

Wellness at work

an aromatic solution

According to a survey carried out by The Chartered Institute of Personnel and Development in 2011, 'stress has become the most common cause of long-term sickness absence for both manual and non-manual employees'.



The Health and Safety Executive's (HSE) 'Self-Reported Work-Related Illness and Workplace Injuries Labour Force' report (2010/2011) indicates that work-related stress, depression or anxiety accounted for an estimated 6,214,000 days off work, and musculoskeletal disorders accounted for a further estimated 6,245,000 days off work; a total of almost 12,500,000 working days lost. MIND (2012) reiterate this estimate, stating that '70 million working days are lost every year due to mental ill health, with 10 million working days directly caused by work-related problems', costing an estimated £26 billion a year through sickness absence and lost productivity.

The Department of Work and Pension's 'Health, Work and Well-being: Base Line Indicators' report (2010) acknowledges that 'the majority of employers agreed there was a link between work and the health and well-being of their employees, and that they have a responsibility to encourage employees to be physically and mentally healthy'. This report also indicates that the majority of working age adults recognise that work can have a positive impact on health with over eight in ten respondents of their survey suggesting 'that paid work was generally good or very good for both physical and mental health'.

Stress can be both negative and positive. Hans Seyle (1907–1984) explored the effects of stress on the human organism and discovered that psycho-emotional stress is influenced by a person's perception, or attitude. He identified two types of stress: eu-stress, which acts as a positive drive or motivator, and distress, which triggers a negative, potentially debilitating psycho-emotional and consequently

physiological negative reaction which can lead to disease (5,6). The CIPD acknowledge, in their fact sheet, 'Stress and Mental Health at Work':

'There is sometimes confusion between the terms pressure and stress. It is healthy and essential that people experience challenges within their lives that cause levels of pressure and, up to a certain point, an increase in pressure can improve performance and the quality of life. However, if pressure becomes excessive, it loses its beneficial effect and becomes harmful and destructive to health.'

Prolonged unchecked states of stress, whether 'eu-stress' or 'distress', can become wearing if unchecked or not acknowledged and constructively managed. Some stressors are controllable, others are not. The key appears to hinge on awareness of the cause and consequence of the stressor and the state of 'being in stress', and the individual's attitude and positive proactive response; supportive and/or preventative measures can then be taken. Smith et al. (2012) identify the following factors which may influence an individual's stress tolerance:

- Support network
- Sense of control
- Attitude and outlook
- Ability to deal with emotions
- Knowledge and preparation.

In-house support at work might improve an employee's perception, attitude and experience of their work and their work environment, and may reduce time off work through illness, therefore saving money for the employer (4).

Aromatherapy, for example, offers a valuable stress management resource and could be delivered as an aspect of 'access to occupational

health provision' or an 'employee assistance programme' (2,9). Aromatherapy provides both physiological and psycho-emotional support and is most suitable for stress and stress-related conditions (7,8,9).

An aromatic solution

To test this potential, an in-house Aromatherapy Clinic was set up for members of staff at a university in the north of England. At the time, the university was engaged in a programme of reconfiguration; the aim of the Clinic was to support staff through this process of change and to evaluate the level of interest and the potential value of continuing to provide such in-house wellbeing support in future.

An email was sent to members of staff informing them of the service; appointments slots were quickly filled and there was no need to re-advertise during the 12-week period. Treatments consisted of a full body massage applying a personalised blend of essential oils. Prior to commencement of treatment, clients signed a 'Consent to Treatment' and a 'Consent to Research' form requesting permission to use anonymous data collected through a post-treatment questionnaire; treatment did not depend on participation. Although there was some adaptation to the massage routine (for example, some clients did not want their abdomen massaging, some did not want their head massaging etc.), the massage techniques and sequence applied remained as consistent as possible. However, because clients participated in the selection of essential oils for their treatment, no client had exactly the same blend, as odour preferences varied from client to client, even if presenting with similar symptoms.

The majority of clients cited their reason for seeking treatment as a need to distress, to relax, to manage change and to improve their overall wellbeing. Some clients had other related background conditions such as IBS, insomnia, asthma and muscle tension in the lumber, upper thoracic and cervical region of the back and neck; a pattern of muscle tension and postural problems consistent with sitting and working at a desk was observed. All clients were female. Clients' ages ranged between 26 and 65 years old; 42% aged between 36 and 45 years old, 25% aged between 56 and 65 years old. 84% of the clients agreed that their treatments met with their expectation, e.g. "wonderful relaxing experience". All clients received a full body massage; some were given a roller bottle containing the essential oil blend used during massage to use at home.

100% of the clients agreed that their symptoms improved during and post-treatment, e.g., "I felt relaxed and muscle tensions were eased", "I felt perkier after the treatment", "I felt more relaxed and less stressed after both sessions", "I really felt the benefits and slept better that night", "Pain relief for rest of the day, felt very relaxed for rest

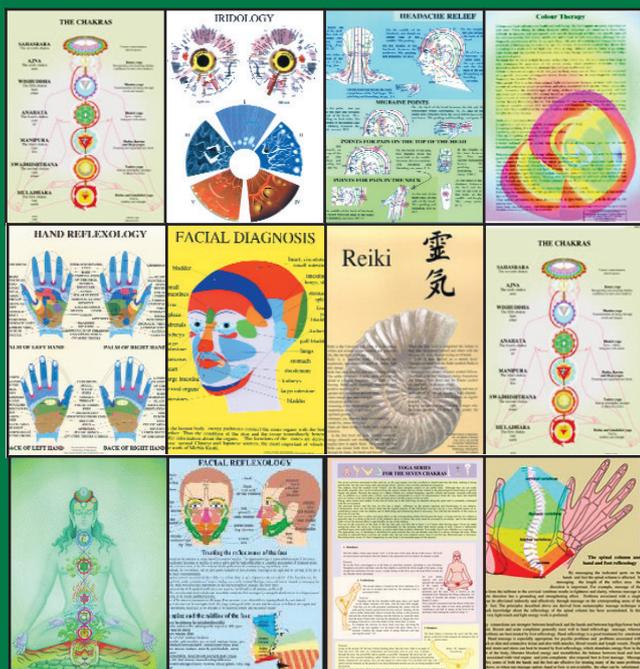


of the day". On a scale of 1 to 10 (1 = no difference in symptoms, 10 = symptoms completely cleared), clients scored between 5 and 10 in their Post-Treatment Diary up to a week after their treatments. 100% of the clients agreed that they would book Aromatherapy treatments again; 50% agreed they would book once a month, 25% once a week to once a fortnight.

Although clients were given a range of essential oils to choose from, Frankincense (*Boswellia carterii*) and Cypress (*Cupressus sempervirens*) appeared most frequently in blends selected. Interestingly, Frankincense is indicated for anxiety, nervous tension, depression, stress, fear of the future and indecision. Frankincense also slows breathing to produce a calm, soothing, elevated mental state, bringing a sense of peace. Cypress is indicated for nervous tension, stress-related conditions, debility, lack of concentration, bereavement, uncontrolled crying, talking, and aiding transition. Other essential oils selected included, among others, Carrot Seed (*Duacus carota*), Cedarwood (*Cedrus Atlantica, Cedrus Hymalayan*), Rose Geranium (*Pelargonium roseum*), Lime (*Citrus aurantifolia*), Mandarin (*Citrus reticulata Blanco*), Petitgrain (*Citrus x aurantium*) and Rose (*Rosa centifolia*) all of which are indicated as also possessing immune-stimulating properties. Considering the psycho-emotional and physiological effects of stress (e.g. insomnia, depression, anxiety, muscle tension etc) in correlation with clients' personal selection of

"Mental health is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."
(World Health Organisation, 2011)

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certain odours, validation of the therapeutic properties attributed can be observed. (7,8,9,10,11,12,13,15,19)

This outcome indicates that essential oils, combined with massage and the positive effects of an intentionally caring touch(14), may offer significant support for stress and stress-related conditions. Essential oils do appear to 'liven' the brain(15). Neural messages, instigated through touch and the olfaction of essential oils, appear to encourage a state of calm and relaxation, potentially providing relief from chronic pain, through stimulation of the release of endorphins and enkaphalins (14,15,16,17,18,19). In this

state, the body seems better able to function, as Maury (1961) suggests:

'Contrary to popular belief, relaxation is not a state of inertia. The disappearance of all contractions and muscular tensions frees energy, and the whole attention of the individual is eminently "alert" and conscious If the individual is adequately relaxed and has transposed all his freed energy on the mental plan, ideas, memories (and the precision of the latter) become extremely sharp. Details which seemed unimportant rise to the memory, details which the individual is unaware that he ever recorded. Everything transpires as if part of the brain, having been out of the circuit in normal conditions, suddenly began to function.

Indeed, all clients said their symptoms improved and that they felt more relaxed. Sometimes clients felt sleepy after their aromatherapy massage; however, this was usually because these clients arrived feeling tired and 'burned out' and *needed* to sleep to restore their energy; once refreshed, they reported a surge of energy and a sense of feeling uplifted post treatment (7,15,20). Wellness at work; an aromatic solution. **CHW**

© Heather Godfrey P.G.C.E., B.Sc., F.I.F.A If you would like more information about professional aromatherapy, are interested in training to become an Aromatherapist

or would like to find a qualified Aromatherapy practitioner in your area, please go to the International Federation of Aromatherapists (IFA) website at www.ifaroma.org or email office@ifaroma.org

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Essential oils for beating winter ailments

Once again the winter season is knocking at our doors. While we are always prepared for this season, in some ways... like starting to think of Christmas presents and whether there's going to be snow... we still tend to 'roll with it' when it comes to our health.



You should really be focusing on your health, both on the inside and the outside. Using pure, natural therapeutic-grade essential oils at the first sign of an ailment will give the support your body needs to remain in a healthy state.

Including a range of essential oils into your daily routine will help you to keep your immune system as strong as it can be and lift your spirits when the weather gets too inclement and restricts your usual diary!

Two or three drops of rosemary oil on the

bottom of the shower before you turn the water on will disperse into the air and as you breathe it in you will be supporting your own immune system to help it fight off bacteria and infections.

One great blend I use in the home is a combination of citrus and menthol oils such as lemon and eucalyptus, or lime and tea tree. Add a few drops of each to an aroma burner (either an electrical or candle burner will do). The scent is amazing and immediately lifts your mood which, like seasonal affective disorder, can be affected by the longer, darker nights.

At the first sign of a cold or infection in the sinuses, try a facial steam with lavender or tea tree oil. Place two drops of the pure oil in a glass bowl and then fill it with hot water. Place a towel over your head, close your eyes and breathe the steam in deeply in through your nose. You can do this two to three times a day; it will shorten the length of the illness or may even stop it in its tracks altogether! If you can't do a steam inhalation (if asthmatic) then you can just add the oils to a tissue, and sniff it throughout the day.

Essential oil hyssop is an excellent tonic for