

Aromatherapy and stress

Dr Jane Buckle provides an introduction to stress and how aromatherapy can help people with the condition

Aromatherapy uses two powerful tools to reduce stress – touch and smell. Touch is the earliest sense to develop in the human embryo and smell is one of the last senses to leave us when we die. Aromatherapy massage can help to relax the mind and body at a deep level, with specific essential oils helping to address symptoms and appease the underlying stress itself. This article will cover the main types, root causes and physical and physiological characteristics of stress, before looking at aromatherapy and stress, useful essential oils and a case study.

Unwanted cornerstone of 21st century life

Stress is an overused and often misunderstood term that has become an unwanted cornerstone of 21st century life. There are many definitions and types of stress, but it is generally agreed that through his research in 1935, Hans Selye of McGill University first conceived the idea of 'the stress syndrome'.¹ Stress can be roughly divided into three types: short-term (acute), long-term (chronic) and 21st century stress.

Acute stress – once called fight or flight – can be good as hormones are released to help us to deal with pressure or a perceived threat and galvanise us into action.

While a certain amount of stress is healthy because it can motivate us, chronic stress refers to constant stress that causes the hormones to remain in the body, causing symptoms. Prolonged chronic stress can have serious health consequences and has been linked to several health conditions, such as heart disease and diabetes.

Usually connected with trying to do too much at the same time, 21st century stress is 'the adverse reaction people have to excessive pressures or other types of demand placed on them'² and is also associated with long-term sickness. We live in a highly pressured world where stress has become 'the most common cause of long-term sickness absence for both manual and non-manual employees'.³

Causes

A conference in Arizona in the 1980s brought together leading psychologists,

immunologists and physicians to discuss stress. They agreed stress was caused by a range of stressors,⁴ which people reacted to and adapted to in different ways. Stressors produced measurable psychological and physiological effects, which some individuals could cope with, but others could not.

Stressors can be:

- Extreme stimuli, such as too much noise or silence; too much food or starvation; very bright lights or absolute darkness; or too many emails or not enough.
- Extreme deficiency, such as social deficiency; blindness; deafness; physical handicap; or computer illiteracy.
- Often injurious, unpleasant or painful.
- Perceived to be a threat, whether real or imaginary.
- Unique – what is stressful today may not be tomorrow.

Stress can be caused by physical, environmental or mental factors. Physical stress may include an accident or injury, running a marathon, or standing or walking for long periods of time. Environmental stress may include working in a very noisy office, a badly lit workplace, living under a flight path, or being cut off by snow. Mental stress may include worries about money, relationships or housing.

Symptoms

The effects of prolonged stress can manifest in a range of physical and emotional symptoms, including:

Physical symptoms

- Clenched jaw, potentially leading to bruxism and referred neck pain.
- Hostility, depression, introspection, over-emotionalism, nervous twitches, nail biting.
- Sweating for no obvious reason.
- Inability to sit still.
- Frequent crying or wishing to cry.
- Lack of appetite or unnatural craving for food.
- Dyspepsia, indigestion/heartburn, constipation, diarrhoea.
- Constant tiredness;
- Insomnia, vivid dreams, sleep disturbances.
- Headaches, migraines.



- Breathlessness without exertion, palpitations, tachycardia (rapid heart beat);
- Dry mouth, dysphagia (difficulty swallowing).
- Hypertension (high blood pressure).
- Infertility or impotence, with no physical cause.

Mental symptoms

- Constant irritability.
- Loss of sense of humour.
- Difficulty concentrating.
- Lack of interest in life.
- Feeling unable to cope.
- Depression.
- Inability to show feelings.
- Dread of the future.
- Fear of being alone.

When we become chronically stressed, our body tries to adapt. Our adrenal glands are forced into overdrive and there is an increased concentration of adrenaline, which, in turn, increases heart rate and blood pressure. At the same time, a decrease in white blood cells alongside an increase



in blood adrenocorticoids and blood sugar reduces our ability to deal with infection or inflammation. Rahe, a psychiatrist at the University of Washington in the 1970s, interviewed more than 5,000 people and discovered that the more stress a person experienced, the more likely it was that they would fall ill. Until then, it had been assumed that only adverse stress would have a significant effect, but Rahe's research indicated that any major change in the normal pattern of life produced symptoms of stress. Rahe devised a systematised method for correlating life events with illness, which is still used today and includes marriage or divorce, job loss or promotion, having or losing a child, bankruptcy or winning the lottery.⁵

Aromatherapy and stress

Aromatherapy can be a superb tool for stress as it relaxes the body through massage and the mind through inhalation. The massage releases tension in the muscles, while the therapeutic atmosphere and deep,

slow breathing to inhale the aroma of the essential oils helps relax the mind and body further. Of course, if the root cause of stress is a recent divorce or loss of a child, aromatherapy will not remove the cause, but it can promote relaxation and help us to come to terms with our situation. Strength and calmness can arise from being still long enough to understand what things can be changed and accepting the things that cannot.

There are many essential oils that are useful for stress, but my toolbox for stress would contain the following:

- Angelica root (*Angelica archangelica*), to help you keep going when you feel you will fall apart in a stressful situation.
- Frankincense (*Boswellia carteri*), to bring to the surface the root cause of depression or insomnia.
- Ylang ylang (*Cananga odorata*), deeply relaxing and can help insomnia and promote relaxation.
- Roman chamomile (*Chamaemelum nobile*), very gentle with a calming

effect. It is useful for children.

- Petitgrain (*Citrus aurantium var. amara fol.*), very soothing, useful for the elderly.
- Bergamot (*Citrus bergamia*), its antidepressant properties make it very useful for depression.
- Lemon (*Citrus limon*), the citrus oils are all useful for depression and for stress-related anorexia.
- Mandarin (*Citrus reticulata*), another gentle oil that is excellent to help children settle.
- Lavender (*Lavandula angustifolia*), excellent for insomnia and stress in general. Ensure that it is this species of lavender as some other varieties, such as *Lavandula latifolia*, are a stimulant.
- Basil (*Ocimum basilicum*), particularly useful for when someone cannot make up their mind and is going around in circles. It is a good aroma for men.
- Rose (*Rosa damascena*), the aroma is very relaxing and soothing for most people.
- Clary sage (*Salvia sclarea*), a deeply hypnotic, relaxing essential oil that is best in a blend as it has an unusual aroma.

Researching the matter

There is not enough space to cover the large number of studies into aromatherapy and stress* in this article, so here is a synopsis of four sample research studies:

- A study by Redd and Manne in 1995 found a vanilla-like aroma reduced distress during MRI (magnetic resonance imaging). Fifty-seven participants received aromatherapy or plain air via a tube inserted into their nostrils and the aromatherapy group reported 64 per cent less anxiety than the control group.⁶
- Today, lavender is probably the most commonly used essential oil for stress. One study revealed inhaling lavender reduced the stress of needle insertion when taking blood. Thirty healthy volunteers were randomly allocated to an experimental group, receiving oxygen through a face mask coated

with lavender oil, or a control group, receiving just oxygen. After five minutes inhalation, stress and pain were reduced in the experimental group.⁷

- A study investigating the benefits of aromatherapy in cancer care offered a selection of essential oils to 160 cancer patients with specific symptoms using personal inhalers, similar to Vicks Vapour inhalers. Seventy-seven per cent reported benefit, with 65 per cent more relaxed and 51 per cent less stressed.⁸
- In another study, 58 hospice patients with terminal cancer were randomly assigned to receive hand massage either with or without essential oils, for five minutes daily over seven days. The essential oil mixture was bergamot, lavender and frankincense at 1.5 per cent dilution in sweet almond oil. The aromatherapy group reported a greater reduction in depression and pain.⁹

*Visit the PubMed research database (www.ncbi.nlm.nih.gov/pubmed) and type keywords *aromatherapy and stress* for more research in this field.



Dr Jane Buckle is a nurse, complementary therapist, owner of RJ Buckle Associates, and a leading provider of clinical aromatherapy courses to licensed health professionals.

She researches into complementary healthcare and pioneered the 'M' Technique, an FHT accredited course. For more information, please visit www.rjbuckle.com or www.mtechnique.co.uk.

Jane will be providing a lecture on Aromatherapy Research: How and Why at the FHT 50th Training Congress and Exhibition (Saturday 7 July, 11.30am-12.45pm).

Case study

Mrs S is a 42-year old married woman with two schoolchildren, a demanding part-time job and a husband who travels frequently for business. She had become increasingly dependent on sleeping pills to help her sleep, together with coffee, snacking between meals and finishing the children's leftovers for energy during the day. She felt depressed, tired, lethargic and bloated.

Her sister had given her an aromatherapy treatment as a birthday present. On observation, her breathing was shallow and rapid, her skin dry and her pulse fast (94 beats per minute). Although reluctant to discuss her workload, it was obvious she was trying to be a 'supermum' and she rated her stress level at eight on a scale of 0-10 (10 being the worst).

We discussed replacing caffeine with peppermint tea, walking the children home once a week rather than driving, making time for a relaxing bath before bed at least twice a week and reading at bedtime. I chose an aromatherapy blend of ylang ylang, rose, frankincense and clary sage, one drop of each in 15mls of sweet almond oil.

Useful for depression, anxiety and low self-esteem, ylang ylang (*Cananga odorata*) helps to calm hyperpnoea (rapid breathing) and reduce tachycardia for nervous clients¹⁰ but only a few drops are used as too many can cause headaches.¹¹

Tisserand suggests rose (*Rosa damascena*) is useful for nervous tension and depression,¹² and I have found it beneficial for middle-aged women, particularly during the menopause and to offer mental support after breast cancer.

Frankincense (*Boswellia carteri*) gave 'depth' to the blend and it is an effective 'key opener', which often enables someone to get in touch with what is really the issue and it can be a powerful tool in unadmitted grief.¹³ Clary sage

(*Salvia sclarea*), although an acquired aroma, works wonderfully in a mixture and as a nerve tonic¹⁴ and was ideal for Mrs S. I have also used it to good effect for PMS and irregular periods.

Mrs S liked the smell of the aromatherapy blend, but was concerned because although she liked touch she had always found massage too heavy and could not relax, worrying that the therapist might hurt her. I suggested the 'M' Technique instead, which is a method of very light, structured touch that appears to produce a measurable rapid relaxation response and is gentle enough for the most fragile of clients.¹⁵ I demonstrated a few strokes and she was willing to give it a try. Within five minutes, Mrs S was breathing deeply and evenly and by the end of the session, she was asleep. We agreed on four weekly sessions and then a review, and using the same aromatherapy blend I made some bath salts and a personal inhaler for Mrs S to use whenever she felt stressed.

At the second visit, Mrs S arrived looking visibly different. She had reduced her caffeine intake, trying fruit teas as she did not like the taste of peppermint tea. She enjoyed walking the children home, had begun looking forward to her 'switch off' time when she read in bed, and had halved her sleeping pills. She found the aromatherapy blend in the inhaler and bath salts helped to elicit the relaxation from her previous aromatherapy session and she now rated her stress at four out of 10.

Mrs S had four more aromatherapy treatments over a month, during which she stopped taking sleeping pills altogether, reduced her caffeine intake to one cup at breakfast and had stopped eating the children's leftovers. Mrs S felt her stress was under control and was beginning to enjoy her life.

References and further reading

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