

Aromatherapy in Professional Counseling  
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### Abstract

Professional counseling and aromatherapy are perfectly synergistic as holistic healing practices. It is important for professionals of both disciplines to communicate, be flexible, and promote cross-collaborative actions for a partnership to develop. Armed with knowledge of both counseling and aromatherapy, a client can experience enhanced benefits of stress reduction through the combination of approaches. During counseling, clients benefit from enhanced stress reduction through the use of aromatherapy. Clients may link the experiences of relaxation with the aroma used in counseling and in the future, exposure to that same aroma might be sufficient to stimulate a relaxed response. The benefits of aromatherapy can thereby extend the therapeutic experience well beyond the counseling session.

## **Aromatherapy in Professional Counseling: Application, Suggested Uses, and Precautions for Stress Reduction**

Professional counseling and aromatherapy are perfectly synergistic as holistic healing practices. While the professional practice of counseling dates back to the origins of psychology in the late 1800s, the use of aromas as a healing practice has been around for thousands of years. In 1937, “the term aromatherapy was coined by French cosmetic chemist Gattefossé” (Aroma Apothecary, 2010, p. 13). From use in religious ceremonies in the Far East, Egypt, and ancient Greece, essential oils were used to promote health, wellbeing, and spiritual-centeredness (Stein, 1999). In the past few decades, aromatherapy has experienced renewed interest by the medical community for possible treatment of chronic and acute illnesses.

Professional counseling is practiced in diverse settings ranging from schools, long-term and acute care facilities, and in private practices. Aromatherapy is appropriate to use in all of these contexts. Many individuals seek counseling as a result of heightened stress during times of transition, anxiety, life changes, identity issues, personal problems, and periods of adjustment (College of Staten Island, n.d.). Aromatherapy is particularly appropriate to use in such cases. There is a growing body of research linking these two healing arts. In this paper, a review of the literature on the use of aromatherapy in professional counseling will be explored. In addition, application methods appropriate for professional counseling settings will be evaluated. Finally, specific essential oils will be noted to use for the reduction of stress with precautions for use.

### **Literature Review**

Goubet, Rattaz, Pierrat, Bullinger, and Lequien (2003) assessed the effects of a familiar smell while drawing blood from newborn babies who were born prematurely. The researchers found that infants exposed to an unfamiliar smell during the blood drawing process showed higher levels of distress than newborns exposed to a familiar smell or no odor at all. This study demonstrates that smell recognition occurs at a very young age. Infants exposed to a new odor coupled with a painful stimulus responded more negatively than other study participants. The introduction of an unfamiliar smell caused higher levels of infant distress.

Some studies show ambiguous results for the use of aromatherapy. For instance, Wiebe (n.d.) completed a randomized trial of aromatherapy to determine if anxiety could be reduced in patients preparing to undergo an abortion. Patients spent ten minutes inhaling a numbered container with a variety of essential oils including vetivert, bergamot, and geranium, or hair conditioner, which was used as a placebo. Anxiety was measured prior to and following the intervention. Findings showed no statistical difference following the procedure yet; participants who inhaled the essential oils prior to the procedure rated their anxiety levels as lower than those in the control group. Even though anxiety levels were similar after the treatment for the control and experimental group, there may be a benefit to healing aromas to reduce pre-operative stress.

MacMahon and Kermode (1998) conducted a clinical trial to determine how aromatherapy impacted motivational behavior for residents of a care setting who had a diagnosis of dementia. Baseline data were gathered for two months followed by two months of treatment. Residents experienced a statistically significant improvement in motivation after the treatment period with aromatherapy. In this study, aroma positively impacted motivation.

In a qualitative study of cancer patients' uses of aromatherapy, Dunwoody, Smyth, and Davidson (2002) noted that essential oils may promote an overall decrease in psychological distress and help reduce symptoms. These researchers wrote:

Eight themes emerged from the analysis, six of which have been acknowledged to some extent by previous authors: de-stressing effects of aromatherapy, the counseling role of the aromatherapist, aromatherapy as a reward, patient empowerment, communication through touch, and negative aspects of the service. Two apparently new themes emerged concerned with security of context (where the aromatherapy took place) and preconceived perceptions of the value of aromatherapy as a treatment of cancer patients. (p. 502)

These positive implications for the use of aromatherapy in professional counseling are sufficient to merit the use of coupling these therapies. In no studies surveyed were negative results noted for the blending of counseling and aromatherapy to reduce stress.

### **Application Methods**

Attraction to certain aromas is an indication that there may be therapeutic value in those oils for the individual (Sheppard-Hanger & Stokes, 1999). Essential oils are extracted from flowers, leaves, bark, stems, fruit, and bark. These oils can be used as perfume or medicines. In professional counseling settings, it is suggested that these oils be applied directly to the skin with the use of carrier oils (or other recommended preparation applications) or inhaled. If oils are applied, they act directly on the epidermis. The aroma molecules are absorbed into the dermis and then the capillaries, where the molecules pass into the circulatory system. "Essential oils do not appear to remain in the body's systems" ...but are expelled in fewer than 14 hours, even in cases of poor health (Walters, 1998, p. 17). If the oils are inhaled, they pass directly into the blood stream through the lungs or the oils may cause signals to be transmitted through the nervous system directly into the limbic system of the brain" (Walters, p. 16).

The sense of smell is well-developed in humans. Olfaction allows for the detection of odors and evokes emotional reactions, memories, and behavioral changes (Aroma Apothecary, 2010). In addition, many bodily functions can be regulated through the connection of olfaction, the brain, and body. The sense of smell acts primarily on the subconscious level. Airborne molecules travel into the nose, into the nasal mucosa, through the cribiform plate of the ethmoid bone, into the olfactory bulb, and onto the cranial nerve before entering into the limbic system (Aroma Apothecary, 2010). These volatile aroma molecules trigger the limbic system to release chemicals that relax or stimulate the nervous system.

During the counseling session, aromatherapy can be paired with relaxation training, deep breathing exercises, guided meditation, mindfulness training, hypnotherapy, or biofeedback. The counselor should take individual scent preferences and aversions into account, as well as emotional connections to particular scents prior to application (Stein, 2010). Aromatherapy experiences can be extended beyond the counseling encounter and be continued at home through the use of essential oils added to the bath, hair conditioner, or body moisturizer. In addition, herbal teas (Stein, 2010) and the use of fresh herbs in cooking may promote general well-being beyond the counseling sessions.

### Suggested Uses and Precautions

There are many essential oils appropriate for use in professional counseling settings. Because stress-related illnesses are the leading causes of death in today's world, the connection between stress reduction and emotional, mental, spiritual, and physical well-being is evident. The following oils have been clinically shown to promote relaxation or reduce stress. Because of the limited scope of this research, suggestions of essential oils are limited to those that are particularly effective for relieving stress.

- Basil – “Basil relieves mental fatigue and anxiety [and] is used in nervous exhaustion, melancholy, and depression. [It can be] used for feelings of vulnerability and indecision” (Aroma Apothecary, 2010, p. 79). Basil should be avoided during pregnancy and for those with estrogen-dependent cancer. It is also a possible skin irritant and should not be used in the bath (Aroma Apothecary).
- Benzoin – This essential oil is effective for use during times of tension and stress. It is also effective for those with depression and anxiety as it serves to calm and soothe the individual (Aroma Apothecary, 2010). Benzoin can cause skin irritation, so it must be used with a carrier oil or lotion. It should not be used in the bath or during the first trimester of pregnancy.
- Cedarwood – Cedarwood is helpful in calming cases of anxiety and stress-related conditions. It is also helpful for depression and nervous tension. Cedarwood should not be used in those with allergies to cedar, during pregnancy, and in children under five years of age (Aroma Apothecary, 2010).
- Chamomile – Chamomile is effective in calming and soothing anxiety, tension, and irritability. It is also helpful for those with depression or who are overly impatient. It should not be used long-term for those with estrogen-dependent cancers and may cause sensitivity when used on the face or on those with ragweed allergies. Do not use during pregnancy (Aroma Apothecary, 2010).
- Coconut – Coconut decreases the startle response, lowers performance anxiety, and improves recovery time following a stressful event (Mezzacappa, Arumugam, Yue, Stein, Buckle, 2010). There are no known precautions for those without coconut allergies.
- Cypress – This essential oil is helpful in relieving nervous tension and restores calm for those with stress-related conditions. It should not be used on those with estrogen-dependent cancer or during pregnancy.
- Lavender – “Lavender has been shown to reduce self-reports of stress, and in some preliminary research, was associated with increased peripheral blood flow (an effect associated with relaxation) and a decrease in blood pressure, as well as positive changes in heart rate variability” (Stein, 2010, para. 3). Lavender should be avoided in individuals with low blood pressure or in the first two trimesters of pregnancy. It should be used in low dilutions for children and during the last trimester of pregnancy (Aroma Apothecary, 2010).
- Rose – Rose is helpful during times of depression and stress and when emotional wounds need healing (Mojay, 1997). Rose essential oil should not be used during the first two trimesters of pregnancy or on children less than 14 years of age (Aroma Apothecary, 2010).
- Tea Tree – This essential oil provides stability during stress, trauma, and shock. It should be used in moderation and low dilutions for children and during pregnancy (Aroma Apothecary, 2010).

- Ylang Ylang – Known as the flower of flowers (Aroma Apothecary, 2010), this oil is helpful during times of anxiety, depression, nervous tension, and menopausal stress. It should be avoided for those with low blood pressure and skin sensitization. It might cause light-headedness, headaches, and nausea when overused.

### **Conclusion**

Based on the findings of research noted in the literature, counseling and aromatherapy can be regarded as complementary procedures in the treatment of behavior and emotional disorders such as autism, attention deficit disorder and sensory defensiveness (Sheppard-Hanger & Stokes, 1999). In this paper, the uses of essential oils were identified that are particularly useful in treating cases of stress during counseling sessions and at home. This research included the effect of preferred essential oils, both with inhalation and skin application to promote relaxation and well-being. As Stein (2010) wrote:

Today, the term aromatherapy refers to the deliberate use of plant-derived oils to enhance physical and emotional health. Although aromatherapy is still considered outside the realm of medically accepted therapies...interest in this area has grown substantially over the past few decades. Most of those who use aromas for healing tend to do so as part of a whole-person approach to healthcare, rather than as a stand-alone treatment. When applied thoughtfully, aromas may be incorporated into more “mainstream” health care practices with good results. (para. 10)

Sheppard-Hanger and Stokes (1999) noted that supporting cross-collaborative actions between counseling and aromatherapy requires effective communication and flexibility. It is important that aromatherapist and counselors work to promote an understanding of the benefits of both healing approaches. “Working within the scientific field to produce and evaluate results is the only way aromatherapy can be incorporated into mainstream [counseling] and anyone so interested should not hesitate to use his or her skills to do so” (Sheppard-Hanger & Stokes, 1999, para 16). Not only does this collaboration benefit practitioners of counseling and aromatherapy, but also clients of these synergistic therapies. During counseling, clients benefit from enhanced stress reduction through the use of aromatherapy. Using aromas is not limited to the clinical environment. In fact, clients may link the experiences of relaxation with the aroma. Future exposures to that same smell might be sufficient to stimulate the relaxed response obtained during the counseling session (Stein, 2010). The benefits of aromatherapy can thereby extend the therapy experience well beyond the counseling session.

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