

Aromatherapy and Autism

What is autism?

Autism is a lifelong, developmental disability that affects both how an individual communicates with and relates to other people, and how they experience the world around them. There are many symptoms of autism, including physical and medical issues, repetitive behaviours, nonverbal communication and social challenges.

The autism spectrum is quite broad, and some people will only have a few symptoms and can be described as mildly autistic, while others have many symptoms and are severely autistic. Because autism is a 'spectrum' condition it affects different people in different ways and the characteristics of autism can present themselves in a wide variety of combinations. Two people with the same diagnosis can have a very different profile of needs and skills. It is therefore very difficult to generalise about how a person with autism will develop over time. It is particularly important to realise that an intervention which works well with one person may not be appropriate or effective with another, and that there is still disagreement about what an appropriate and effective intervention might be.

What causes autism?

Our understanding of autism has grown tremendously since it was first identified in the 1940s, but the causes of autism are still being investigated. Experts believe that the pattern of behaviour from which autism is diagnosed may not result from a single cause, and that there are genetic factors. There is no known 'cure' for autism. This does not mean, however, that nothing can be done to help a person who is on the autism spectrum and as we learn more about the condition, more interventions will become available.

How Aromatherapy can help Autism

A new clinical trial is being conducted by Jill Hollway, a research scientist at the Ohio State University, USA (2016-2018). Other clinical studies are currently underway in Europe, Australia, Japan, India, the United States, and Canada. Many of these studies describe the remarkable healing properties of individual oils but not specifically in the context of autism. Most of our evidence supporting the use of essential oils with children and adults with autism in identifying the effects of essential oils on a range of stress and health issues, comes from case studies and the anecdotal writings of parents, carers and practitioners. There is very little evidence that has been collaborated by the Science. (National Autistic Society UK)

Parents report that when essential oils are used in the bathwater, as a massage or in a diffuser at bedtime, children appear calmer and sleep for longer periods. When essential oils are sprayed or diffused in the environment both parents and children identify that these are periods when they feel calmer. Children with autism are also able to select their preferred oils in preparation for a hand massage. Practitioners completing their IFA Aromacare Certificate relate in case-studies how children seek out nurturing touch or a massage story at times of distress and anxiety and will choose a preferred aroma.

Aromatherapy used in this creative way and called 'Aromacare' is a basis for developing communication that might lead to more social interaction. Learning strategies for stress reduction such as calm breathing becomes a tool that can be used for managing transitions and changes in the preferred pattern to the day. Through the IFA trained Aromacare Practitioners we have gained a body of knowledge that indicates that Aromatherapy can help people with autism by supporting the development of a sense of coherence and supporting them to increase their sense of 'self-awareness'. This might be by providing:

- the experience of nurturing touch, rather than 'functional touching' used in personal hygiene and self-help skills
- stimulating the sense of smell linked to an emotional experience such as a massage story
- learning new breathing strategies and games, where essential oils combined with games develops an understanding of 'breathing for calm'
- developing a 'Calming Box' with an array of materials and objects that capture the interest and calm the person because they become absorbed with the new experience.

Essential Oils that can be Used:

Aromacare Practitioners recommend that essential oils are used in a 1% mix and not more than 2 essential oils should be used. The following oils have been identified as useful.

- Bergamot
- Cedarwood
- Roman Chamomile
- Clary Sage
- Cypress
- Eucalyptus
- Frankincense
- Geranium
- Grapefruit
- Lavender
- Mandarin
- Marjoram
- Petitgrain
- Tea Tree
- Vetiver

Blend Suggestions

Consideration of what essential oils to use for specific health related problems is based on knowledge of the individual person with ASD, and their response to specific oils when used in a number of different situations. It is important that parents and carers are consulted as they will have specific knowledge about their child's response. When introducing essential oils a graded approach is worth considering e.g.

- Wearing an aroma badge
- Using a room spray
- Providing a 'Calming Table' with objects to hold and smell
- Using water play or aroma dough
- Learning to hold a warm compress on the skin
- Making a cream to rub in the hands after toileting

For Aches and Pains

- Bergamot, Geranium, Lavender, Marjoram, Vetiver, Frankincense

For anxiety and stressful situations

- Chamomile, Clary Sage, Grapefruit, Mandarin

For meltdown moments and behaviour difficulties

- Cajeput, Cedarwood, Chamomile, Eucalyptus, Geranium, Tea Tree

Always contact a qualified Aromatherapist who will guide you on the oils that are suitable for your individual needs.

References

- www.autism.org.uk
- <https://www.autismparentingmagazine.com/essential-oils-for-autism>
- The International Federation of Aromatherapists
- Crane L, Goddard L, and Pring L. Sensory processing in adults with autism spectrum disorders. 2009. *Autism* 13(3):215-28.

- Cullen-Powell LA, Barlow JH, Cushway D. Exploring a massage intervention for parents and their children with autism: the implications for bonding and attachment. *J Child Health Care*. 2005 Dec; 9(4):245-55.
- Lee MS, Kim JI, Ernst E. Massage therapy for children with autism spectrum disorders: a systematic review. *J Clin Psychiatry* (2011) 72:406–11.
- Owen-Smith, Ashli A. et al. “Prevalence and Predictors of Complementary and Alternative Medicine Use in a Large Insured Sample of Children with Autism Spectrum Disorders.” *Research in autism spectrum disorders* 17 (2015): 40–51. PMC. Web. 17 Nov. 2016. Uvnäs-Moberg K, Handlin L, Petersson M. Self-soothing behaviours with reference to oxytocin release induced by non-noxious sensory stimulation. *Frontiers in Psychology*. 2014;5:1529

To find a practitioner to discuss your needs [click here](#). Alternatively to enrol on the IFA Aromacare course which specifically applies to parents with children with disabilities [click here](#).