan, Burshtein, Cahane & Shapiro, 2004; Schofield & Payne, 2003; Taitelbaum et al., 2007; Shapiro, Melmed, Sgan-Cohen, Eli & Parush, 2007; Vlaskamp & Nakken, 2008). Data provided by the research concerning high international effectiveness of Snoezelen should become the current source of interest, especially of Polish researchers-practitioners. Why? Snoezelen is an unusually attractive form of therapeutic activity that can be used both in children and youth, as well as adults. Initially, it was used mainly among persons with intellectual disability, however, recent research reports prove that Snoezelen is successfully used also in other groups – in persons with mental disorders, behavioural disorders, in developmental, cognitive and emotional difficulties. It is difficult to describe Snoezelen and its atmosphere with words. It is a place where from the very beginning the magic of the activity can be felt. Dim light displaying interesting interactive panels, real-like “luminous sky” made of hundreds or thousands fibres placed among cloud-imitating material, bubbles floating freely in a water column surrounded with a soothing game of lights, calm projectors creating an artistic performance on the walls, or a water bed, colourful fibres reflecting thousands light points in a mirror corner, relaxing music dedicated to Snoezelen playing subtly through speakers and a delicate scent (individually adjusted) lingering in the air. This is a sample image of how Snoezelen can look like, where all elements combined create a whole and a recipient has an impression of unusual harmony, sensory

fusion and wants to stay in this harmony, wishes to “experience”, at the same time unconsciously regulating his or her own deficit functioning. A therapist is in the background and plays a supporting role, yet, at the same time, remains in a close relationship, monitors correctness of the process and takes care of the patient’s wellbeing. Creators of the method, Dutch therapists, Jan Hulsegge and Ad Verheul define Snoezelen as “a slightly different world” (Varheul & Hulsegge, 1993). And it seems that this phrase most accurately describes what we can experience in Snoezelen, and what can be hardly experienced in any other place.

Among numerous forms of therapeutic activities used in Poland, in the majority directive, there is definitely a lack of space for additional form of support – as adjusted to present times as possible. Times that are special, as they are marked with SARS-CoV-2 pandemic, times of an alarmingly growing upward trend of mental and behavioural disorders in almost every age group. Times, where the omnipresent re-stimulation and the canon of task orientation as well as the directive pursuit “of” become the priority. Times, where we lack relaxation, a look at another human being. This need is underlined by all specialists – theorists and practitioners. Let us, therefore, take a look at the perspective of Snoezelen – activity that is attractive for a patient, non-directive, creating an unusual atmosphere, an exceptional level of relation with a therapist. Activity, in which development and compensation of deficits becomes a positive side effect of Snoezelen process – the basis of the activity is the patient himself or herself and their free, surrounded with deep relaxation “experiencing of the world” that constitutes the starting point for further development. When we add a high level of international effectiveness, can we say that we form an outline of the therapeutic activity perfect for our times?

Conclusion

The currently observed upward trend in mental and behavioural disorders inclines specialists to search for possibly the best therapeutic solutions on the one hand adjusted to patients’ needs and, on the other hand, to the characteristics of the times we live in and related threats. Distressing statistics concerning the condition of Poles’ mental health, not only adults, but also children and adolescents, predispose to search for optimal solutions, join interdisciplinary support methods and search for the most effective way guaranteeing the best therapeutic effects possible. Among a whole group of therapeutic activities which are broadly used in Poland, special attention should be paid to Snoezelen, the non-directive and attractive activity that significantly matches current therapeutic demand. Snoezelen is promising as an excellent tool supplementing available forms of spe-

cialist support and demonstrates high flexibility of use as well as satisfactory level of international effectiveness. Snoezelen is a therapeutic activity with an unusual therapeutic potential, therefore, there is a significant need to extend research on the use thereof in Polish as well as worldwide conditions among various groups of recipients.

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