

Chapter 3

A Spectrum of Approaches

Science-based, Psychosensory and Vitalistic Paradigms

In this chapter we will review some of the prevalent approaches to aromatherapeutic blending. These range from the reductionist, science-based, ‘molecular approach’, and the psycho-aromatherapeutic perspective, to holistic psychosensory and vitalistic approaches that have been inspired by traditional practices. Throughout, we can reflect on how these philosophical approaches are relevant to, and could be applied in, clinically and holistically focused aromatherapy practice.

The science-based molecular approach: synergy in the clinical realm

At first glance, the molecular approach could be seen to epitomise reductionism and be more allied to biomedicine than complementary and alternative medicine (CAM). However, if we are to embrace holistic principles, we do need to explore the microcosm as well as the macrocosm, and the molecular approach allows us to do just this!

Pénoël (1998/1999) maintained that his speciality – medical aromatherapy – may have curative purpose and preventative action, or may simply assist someone who feels well, but wants to feel better and improve their potential in general or specific areas. He also considers that ‘aromatic care’ can be emergency, intensive, or regular for chronic states. In holistic/clinical aromatherapy, we are not able to offer cures, but we can contribute to the maintenance and enhancement of wellbeing; we can also apply essential oils intensively for short periods or in lower concentrations over a longer time frame to address specific concerns.

The molecular approach to creating a synergistic prescription relies on knowledge of the likely properties of functional groups, and combining essential oils to create blends that have high concentrations of the desired active constituents. Pénoël (1998/1999) suggested that essential oil blends can be created for either ‘horizontal’ or ‘vertical’ synergistic actions. *Horizontal synergy* may be found in a blend of several essential oils containing similar functional groups, for a single specific purpose. For example, a blend rich in monoterpene alcohols such as linalool, terpinen-4-ol and α -terpineol should have enhanced antimicrobial action. *Vertical synergy* may be found in a blend of essential oils containing different functional groups, intended for more than one purpose. Vertical synergy might be more appropriate for holistic aromatherapy practice, where usually clients

present with more than one need, and the terrain requires consideration. Even a single disease normally entails several different pathophysiological processes, such as inflammation and pain. As each essential oil in the blend will contain more than one type of functional group, there is scope for further overlap of properties. However, unlike the case of horizontal synergy, where, for example, antimicrobial activity can be measured, vertical synergy does not lend itself so easily to research and investigation.

Since its emergence in the early 1990s, the functional group theory has had its detractors, mainly because of the prevalent tendency to over-generalise about the properties attributed to functional groups, and also because of the opposing 'all or nothing' viewpoint. The most sensible way forward is to use the molecular approach in the appropriate circumstances, where each constituent has a known action, and essential oils (and possibly their chemotypes) are combined to create a demonstrable synergy – as in the blend of *Thymus zygis* cultivars investigated by Caplin, Allan and Hanlon (2009), or in the findings reported by de Rapper *et al.* (2013). We can also look at the known activities of specific molecules (which may or may not be due solely to the influence of their functional groups) within oils, be cognisant of the potential for intrinsic essential oil synergy,¹ and create the dynamic, multi-functional blends as described by Harris (2002).

However, it might seem that if we adopt the molecular approach, we could lose sight of the potential impact of the aroma of essential oils on the senses and psyche, and indeed the energetic perspective. Psychosensory approaches to blending offer an alternative, so that we are not only contemplating synergy from the chemistry/pharmacology perspective, but also from the individual/aroma perspective – although the latter might also be a manifestation of the former!

Synergy in a holistic context

Having reflected upon the molecular approach, where the hypothesis of aromatherapeutic synergy is perhaps closest to its scientific origins, we now need to look at how it sits within the holistic context, as this is how most contemporary aromatherapy is practised. In reality, we are now applying the synergy hypothesis in a diffuse realm, seemingly without boundaries. This is a very interesting philosophical exercise, where we must, at times, explore concepts such as the psyche and vitalism – which is very much at odds with science and orthodox medicine.

We can start by exploring the effects of aromatics on the psyche, where we find some interesting research that can support 'psycho-aromatherapy', and some

1 Intrinsic essential oil synergism was named the 'Kaleidoscope Principle' by Schnaubelt (1999). He gives the example of the monoterpene/terpene alcohol/1,8-cineole synergy in the essential oils of ravintsara (*Cinnamomum camphora* leaf, 1,8-cineole chemotype), niaouli (*Melaleuca quinquenervia*) and *Eucalyptus radiata* – calling this the 'cold' and 'flu' synergy – recognisable by its medicinal aroma and association with antiseptic and expectorant properties.

theories that might explain how odour can have such a remarkable impact on cognition and emotions.

The psycho-aromatherapeutic perspective

Via the sense of smell, odours can act directly on the psyche, and different odours can enhance, modify or stabilise cognitive and emotional states. Aromatherapy is the only contemporary therapeutic modality that has developed around this particular observation, and in practice the different odour characteristics of plant essential oils and absolutes are used to impart positive mood benefits. This aspect of aromatherapy is sometimes termed ‘psycho-aromatherapy’, to differentiate it from the wider health-enhancing effects of essential oils, but in reality it is an integral part of holistic aromatherapy practice.

In 1923 Giovanni Gatti and Renato Cajola published a comprehensive review of the effects of essential oils on the nervous system, and their influences on moods and emotions (Tisserand 1988). They had investigated the states of anxiety and depression, and identified specific oils as sedatives, which would counteract anxiety, and stimulants, which counteract depression. They also documented, for the first time, the phenomenon that an aroma which was stimulating on initial light exposure sometimes brought about a state of sedation if exposure was prolonged or repeated. Later, in 1973, Professor Paolo Rovesti of the University of Milan identified that specific essential oils could be used to alleviate depression and anxiety (Tisserand 1988).

There have since been numerous studies which have investigated the effects of essential oils on human and animal behaviour, mood and cognition, most of which support the belief that essential oils can be used as olfactory therapeutic agents. Some of these studies have been concerned with the effects of the odours, while a few explore the ways in which these odours might be producing their effects. Most of this research is very supportive of the aromatherapy concept that specific aromas could be prescribed to elicit specific and reproducible effects. For example, Moss, Hewitt and Moss (2008), in a study on the effects of aroma on cognition,² supported a quasi-pharmacological mechanism of action, suggesting the concept of substance-specificity, where each odour would deliver a unique pattern of influence. In 2012 Moss and Oliver reported the results of a study which elucidated the relationship between absorbed 1,8-cineole rosemary essential oil, cognitive performance and mood. It was found that the plasma concentration of 1,8-cineole was significantly related to cognitive performance – the higher the concentration, the better the performance in terms of both speed and accuracy. The effects of 1,8-cineole plasma concentration levels on mood were less clear, although it was observed that there was a significant negative correlation between

2 This particular study focused on the effects of ylang ylang and peppermint, two oils that are commonly used in aromatherapy, and supported the use of ylang ylang as a relaxing scent, and peppermint as a scent that does not slow down reaction times and can perhaps increase task motivation.

change in subjective feelings of ‘contentment’ and 1,8-cineole levels. Moss and Oliver suggested that compounds absorbed from the diffused rosemary affect both cognition and mood, but that this happens independently via different neurochemical pathways. However, there are other factors at work, apart from the quasi-pharmacological mechanism – our responses are also influenced by semantics, hedonics and placebo/expectation.³

The body of research has highlighted the many ways in which odour affects us at physiological and psychological levels, and that the mechanisms are intricate and interrelated, and indeed inextricable. Generally, essential oil aromas fall into three categories – activating, deactivating and ‘harmonising’. It is clear, then, that the activating or stimulating oils would be more suited to depressive states, while the deactivating or sedating oils might be useful for anxiety. However, it has been found that many oils are ‘harmonising’ – meaning that they can be relaxing on the physical level, while uplifting the spirits or arousing the emotions – so their effects are not always clearly defined, and are certainly not ‘polarised’.

However, the studies have also shown the many ways in which hedonically pleasing odours can contribute to wellbeing – an aspect that should not be overlooked in holistic aromatherapy practice. In stark and simple terms: a recipient should like, very much, the aroma of their I.P. The exception might be a prescription for home use, which might smell ‘medicinal’ – but even then, if the blend includes an element that is attractive when applied, improved compliance of use might be encouraged; or we might witness the placebo/expectation phenomenon, where there might be the belief that if something has a medicinal smell, it will have a medicinal or therapeutic effect.

The principal aim of psycho-aromatherapy is to restore balance to the mind and emotions, and perhaps to redress symptoms of anxiety, depression and stress. At the outset, it must be emphasised that both anxiety and depression are complex conditions which have an impact on our physical, physiological, cognitive, emotional and spiritual wellbeing, and so, although the scents of many aromatic oils have been shown to have a positive impact, they should not be considered as a ‘stand-alone’ treatment, especially if specific and serious mental health problems have been identified. However, this caution is in no way meant to detract from the considerable benefits of odours on cognition and emotions, and thus upon our physical health and spirits. The psychotherapeutic properties of essential oils and absolutes can certainly be used to enhance feelings of wellbeing, and can be particularly beneficial when anxiety and depression are experienced.

3 *Hedonics*: where the effects of an odour depend on the subject’s state of pleasure or displeasure with that odour. *Semantics*: we usually experience smells in the context of life situations, and smells, memory and associations quickly and irreversibly become linked. Each odour thus carries an emotional memory, the impact of which can lead to physiological changes such as an increase in heart rate or blood adrenalin. *Placebo/expectation*: if an individual is told that a certain odour will have a specific effect, and this becomes a belief, then the chances are that the odour will indeed elicit the expected effect.

The selection of potentially synergistic essential oils and absolutes is based upon the evidence that supports their psychotherapeutic benefits, but perhaps it should also involve the recipient in this choice, in order to create a blend that is hedonically pleasing. For the aromatherapist, a good familiarity with the odours of plant aromatics is essential – we need to know how they will interact with each other, not just initially, but as the blend evolves over time. The aroma part of the therapy is so important! When working in this way, we also need to ensure that we have a thorough understanding of the mechanisms that underpin our responses to odours, because this will help us understand individual reactions and responses.

If these reactions are positive, we can use aroma alone, perhaps delivered by an ‘aroma stick’, between aromatherapy treatments, harnessing the power of positive olfactory conditioning – a therapeutic intervention derived from the classical concept of conditioning first observed in Pavlov’s dogs. In essence, classical conditioning relates to the pairing of a neutral object with an emotional and/or physiological reaction. In 1983 King demonstrated that with unconscious conditioning, odour could be paired with a positive emotional state, and so future exposure to the odour produced the same emotion. Kirk-Smith, Van Toller and Dodd (1983) showed that it was also possible to pair an odour with a negative emotional state, and that the emotion could be evoked at a later stage in response to the odour. In 1988 King observed that odours quickly become linked with emotional meanings, which can be very personal – and unique to the individual. A decade later, Alaoui-Ismaili *et al.* (1997) demonstrated that there was a strong link between hedonics and autonomic nervous system responses, and thus emotion. The individual’s expectations can also influence reactions to specific odours (Knasko, Gilbert and Sabini 1990, cited by Ilmberger *et al.* 2001; Robbins and Broughan 2007). Therefore, using odour as an evocative agent has enormous therapeutic potential, and aromatherapists are in a very strong position to harness this.

An intuitive element

We could take the view that research and observations over a long period of time give credible support to psycho-aromatherapy. However, we have yet to explore the intuitive element that pervades the practice of not only psycho-aromatherapy, but aromatherapy generally, and we can begin by taking a very brief look at the work of Philippe Mailhebiau. He developed a concept which he named the ‘*characterologie*’ of essential oils, linking their olfactory characteristics and ‘personalities’ with the olfactory affinities and temperament of the individual and describing this as ‘aromatic typology’. It would seem, therefore, that this is closely allied to psycho-aromatherapy, but Mailhebiau combines aromatic typology with the practice of science-based aromatic medicine, to refine and personalise his aromatherapy treatments so that they not only address clinical symptoms, but also aim to restore balance and equilibrium. His approach is, however, intuitive rather than based on research and evidence, and as such has been compared to the work

of Hahnemann, the founder of homeopathy (Clerc 1995). Mailhebiau's comment that 'this approach opens the door to personalised treatments which go beyond the scope of symptomatic aromatherapy by combining efficient physiochemical action with a decisive psycho-sensory effect' (Mailhebiau 1995, p.xi) echoes what we have already noted about the I.P. It is sometimes the detail, the 'micro' perspective, that is important in 'fine-tuning' an I.P., and Mailhebiau also states that 'nuances are imperative in assigning a patient a specific characterology' (cited by Clerc 1995, p.16). This approach is broadly aligned with the holistic underpinnings of aromatherapy, so we can adapt *characterologie* to prepare I.P.s that address not only clinical concerns but also the psyche – but we need a genuine 'rapport' with our essential oils and their aromas, as well as an understanding of their therapeutic actions. This connection can only be achieved by actively working with the sense of smell; with reference to Mailhebiau's work, Farrer-Halls (2014) explores how we can use meditation and mindfulness to expand intuitive aromatherapy practice.

The energetic dimension: vitalistic approaches

Michel Lavabre (1990) suggested that psychosensory philosophy should be central to aromatherapy practice, and that we should develop an appreciation of aromatic plants – their morphology, physiology and growth habits – because this gives an insight into their nature and fragrances. Mojay maintains that it is the fragrance of essential oils that has the most immediate and generalised effect on the body and mind. If we are to use the psychosensory model, it is therefore vital to engage directly with the essential oils in terms of their scents, experiencing the diverse fragrances of essential oils from rhizomes and roots, stems and leaves, grasses, needles and cones, woods, resins, flowers, fruits and seeds. This requires the active use of the sense of smell, from which we gain tangible insights into aromatic influences.

There are several distinct styles of aromatherapy that have emerged from the blend of science, traditional healing practices, observation and intuition – and these include Five Elements aromatherapy, Ayurvedic-inspired aromatherapy and Fragrance Energetics. They do have one thing in common, however, and that is that they all consider the individual's interactions with essential oils. They are holistic approaches, and also have a vitalistic element. For example, Chinese Five Elements and Ayurvedic approaches are derived directly from traditional and complete healing systems.⁴ The Fragrance Energetics model is closely aligned with holistic aromatherapy and includes elements of several classical traditional medicine practices. These philosophies certainly offer alternative and viable approaches to aromatherapy practice, including the construction of individualised essential oil prescriptions.

⁴ It is advised that if such alternative approaches are to be used in aromatherapy practice, further specialist studies are undertaken.

Chinese Five Elements

The theory of the Five Elements is central to traditional Chinese medicine. The Five Elements are symbolic of phases or movements of *yin* and *yang* energy, and manifest in the natural world, including the seasons, the climate and human emotions. The Five Elements are named Earth, Metal, Water, Wood and Fire; they are interrelated, and these relationships are described symbolically by the *sheng* cycle and the *ke* cycle.

Gabriel Mojay, who pioneered the use of the Chinese Five Elements framework in aromatherapy, also emphasises the importance of the impact of aroma on the psyche. Mojay (1996) explains that this approach encompasses the botanical, traditional and energetic aspects of essential oils and oriental medicine to define their unique healing potential. He uses the framework of the Chinese Five Elements to explore the fragrance energies of essential oils, proposing that Five Elements theory allows the aromatherapist to align the actions of essential oils with holistic therapeutic intentions that encompass the body, emotions and spirit.

The *shen*, or spirit, equates to the psyche – the emotional, mental and spiritual aspects of a human being. The spirit is expressed through many emotions, such as feeling love and compassion, joy when witnessing beautiful natural phenomena, or being moved by music. If the health of the spirit is adversely affected by stress, there is a knock-on effect that can result in mental and physical illness. So the health of the spirit is of vital importance (Hicks, Hicks and Mole 2011; Mojay 1996). The Five Elements approach can engender a deeper understanding of the human condition and our relationship with the natural world. It can allow insight into the root causes of disharmony and dysfunction, and it certainly offers an alternative way of looking at essential oils and their interrelationships. However, Chinese Five Elements assessment is based on detailed observations and an understanding of the underlying theory, and it is only with an understanding of this perspective that a practitioner can construct a philosophically sound individual prescription and treatment plan.

Ayurveda

Ayurvedic medicine of the Indian subcontinent originates from the ancient Sanskrit sacred texts known as the Vedas (Caldecott 2006). The four books that compose the Vedas date from around 3000 BCE and give detailed instructions on how a human being should live a spiritual life – a path with heart, which will ultimately lead to enlightenment. Ayurveda, meaning ‘the knowledge of life’, forms just one strand of the Vedas, and details how humans can live healthily in body, mind and spirit through an understanding of their own nature and interactions with the world. This is a system of medicine that is completely individualised; and although it gives great therapeutic detail on the treatment of illness through herbs, oils, massage, diet, and so on, it is more about prevention of disease through

correct living. There is a rich history of the use of aromatic oils in the prevention and treatment of disease in Ayurveda – we could say that this too is part of aromatherapy’s ancestry, significantly preceding Gattefossé! Some aromatherapists elect to study Ayurveda in order to incorporate their aromatherapy practice within this system of healing, while others will use some of the philosophical principles to gain an understanding of their clients and inform essential oil prescription. Like Chinese Five Elements, and Greek Four Elements, this is another example where parts of a philosophical system are integrated within another discipline, thus introducing new or alternative perspectives on theory and practice. It is often the Ayurvedic concept of the doshas that are related to essential prescribing.

In the Ayurvedic texts, the elements are combined into pairs, giving three doshas – *Vata* (Ether and Air), *Pitta* (Fire and Water) and *Kapha* (Water and Earth) (Frawley and Lad 1986). Each and every human being, as part of nature, has their own particular mix of the three doshas which gives rise to that individual’s unique constitution or *pakriti* (Svoboda 1984). We all need the principle of motion that is Air, the principle of illumination that is Fire and the principle of cohesion that is Water and Earth (Pole 2006). However, our constitution or *pakriti* will be dominant in either one or two of the doshas; rarely there is an individual with balance of all three doshas, a *tridoshic* individual. The doshas have behavioural, emotional, cognitive and physical/physiological correspondences; a good practitioner of Ayurvedic medicine will recognise that each of the doshic predominances will generally display differing emotional responses. From this, we can see how we could begin to explore how essential oils might be prescribed to restore balance and promote health and wellbeing.

Fragrance Energetics

Peter Holmes suggests that we can base aromatherapy practice on an energetic system of essential oil fragrance pharmacology (Holmes 1998/1999). Considering the philosophical foundations of Chinese, Greek and Ayurvedic medicine,⁵ he points out that they all embrace the concept that healing relies on a vital energy – *chi (qi)*, *pneuma* and *prana* respectively. He describes vitalism as ‘the principle or dynamo that runs life and so connects all life-forms in a living web of interconnections’ (Holmes 2001, p.18).

Fragrance Energetics (Holmes 1997) is a model which aligns the scents of essential oils with their impact on the psyche. Holmes suggests that it is the energetic dimensions of a fragrance that elicit responses within an individual and will manifest on cognitive, emotional and spiritual levels. He proposes that if the root of a disease is in the psyche, the fragrance of essential oils will work via the

5 He includes the Four Element, Four Fluid (Humors) and Four Constitutional models (from traditional Greek medicine), the Five Elements and Eight Principles models (from traditional Chinese medicine), and the Five Elements, Three Dosha and Six Prakriti models (from Ayurvedic medicine), and also Specific Symptomatology (from homeopathy).

psychoneuroendocrine pathway, thus healing the physical dimension. Conversely, if the origin of the disease is in the body, the essential oils work via the body's physiology up to the mental and emotional levels, healing the whole person (Holmes 2001).

With his fusion of traditional practices and insight into fragrance pharmacology, Holmes has given us a comprehensive and viable model for holistic clinical aromatherapy practice; perhaps he has identified and encapsulated our own unique, hybrid philosophy. He maintains that we should 'let science be science and holism, holism' (Holmes 2001, p.14), and suggests that we do not rely solely on our knowledge of essential oil chemistry to rationalise our choice of essential oils. The solution is to practice a whole systems approach, because if we confuse essential oil pharmacology with therapeutics, aromatherapy is 'reduced to a science based therapy' (p.15).

Molecular Energetics

Dr Malte Hozzel is a teacher and lecturer in essential oils, and founder of the Oshadhi brand. He has been instrumental in developing and popularising an understanding of the actions of essential oils based on a synthesis of their energetics and their chemistry.

For example, he explains that we can view ketones as having a kind of 'anti-matter' energy. Speaking in terms of vibrations or field-energies, they lift us up from a mere physical existence, opening us to 'spirit' and spiritual experiences. It is no wonder that in ancient times many highly ketonic plants were used in sacred rituals; for example, the members of the *Artemisia* genus, sagebrush, thuya and hyssop. However, ketonic plants such as santolina and sage were also simply used to free the physiology from intestinal wastes, such as parasites, thus allowing humans (and animals) to purify the system in a very rapid way.

Metaphorically, we can consider ketones to be the 'dis-incarnators' of Mother Nature, a principle which is confirmed when we think of ketones increasing naturally in humans with age, for example; or, in the same direction, when we are fasting. In this sense, it is utterly comprehensible why children, who are humans in their incarnative phase, should not use ketonic oils. This principle is equally valid for pregnant and nursing mothers. Ketonic oils are appropriate in situations where, in some sense, we want to reduce 'physicality'. This explains also their value for reducing mucosal secretions and cellulite, dissolving phlegm, and so on.

From the energetic perspective, ketonic oils are highly valued for meditation and spiritual pursuits; that is, where the attention is drawn away from the physical towards the spiritual level. It is noteworthy that when Christ was on the cross he was given hyssop, a sacred plant of the Hebrews, which allows us to detach from the body, lifting the spirit up to the Divine in man. Meditation on the essential oil of hyssop afforded further insight into the energetic nature of ketones:

I poured the hyssop in my hands and much more poured out than I expected. I breathed in very deeply several times from my cupped palms. In about ten minutes I felt my body being rocked from inside – as if I were knocking against the container of the body – and visually, the room jolted a bit. I sat down and relaxed for a while. About 20 minutes later, we drove back to our hotel, and within an hour of breathing in the hyssop we were in bed.

When I lay down with my head on my partner's shoulder, at once the roof of the room had gone, and I was floating with the stars. I was out in the night sky surrounded by the stars of the night. I could have explored this place, and chose to just be with the incredible peace and soothing feeling that I experienced while floating amongst the stars.

I opened my eyes and was immediately back in the room with the ceiling over my head and walls around us. Closing my eyes again, I was in the open starry sky surrounded by night sky's stars, all around me. The feeling was comforting, and I was aware that I had no sense of hot or cold; it felt physically comfortable, mentally soothing and very peaceful. (Hinde and Hozzel 2015)

Here, through our sense of smell, with meditation and mindfulness, the molecular and the energetic dimensions become fused, allowing us deeper insights into the actions of essential oils on ourselves – our senses are the interface between the physical and non-physical realms.

POINTS FOR REFLECTION

In Chapter 3 we have reviewed just some of the prevalent philosophies from the West and the East that underpin the creation of aromatic prescriptions. It would seem that although they are diverse and come from seemingly disparate realms, there is a remarkable degree of connectivity – especially when viewed from the perspectives offered by Holmes, and Hinde and Hozzel. This is a very good point at which to pause, and reflect upon our philosophical roots and our current ways of practising. We could ask ourselves:

- * How do I feel about the reductionist element that is inherent in the molecular approach? Is it at odds with my personal philosophy of healing, or does it bolster my need for scientific credibility?
- * Am I adequately conversant with essential oil chemistry in order to use it to build additivity or synergism in my blends?
- * Could the molecular approach enhance my clinical practice?
- * How much importance do I attach to psycho-aromatherapy?
- * How much attention do I pay to the scent of essential oils? Do I, or should I, involve my clients in the choice? How could I go about this?

- * How do I feel about vitalism, and could I, or would I, defend its incursion into aromatherapy practice?
- * What is my personal view on intuition? Does it influence my work consciously or unconsciously? Do I need a model on which to base intuitive practice? Is intuition influenced by prior knowledge?
- * In this section it was stated, several times, that it is vital to actively use our sense of smell to gain a deeper understanding of essential oils. Do I agree, and indeed is our intuitive capacity enhanced by developing our olfactory capabilities?
- * Do any of the energetic approaches strongly appeal to me? Can I see how they might enhance my practice?
- * How do I feel about picking and choosing small parts of traditional systems of healing to suit my purposes? How would I feel if practitioners of other disciplines started to use essential oils in their work, especially without formal study?
- * Peter Holmes (2001) asks 'Where does science end and aromatherapeutics begin?' (p.15). How would you reply to him?