The effects of Snoezelen on chronic pain


A study into the use of Snoezelen in treating chronic pain.

SNOEZELLEN HAS been described as a 'pleasurable sensory experience generated in an atmosphere of pleasure and calm' (Kewin 1991). It is an environment created to stimulate all of the primary senses simultaneously, using lights, music, touch and smells.

Since the introduction of the Snoezelen facility to the UK, there has been increasing interest in its use in a range of healthcare settings. Positive effects have been reported in the field of learning disabilities (Haggar and Hutchinson 1991) and elderly mental health (Pinkney and Barber 1994). The recent World Snoezelen Congress in Toronto brought together at international level representatives from all areas of health and social care. The aim of this report is to highlight the potential use of Snoezelen for the care of patients with chronic pain. It describes an 18-month PhD study carried out in a district general hospital pain clinic in north Derbyshire and includes the results, conclusions and recommendations for future research and practice. Further information regarding the study can be obtained from the author.

Background

At the time of the study, the investigator worked as a clinical nurse specialist in pain management. The group studied consisted of patients in the clinic who were experiencing chronic pain. It describes an 18-month PhD study carried out in a district general hospital pain clinic in north Derbyshire and includes the results, conclusions and recommendations for future research and practice. Further information regarding the study can be obtained from the author.

The study

Following ethical committee approval, 73 patients assessed as suitable for the programme were randomly assigned to either a control or an experimental group. The control group received two sessions of taught relaxation in the pain clinic and the experimental group spent equal time in the Snoezelen facility. Assessments were carried out at three intervals and included measures of pain intensity, quality, anxiety, depression, coping, confidence and quality of life. Perceptions of the Snoezelen experience were also collected during the interview process. A multidisciplinary team assessed the patients before and after intervention and the investigator acted as study co-ordinator.

Results

Before intervention, the groups were compared on all dependent variables, along with a range of demographic variables, including age, gender, social class, medication intake and expectations. There were no significant differences between the groups on any of these measures. However, according to the McGill Pain Questionnaire, there was a difference between the groups on the affective and pain rating index categories.
suggestions that the experimental group could be experiencing more pain, but this was not supported with the other pain measures. Based on statistical advice, it was assumed that this result occurred due to chance (Huck and Cormier 1996).

Following intervention, some significant and highly significant changes were recorded in both groups. The control group experienced reductions in disability associated with sleep (p=0.01), psychosocial (p=0.03) and overall sickness impact (p=0.004), and the category of recreation approached significance (p=0.06). The experimental group experienced significant reductions in sensory pain (p=0.002), pain rating index (p=0.002) and disability associated with the categories psychosocial (p=0.009), physical (p=0.009), and recreation (p=0.001), with highly significant reductions in the categories sleep (p=0.001) and overall sickness impact (p=0.001). Results that approached significance for this group included a reduction in depression (p=0.07) and improvements in disability associated with home management (p=0.07). A significant treatment x time interaction was observed with the experimental group with regards to pain rating index (p=0.04) and confidence (p=0.02), indicating a significant treatment effect over time that was not observed with the control group. This suggests that the pain rating index for this group was affected by treatment. At follow up, 56 per cent of the control group and 65 per cent of the experimental group were discharged.

Conclusions

These results were compared to the work of other researchers in the field of chronic pain management (Schofield and Davis 1998a, 1998b). It was evident on reviewing the literature that both groups in the current study did as well as groups given access to relaxation by other investigators (Seers 1993, Turner and Jensen 1993). However, the experimental group improved in areas that have been demonstrated by others using intensive pain management programmes (Richardson et al 1994, Williams et al 1993). It could be concluded, therefore, that Snoezelen environments are as good as, if not better than, traditional taught relaxation in a pain clinic setting.

It was also clear that something had occurred in the Snoezelen environment that might not be attributed to relaxation alone. Possible alternative explanations have been examined, for example, leisure and recreation resources, coping and control and also the potential for sensory deprivation which could be present in the chronic pain group and might subsequently be negated by the use of sensory stimulation. There has been some early work which suggests that individuals with chronic pain could be experiencing sensorially impoverished lives (Schofield and Davis 1998c) which could be improved by providing sensory stimulation.

As with any study, certain limitations were identified. These include the duration of the sessions. The current study provided two sessions, each of three hours, which some suggest might not really be long enough (Donaldson et al 1994), although the results obtained in the Donaldson et al study were no better than those obtained when using two-hour sessions (Seers 1993). The follow up at three months could have been extended to one year to determine a more long-term effect, but some argue that the later the follow up, the more likely it is that attrition will occur (Lutz et al 1983). Focusing on one pain type and attrition is also a potential limitation, although chronic pain probably has the same effect regardless of its cause (Philips 1988) and fewer patients were lost from the current study than from others (Peters et al 1992, Turner and Jensen 1993). Care was taken to ensure internal validity in the design and format of the study. As external validity relies on its ability to be replicated, this study is presented to enable others to replicate the work.

The changes observed in the experimental group in the current study can be seen to be a result of the independent or treatment variable. Therefore the null hypothesis that the Snoezelen will not exert an effect over and above taught relaxation can be rejected, while acknowledging the risk of making a type I error.

Recommendations

The current study provides a framework for future study into the use of Snoezelen in the field of chronic pain management. Certainly, the use of the Snoezelen as an alternative environment for relaxation in the management of chronic pain is worthy of further exploration. The current work might also have implications for other areas of pain management, such as acute pain management and palliative care.

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