

Using Aromatouch with Senior People to Promote Well-Being

by Stephanie Lord

This is a brief article about my work and experiences as a volunteer with senior people in residential settings.

As an aromatherapist my style of working has been to provide a personalised service, but care homes present a challenge. Although many people with nursing needs stay in their beds, it is quite usual for elderly people to be transferred to wheel chairs and moved into the Day Care Room or Activity Room under the care of one or two people.

The range of cognitive ability in the group can range from general ageing conditions to mild dementia and some with Alzheimer's disease. The challenge has been to develop ways of working that care staff can copy, using essential oils and touch supports that contribute to the feeling of well-being.

Alzheimer's disease is the most common cause of dementia. Over time the disease attacks the nerves, brain cells and neurotransmitters. Clumps of protein form plaques and bundles around nerve cells and destroy brain connections. At the most severe stage of the disease, people experience immobility, incontinence, frailty and loss of memory. The frontal lobe, which stores memories, becomes damaged and daily life ceases to hold a meaning or becomes irritating.

Other changes have a damaging effect on the function of the body systems. The urinary system becomes slower and less efficient at excreting toxins and waste products. There is a decline in muscle mass and the strength of the muscles that remain. The respiratory system takes in less oxygen, making thinking and moving less efficient. The heart decreases in strength while the simultaneous hardening and shrinking of the arteries makes pumping blood round the body more energy consuming. The gastrointestinal system extracts less nutrients and this combined with less oxygen causes many elderly people to fall asleep after eating, because digestion deprives the brain of oxygen.

Increased pain is also associated with dementia as senior people become unable to communicate their needs or are perceived as moaning. Research tells us that elderly people receive 50% less pain management from their doctors, which indicates a potential role for improved support through Aromatouch.

In my experience pain may be caused by tight clothing, badly fitting dentures, headaches because glasses are forgotten, constipation from sitting still in one position and insufficient hydration, pressure ulcers because of poor circulation and lack of movement and arthritic joints that are not moved or soothed.

Aromatouch was developed as a practical 'hand on' course to be taught by aromatherapists to care workers or carers working in a variety of settings, with the idea of contributing to health, well-being and quality of life. Aromatouch practitioners work with 16 core oils, in a 1% dilution and are taught to make a mix of 2 oils, but are not allowed to blend for a specific condition. Massage strokes are given specific names such as sun, clouds, wind, rain and are performed using a flat hand on the back over clothing, or on the bare skin on arms and legs. The idea is to produce, soothing, smoothing, warming and softening movements.

In a residential setting a carer is an individual who has responsibility for the well-being of several dependant seniors and care work can be described as being attentive to the person's needs, giving then close attention and providing practical help. Providing care is perceived as much more than a functional task of feeding, dressing, toileting and providing mobility support; care should involve giving nurturing physical contact and provide emotional experiences. In reality, many organisations find it difficult to provide this level of support.

The principles of Aromatouch provide a way of caring for senior people, emphasising the importance of the senses by using essential oils for emotional scaffolding, providing nurturing touch for reassurance and support, creating relationships and sharing memories to support language and communication through story massage. We might describe Aromatouch as a sensory menu with a range of options and choices.

The 5 day training helps Aromatouch

practitioners create ways to recycle life experiences and draw on 'photographic memories' to create aroma massage stories and activities. Pictures and key words are used to make a story, for example a day on the beach would involve massage strokes to represent the sun, the seas, a cool breeze, sand between the toes, falling asleep etc.

Training emphasises the correlation between poor breathing and poor circulation, which affects both memory and mood. 'Aroma' and 'touch' supports an increase in circulation, respiration and oxytocin levels. By using sensory memory which brings pleasure and short term memory which is about the here and now, enjoyment can be increased for short periods throughout the day.

I have shaped ideas into a framework called CARIS to support the way I deliver Aromatouch and teach carers to learn these skills. CARIS stands for the important aspects of Aromatouch which are briefly outlined as:

1. **Comfort & care:** To stay calm and focussed and reduce anxiety
2. **Activities & resources:** Providing repetition and routine to reduce agitation
3. **Relationships & aroma:** Story massage providing pictures or objects to support memory
4. **Insight & imagination:** Creating a Life Story Book to develop a person-centred approach
5. **Success & self-esteem:** To improve self image and acceptance of age-related changes





aromatherapy

aromatouch

Aromatouch can support 'good care practice' by providing ideas for purposeful activities that add to life satisfaction. Using a combination of breathing games, body wise movements, nurturing touch activities, and aroma-story massage, senior people can be helped to re-connect with their own bodies to improve elements of their health and wellbeing. There is sufficient research to demonstrate the correlation between purposeful activity and participation in a small group, which leads to increased attention, concentration, confidence, higher motivation and improved well-being. Because older people practice skills less, their skills and motivation decreases; sensory-motor skills become essential to support thinking and research shows that conceptual organisation can improve if an activity has a practical-sensory slant.

1. Comfort & Care

'We're remembering to care for our bodies and enjoy relaxation'

As we age, bad health, illness and disability can seriously erode the quality of life and sometimes elderly people forget to look after themselves. They can spend hours in their chairs or wheelchairs and care staff often forget the importance of using aids to support posture and circulation. A cushion or footstall helps relieve pressure on the legs and feet. A small cushion can ease an aching back, a warm rolled towel might support a stiff neck, a fleecy blanket can calm and reassure. Most crucial is regular touch from a comforting hand that is held on the body for at least 10 seconds. Aromatouch practitioners are taught to use flat hands to hold and caress. This movement is called a 'containment hold' - it's like a hug, holding a child's hand or holding a baby.

The sense of smell appears to show relatively little change with age (except in cases of Alzheimer's), and sensory materials and artefacts are used to touch, feel, and smell. Senior people seem to enjoy an aroma cushion or small wheat pads that have been warmed (rather than heated) to tuck behind their backs, around their shoulders or under their arms, especially if sitting in firm chairs or wheel chairs.

At this stage the carer chooses essential oils to create a calm relaxing environment for their clients, but in the activity stage, elderly people start to learn to re-use their sense of smell and choose their own oils.

2. Activities & Resources

'We're remembering to use our skills'

Boredom is a major problem and has a significant effect on behaviour and socialisation.

In planning activities the importance of providing a structure that gives a constituency of routine and the opportunity for frequent repetition with familiar materials is emphasised. This enables more anxious seniors to overcome the anxiety associated with change and ensures a consistency of responses from carers. Often senior people will notice and comment on the aroma being used in a diffuser. Sometimes I will give individuals a handkerchief with one drop of essential oils as a 'transition' object, so when they arrive in the activity room they are greeted by the familiar aroma. Some individuals enjoy the preparation of the room spray and we can create a group activity by saying 'shake-shake-shake and spray'.

A 'chatty bag or box' is the basic toolkit; this may contain a selection of aroma infused scarves, buttonholes, necklaces, lavender bags, herb bags or soft toys. Initial communication is started by the use of mantras such as 'can I help you choose', 'let's look in the bag', and 'that's interesting'. Slowly, over a period of weeks, new oils are introduced and individuals can choose the oils to be added to their chosen object.

Breathing games give an opportunity to engage in fun-type activities. A range of photographs or real objects provide the stimulus e.g. a photo of the laughing policeman, a toy clown, a steam train or humming bee. You can demonstrate or ask 'what sound does this make?' The emphasis is on gentle exhalation to release toxins and improve inhalation. We always follow a breathing activity with a drink as improved hydration is a key in memory work.

3. Relationships & Story Massage

'We're learning to work together'

In order to support the development of a relationship we need to respond to and match the body language of the people we support. Flattery and total fascination helps individuals feel the activity is worthwhile. This means staying within eye range and lots of smiling, nodding and murmuring 'Mmm'. Being enthusiastic is important, e.g. saying 'I'd never have guessed!', 'I didn't know that', 'how interesting!', 'tell me more', etc.

Carers are taught to use 16 core massage strokes, effleurage and tapotment, and these can be developed into a range of stories based on personal interests or group interests. New strokes are created from the introduction of objects like a feather or fan.

4. Insight & Imagination

'We're using our memories to talk about our lives'

As people get older, contact with the world decreases - at one level this is a decrease in the use of the senses, and at the other it is the decline in meaningful social contact. In dementia we see changes in memory and the more advanced the disease becomes, the worse the memory. In general ageing there is also a change. Memories become episodic or

autobiographical linked to personal experiences or linked into the semantic memory, a store for general facts and knowledge that was once useful.

These cognitive and physical signs of ageing often lead to serious depression, and the stress of everyday existence can weaken the immune system. Many older people suffer from infarcts or mini strokes, where a minute portion of the brain atrophies. Some adults will experience a higher touch threshold and firm stimulation of the skin is required before it is detected. Others become more sensitive: hypersensitivity leads to avoidance of loud noise, touch, bright lights etc and hyposensitivity is like sensory deprivation, which results in seeking extreme sensory experiences to compensate.

A Life Story Book or My Day at Work Folder takes time to create but often families can be encouraged to produce these as they have access to the life their relative lived. These can then be turned into massage stories, providing daily experiences of being an important person. Personal preferences for firm or light touch can be added to ensure that nurture is given at the appropriate level. Then choices can be made for an appropriate essential oil that reflects a mood or feeling.

5. Success & Self-esteem

'We're learning to feel important'

The self image of an older person is affected through general wear and tear of the body, from hearing loss, grey hair to arthritis. Retirement and widowhood are recognised as the 2 principle factors that influence self-image, life satisfaction and feelings of self-worth. Coming to terms with loss involves finding ways of supporting and overcoming physical discomfort and finding enjoyable activities and experiences where body status is unimportant but providing experience to create a positive body schema is. In spite of these difficult circumstances each day can be made happier by creating activities using essential oils and nurturing touch. We call this Aromatouch.



Stephanie Lord, MA, IFA. is the creator of the concept of Aromatouch and was the IFA Chair 2007-2008. Stephanie

not only teaches Aromatouch to carers but can offer tuition to become an Aromatouch tutor. Please enquire at office@ifaroma.org for more details on when the next Aromatouch Teacher Training course will be held and details on how to become a course provider.

